


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

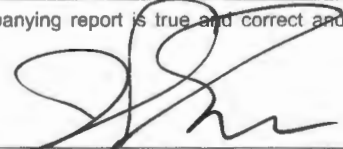
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Tere A	<div style="border: 2px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY <hr/> Date Received  <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged </div>									
NICKNAME LAST SUFFIX	Tag Green										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX, APT, SUITE #, CITY, STATE, ZIP CODE) 2123 Pine Ridge Ct Keller TX 76248										
Change of Address											
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 905-6678										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Tere A										
NICKNAME LAST SUFFIX	Tag Green										
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 2123 Pine Ridge Ct Keller TX 76248										
(Residence or Business)											
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 905-6678										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C OH - FR)										
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 16 26 THROUGH 4 2 26										
11 ELECTION	ELECTION DATE Month Day Year 5 2 26	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: small; margin: 0;">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.</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;">GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 2px;">SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
Additional Pages											
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Tag 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 700.80
	4. TOTAL POLITICAL EXPENDITURES	\$ 700.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,731.87

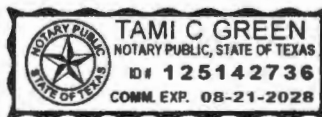
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by TERE A. TAG GREEN this the 10TH day of April, 2026, to certify which, witness my hand and seal of office.

Tami C. Green Signature of officer administering oath
Tami C. Green Printed name of officer administering oath
 Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Tag Green		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 3,731.87
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Tag Green		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> NO DONATIONS TO REPORT	7 Amount of contribution (\$)
6 Contributor address; <small>City; State; Zip Code</small>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)
Contributor address; <small>City; State; Zip Code</small>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)
Contributor address; <small>City; State; Zip Code</small>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)
Contributor address; <small>City; State; Zip Code</small>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Tag Green		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3,731.87
5 Date of loan 04/09/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Tag Green	9 Loan Amount (\$) 700.80
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2123 Pine Ridge Ct Keller TX 76248	10 Interest rate 0.00
		11 Maturity date 12/31/2026
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10/01/2020	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Tag Green	Loan Amount (\$) 3,031.07
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 2123 Pine Ridge Ct Keller TX 76248	Interest rate 0.00
		Maturity date 12/31/2026
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



TEXAS ETHICS COMMISSION STATEMENT OF DEFENSE

Complete this form if you are raising a defense to a late filing.
You must complete either Jurat 1 or Jurat 2 below.

OFFICE USE ONLY	
Date Received	
Date Postmarked	
Date Processed	
MID #	
Document #	

Filer Name TERE A. TAG GREEN	Filer ID #
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I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct:

This statement is filed for the 30 Day Campaign Finance report due on 04/02/2026 (type of report) (report due date). I learned that the report was late on 04/09/2026 (date) (date)

by Call from Amy Padilla (how filer learned the report was late)

A Statement of Defense must be filed within 210 days, absent good cause for missing the deadline. Is this affidavit being submitted more than 210 days after the report referenced was due? Yes No

If yes, please explain why you have good cause for submitting the affidavit late:

The reasons for requesting a waiver or reduction are (attach additional pages if necessary):

After filing to run for Mayor in the City of Keller, Texas, my mother, whom I have been caring for in the hospital and then, in hospice care passed away. We had just completed her memorial celebration two days prior to the due date and were having to remove her belongings from the senior living facility in a rush. Since my father and brother had passed earlier, all of this had been harder on me and my wife than I anticipated. We are extremely exhausted and were seriously considering whether our heart could be in an election. We have no donations to report and only 1 small order of signs as expenditures. The offices at the City of Keller are closed on Fridays, so I could not deliver the report until Monday, April 13, 2026. It has been filed today.

Please complete either option below:

(1) Affidavit



Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by TERE A. TAG GREEN this the 10th day of APRIL

20 26, to certify which, witness my hand and seal of office.

Tami C. Green
Signature of officer administering oath

Tami C. Green
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (country) _____ (ZIP code)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (date) _____ (month) _____ (year)

Signature of Filer (Declarant)