

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 1

|                                                                              |                                                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| The SC C/OH Instruction Guide explains how to complete this form.            |                                                                                                                                                                                                                                                                                                           | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00090280 |                                                                                                                                                                                                  | <b>2</b> Total pages filed:<br>5                                                         |  |
| <b>3</b> CANDIDATE NAME                                                      | MS / MRS / MR FIRST MI<br>Mr. Larry Shayne                                                                                                                                                                                                                                                                |                                                             | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>01/07/2026<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount<br><br>Date Processed<br><br>Date Imaged |                                                                                          |  |
|                                                                              | NICKNAME LAST SUFFIX<br>Shayne Green                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
| <b>4</b> CANDIDATE ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>135 Spanish Oak Circle<br><br>Lake Jackson, TX 77566                                                                                                                                                                                            |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
| <b>5</b> CAMPAIGN TREASURER NAME                                             | MS / MRS / MR FIRST MI<br>Monsignor Larry Shayne                                                                                                                                                                                                                                                          |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
|                                                                              | NICKNAME LAST SUFFIX<br>Shayne Green                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>135 Spanish Oak Circle<br><br>Lake Jackson, TX 77566                                                                                                                                                                           |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
| <b>7</b> CAMPAIGN TREASURER PHONE                                            | AREA CODE PHONE NUMBER<br>(979) 665-8849                                                                                                                                                                                                                                                                  |                                                             | EXTENSION                                                                                                                                                                                        |                                                                                          |  |
| <b>8</b> REPORT TYPE                                                         | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR) |                                                             |                                                                                                                                                                                                  |                                                                                          |  |
| <b>9</b> PERIOD COVERED                                                      | Month Day Year<br>07/01/2025                                                                                                                                                                                                                                                                              |                                                             | Month Day Year<br>THROUGH 12/31/2025                                                                                                                                                             |                                                                                          |  |
| <b>10</b> CONVENTION / ELECTION DATE                                         | Month Day Year                                                                                                                                                                                                                                                                                            |                                                             | <b>11</b> OFFICE SOUGHT                                                                                                                                                                          | <input type="checkbox"/> STATE CHAIR<br><input checked="" type="checkbox"/> COUNTY CHAIR |  |
| <b>12</b> POLITICAL PARTY                                                    | Republican COUNTY (If Applicable)<br>Brazoria                                                                                                                                                                                                                                                             |                                                             |                                                                                                                                                                                                  |                                                                                          |  |

GO TO PAGE 2

**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT:  
SUPPORT & TOTALS**

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

2 of 5

|                                                    |                                                           |
|----------------------------------------------------|-----------------------------------------------------------|
| <b>13 CANDIDATE NAME</b> Green, Larry Shayne (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00090280 |
|----------------------------------------------------|-----------------------------------------------------------|

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

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

**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.

\_\_\_\_\_  
 Mr. Larry Shayne Green  
 Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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 |
|-----------------------------------------|--------------------------------------------|-------------------------------------|

# SUBTOTALS - SC C/OH

## FORM SC C/OH COVER SHEET PG 3

3 of 5

|                                                       |                                                                                                             |                                |                            |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>18 CANDIDATE NAME</b><br>Green, Larry Shayne (Mr.) |                                                                                                             | <b>19 Filer ID</b><br>00090280 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE      |                                                                                                             |                                | SUBTOTAL AMOUNT            |
| 1.                                                    | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                             | 0.00                       |
| 2.                                                    | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                             | 0.00                       |
| 3.                                                    | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$                             | 0.00                       |
| 4.                                                    | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$                             | 0.00                       |
| 5.                                                    | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 0.00                       |
| 6.                                                    | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$                             | 0.00                       |
| 7.                                                    | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$                             | 0.00                       |
| 8.                                                    | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$                             | 0.00                       |
| 9.                                                    | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 0.00                       |
| 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 | \$                             |                            |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/5

2 FILER NAME

Green, Larry Shayne (Mr.)

3 Filer ID (Ethics Commission Filers)

00090280

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

|                                                                                |                                                                                |                                                                                                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>               |                                                                                | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/5                                                                  |
| <b>2</b> FILER NAME<br>Green, Larry Shayne (Mr.)                               |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090280                                                               |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                             |                                                                                | <b>\$</b> 0.00                                                                                                         |
| <b>5</b> Date of loan                                                          | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)                                                                                              |
| <b>6</b> Is lender a financial institution?                                    | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate                                                                                                |
|                                                                                |                                                                                | <b>11</b> Maturity Date                                                                                                |
| <b>12</b> Principal occupation / Job title (See Instructions)                  |                                                                                | <b>13</b> Employer (See Instructions)                                                                                  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None           |                                                                                | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor                                                    | <b>19</b> Amount Guaranteed (\$)                                                                                       |
|                                                                                | <b>18</b> Guarantor address; City; State; Zip Code                             |                                                                                                                        |
| <b>20</b> Principal occupation                                                 |                                                                                | <b>21</b> Employer (See Instructions)                                                                                  |