

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 9

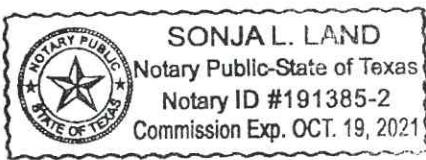
| | |
|--------------------------------------|--------------------|
| 13 C / OH NAME Green, Kenneth | 14 Filer ID |
|--------------------------------------|--------------------|

| | | |
|---|--|-----------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | COMMITTEE ADDRESS | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | |
|--------------------------------|---|-------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 225.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,251.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,317.36 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,483.47 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 50.00 |

17 AFFADAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kenny Green, this the 4 day of October 2021, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering Sonja L. Land

Title of officer administering oath notary

SUBTOTALS - C/OH

| | |
|--|--------------------|
| 18 FILER NAME Green, Kenneth | 19 Filer ID |
|--|--------------------|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|--|--|-----------------|
| | NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,251.00 |
| 2. <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 1,317.36 |
| 6. <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/2 Rpt: 4/9

2 FILER NAME
Green, Kenneth

3 Filer ID

4 Date
09/22/2021

5 Full name of contributor out-of-state PAC (ID#: _____)
Apartment Association of Greater Dallas-PAC

7 Amount of Contribution (\$)
\$750.00

6 Contributor address; City; State; Zip Code
5728 LBJ Freeway
Suite 100
Dallas, TX 75240

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/01/2021

Full name of contributor out-of-state PAC (ID#: _____)
Reynolds, Phyllis

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4465 Flamingo Court

Mesquite, TX 75150

Principal occupation / Job title (See Instructions)
Accounting - Customer Service

Employer (See Instructions)
7-Eleven Inc.

Date
07/04/2021

Full name of contributor out-of-state PAC (ID#: _____)
Rossi, Connie

Amount of Contribution (\$)
\$201.00

Contributor address; City; State; Zip Code
5017 Kiamesha Way

Mesquite, TX 75150

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
09/18/2021

Full name of contributor out-of-state PAC (ID#: _____)
Walley, Elizabeth

Amount of Contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
1112 Siebold Ct

Mesquite, TX 75150

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
08/28/2021

Full name of contributor out-of-state PAC (ID#: _____)
Williams, Leonard

Amount of Contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
2961 Elder

Mesquite, TX 75150

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/2 Rpt: 5/9

2 FILER NAME
Green, Kenneth

3 Filer ID

4 Date
07/20/2021

5 Full name of contributor out-of-state PAC (ID#: _____)
Williams, Leonard

7 Amount of Contribution (\$) \$225.00

6 Contributor address; City; State; Zip Code
2961 Elder

Mesquite, TX 75150

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--------------------------------|------------|
| 1 Total pages Schedule F1: Sch: 1/4 Rpt: 6/9 | 2 FILER NAME Green, Kenneth | 3 Filer ID |
|---|--------------------------------|------------|

| | |
|----------------------|--|
| 4 Date 09/16/2021 | 5 Payee name Long Game Communications |
|----------------------|--|

| | |
|---------------------------|---|
| 6 Amount (\$) \$235.89 | 7 Payee address; City; State; Zip Code PO Box 870283 Mesquite, TX 75149 |
|---------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature |
|--------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 09/22/2021 | Payee name Long Game Communications |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code PO Box 870283 Mesquite, TX 75149 |
|---------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter contact |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------|
| Date 07/17/2021 | Payee name Office Depot |
|--------------------|----------------------------|

| | |
|------------------------|---|
| Amount (\$) \$54.13 | Payee address; City; State; Zip Code 3795 W Emporium Cir Mesquite, TX 75150 |
|------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Literature |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---------------------------------------|-------------------|
| 1 Total pages Schedule F1: Sch: 2/4 Rpt: 7/9 | 2 FILER NAME Green, Kenneth | 3 Filer ID |
|--|---------------------------------------|-------------------|

| | |
|-----------------------------|-------------------------------|
| 4 Date 09/07/2021 | 5 Payee name Paypal |
|-----------------------------|-------------------------------|

| | |
|--------------------------------|--|
| 6 Amount (\$) \$1.65 | 7 Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 |
|--------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
|---------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 09/07/2021 | Payee name Paypal |
|--------------------|----------------------|

| | |
|-----------------------|---|
| Amount (\$) \$1.65 | Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 |
|-----------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 09/06/2021 | Payee name Paypal |
|--------------------|----------------------|

| | |
|-----------------------|---|
| Amount (\$) \$1.21 | Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 |
|-----------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---------------------------------------|-------------------|
| 1 Total pages Schedule F1: Sch: 3/4 Rpt: 8/9 | 2 FILER NAME Green, Kenneth | 3 Filer ID |
|--|---------------------------------------|-------------------|

| | |
|-----------------------------|-------------------------------|
| 4 Date 08/18/2021 | 5 Payee name Paypal |
|-----------------------------|-------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$14.94 | 7 Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 |
|---------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 08/01/2021 | Payee name Paypal |
|--------------------|----------------------|

| | |
|-----------------------|---|
| Amount (\$) \$0.88 | Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 |
|-----------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 08/01/2021 | Payee name Paypal |
|--------------------|----------------------|

| | |
|-----------------------|---|
| Amount (\$) \$3.20 | Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 |
|-----------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|--|---|--|---|

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 4/4 Rpt: 9/9 | 2 FILER NAME Green, Kenneth | 3 Filer ID |
| 4 Date 07/29/2021 | 5 Payee name Paypal | |
| 6 Amount (\$) \$1.75 | 7 Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 07/24/2021 | Payee name Paypal | |
| Amount (\$) \$1.03 | Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 07/13/2021 | Payee name Paypal | |
| Amount (\$) \$1.03 | Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |