

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME  
 MS / MRS / MR: Mr FIRST: Chad MI: F  
 NICKNAME: LAST: Green SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 ADDRESS / PO BOX: 2717 SUNNY Meadow APT / SUITE #: CITY: STATE: ZIP CODE: Mc KINNEY, TX 75072  
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE  
 AREA CODE: (214) PHONE NUMBER: 208-3752 EXTENSION:

6 CAMPAIGN TREASURER NAME  
 MS / MRS / MR: Mr FIRST: Jim MI: G  
 NICKNAME: LAST: Herblin SUFFIX:

7 CAMPAIGN TREASURER ADDRESS  
 STREET ADDRESS (NO PO BOX, PLEASE): 3797 Bridle Bend APT / SUITE #: CITY: STATE: ZIP CODE: Prosper TX 75078  
 (Residence or Business)

8 CAMPAIGN TREASURER PHONE  
 AREA CODE: (214) PHONE NUMBER: 316 1190 EXTENSION:

9 REPORT TYPE  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED  
 Month Day Year: 3 / 25 / 2025 THROUGH Month Day Year: 4 / 23 / 2025

11 ELECTION  
 ELECTION DATE: Month Day Year: 5 / 3 / 2025  
 ELECTION TYPE:  Primary  Runoff  Other Description: MUSD Trustee Election  
 General  Special

12 OFFICE: MUSD Trustee Place 3 13 OFFICE SOUGHT (if known): MUSD Trustee Place 3

14 NOTICE FROM POLITICAL COMMITTEE(S)  
 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  
 Additional Pages  
 GENERAL  
 SPECIFIC  
 COMMITTEE TYPE: COMMITTEE NAME:  
 COMMITTEE ADDRESS:  
 COMMITTEE CAMPAIGN TREASURER NAME:  
 COMMITTEE CAMPAIGN TREASURER ADDRESS:

OFFICE USE ONLY  
**RECEIVED**  
 APR 25 2025  
 McKinney ISD  
 Superintendent's Office  
 Date Hand-delivered or Date Postmarked: AB  
 Receipt #: Amount \$:  
 Date Processed:  
 Date Imaged:

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME Mr Chad F Green 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>99<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>99<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,063.27</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>750 -</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Chad F Green and my date of birth is 4-23-1971  
 My address is 2411 Sunny Meadows McKinney Tx 75072 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Collin County, State of Texas, on the 25 day of April, 2025.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)