JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instructior	n Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission 00070596	n Filers)	2 Total pages fi	led: .5	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI			
OFFICEHOLDER	The Honorable	Gregory W.			OFFICE	JSE UNL I	
NAME					Date Received		
					ELECTRONIC	ALLY FILED	
	NICKNAME	LAST		SUFFIX	07/12/2023		
	Greg	Neeley					
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #: CIT	Υ:	ZIP CODE	Date Hand-delivered o	r Date Postmarked	
OFFICEHOLDER	P.O. Box 1609	, -	,				
MAILING ADDRESS					Receipt #	Amount	
	L						
Change of Address	Longview, TX 75606				Date Processed		
					Date Imaged		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			MI		
NAME	Mrs.	Leslie G.					
	NICKNAME	LAST			SUFFIX		
		Novy					
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	APT /	SUITE #; CITY;	STA	ATE; ZIP CODE	
TREASURER ADDRESS	1110 Chateau Court						
(Residence or Business)							
	Longview, TX 75604						
7 CAMPAIGN TREASURER		ONE NUMBER	EXTENSION				
PHONE	(903) 235-2729						
8 REPORT							
TYPE	January 15	30th day before	e election R	unoff	15th day after ca	mpaign treasurer	
					appointment (offi		
	X July 15	8th day before		ceeded modified	Final Report (Atta	ach C/OH-FR)	
9 PERIOD COVERED	Month Day Yea			Month Day	Year		
COVERED	01/01/2023	Tł	IROUGH	06/30/202	3		
		i					
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Yea	r 🛛 🖓	rimary	Runoff	Other		
			General	Special			
11 OFFICE	OFFICE HELD (if any)	I	11	2 OFFICE SOUGHT	(if known)		
	Court Of Appeals, Justi	ce Place 3 District					
		<u> </u>					
			O PAGE 2				
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us		Versi	on V3.5.1.a18ea2ca	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 15

T

13 C / OH NAME	Neeley, Gregory W. (The Honorable)	14 Filer ID 00070596	(Ethics Commission File			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	ceholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$			
		ICAL CONTRIBUTIONS	16)	\$ (
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	13)	\$			
101/120	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 2,165			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 8,002			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ (
17 AFFIDAVIT							
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	ty of perjury, that the au all information required	ccompanying report is to be reported by me			
		The Honor	able Gregory W. Ne	eley			
		Signature o	f Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
	•	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath			
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.a18e			

FORM JC/OH COVER SHEET PG 3

3	of	15
3	of	15

18 FILER NAME	· · · · · · · · · · · · · · · · · · ·							
	Neeley, Gregory W. (The Honorable) 00070596 20 SCHEDULE SUBTOTALS 00070596							
NAME OF SC	SUBTOTAL AMOUNT							
1. X S	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)							
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00					
3. X S	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0.00					
4. X S	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0.00					
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 2,165.44					
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00					
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.00					
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00					
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$					
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					

SUBTOTALS - JC/OH

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Inst	ruction Guide explains how to comple	te this form.	1 Total pages Sche Sch: 1/1 Rpt: 4		
2 FILER NAME		3 Filer ID (Et	hics Commission	Filers)	
Neeley, Gregory	v W. (The Honorable)		00070596		
⁴ TOTAL OF UN	NITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind de I (If appl I I I	escription icable)
			Check if travel our	I tside of Texas. Co	omplete Schedule T.
10 Pledgor's principa	l occupation	11 Pledgor's job title	I		
12 Pledgor's employe	er/law firm	13 Law firm of pledgor's	spouse (if any)		
14 If pledgor is a child	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHEDULE	E(J)
	The Instruction	Sch: 1/	ages Schedule E(J): /1 Rpt: 5/15				
2	FILER NAME Neeley, Gregory	w. (The Honorable)			3 Filer ID 000705	(Ethics Commission 596	I Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender out-of-	-state PA	AC (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City; S	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	2 Lender's Principal	Occupation		13 Lender's Job Title			
14	Lender's Employe	r/Law Firm		15 Law Firm of lender's spous	se (if any)		
16	6 If lender is child, la	w firm of parent(s) (if any)		•			
17	7 Description of Coll	ateral		18 Check if personal funds we	ere deposite	d into political account (See Instructions	
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guarante	eed (\$)
	not applicable	21 Guarantor address; City; S	State;	Zip Code			
23	3 Guarantor's Princi	pal Occupation		24 Guarantor's Job Title			
25	5 Guarantor's Emplo	oyer/Law Firm		26 Law Firm of guarantor's sp	ouse (if any))	
27	7 If guarantor is child	d, law firm of parent(s) (if any)					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 1/10 Rpt: 6/15	Neeley, Gregory W. (The Honorable)	00070596						
4	Date	Payee name							
	01/02/2023	AAA East Tex Storage							
6	6 Amount (\$) \$7 Payee address; City; State; Zip Code \$75.00 Longview, TX 75605								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Storage building rent.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/01/2023	AAA East Tex Storage							
	Amount (\$) \$75.00	Payee address;City;State; Zip Code808 E. Loop 281							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ng rent.						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/01/2023	AAA East Tex Storage							
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 808 E. Loop 281							
		Longview, TX 75605							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ng rent.						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	nt Solicitation/Fundraising Expense e Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 2/10 Rpt: 7/15	Neeley, Gregory W. (The Honorable) 00070596							
4	Date 04/03/2023	5 Payee name AAA East Tex Storage							
6	6 Amount (\$) \$7 Payee address; City; State; Zip Code \$08 E. Loop 281 Longview, TX 75605								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Storage building rent.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/01/2023	AAA East Tex Storage							
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 808 E. Loop 281							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense uilding rent.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/01/2023	AAA East Tex Storage							
	Amount (\$) \$75.00	Payee address;City;State;Zip Code808 E. Loop 281							
		Longview, TX 75605							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense uilding rent.						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 3/10 Rpt: 8/15		Neeley, Gregory W. (The Honorable)				00070596		
4	Date 04/27/2023	5	Payee name Bethesda Health Clinic						
6	6 Amount (\$) \$36.75 7 Payee address; City; State; Zip Code 409 W. Ferguson Tyler, TX 75702								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Office holder ticket for BHC's Celebration luncheon.							, officeholder living expense ket for BHC's		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office souç	ht		Office held		
	Date		Payee name						
	06/17/2023		Cherokee County Republican Party						
	Amount (\$) \$150.00		P. O. Box 807	Zip Coo	le				
	PURPOSE OF EXPENDITURE	(a)	Jacksonville, TX 75766 Category (See Categories listed at the top of this schu Event Expense	edule)	Check if Austin	п, ТХ ⁻ tic	ide of Texas. Complete Schedule T. , officeholder living expense ket for Cherokee County Republican		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office soug	ht		Office held		
	Date		Payee name						
	05/12/2023		Henderson County Republican Party						
	Amount (\$) \$100.00		Payee address; City; State; 207 E. Tyler Street	; Zip Coo	le				
			Athens, TX 75751						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)	Check if Austin	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ket for HCRP annual President's Day		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 4/10 Rpt: 9/15		Neeley, Gregory W. (The Honora	able)				00070596	
4	Date	5	Payee name						
	05/05/2023		Longview Museum of Fine Arts						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coc	e			
	\$125.00		P. O. Box 3484						
			Longview, TX 75606						
8	PURPOSE	(a)	Category (See Categories listed at the top o	of this sche	edule)	b) Description			
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.	
								officeholder living expense	
						Sponsorsnip	ext	pense for LMFA's summer events.	
9	Complete ONLY if direct		andidate/Officeholder name		ffice soug	ht .		Office held	
9	expenditure to benefit C/OI		andidate/Onicenoider name		nice soug			Once held	
	Date		Payee name						
	02/28/2023		Neeley, Greg (Mr.)						
	Amount (\$)		Payee address; City;	State;	Zip Coc	e			
	\$59.85		P. O. Box 1609						
			Longview, TX 75606						
	PURPOSE OF		Category (See Categories listed at the top o	of this schee	edule)	b) Description			
	EXPENDITURE		Travel In District					de of Texas. Complete Schedule T. officeholder living expense	
								attend Smith County Sheriff	
								awards dinner.	
	Complete ONLY if direct expenditure to benefit C/OF	6				Office held			
	Date		Payee name						
	03/25/2023		Neeley, Greg (Mr.)						
	Amount (\$)	1	Payee address; City;	State;	Zip Coc	e			
	\$59.85		P. O. Box 1609						
			Longview, TX 75606						
	PURPOSE	(a)	Category (See Categories listed at the top o	of this schee	dule)	b) Description			
	OF EXPENDITURE	·	Travel In District					de of Texas. Complete Schedule T.	
								officeholder living expense	
						Club annual of		o attend Smith County Republican ner.	
	Complete ONILV if direct		andidate/Officeholder name	0	ffice soug	ht		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			U	mue soug				

			EXP	ENDITURE CATEGO	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 51			5 11000 10 001		3 Filer ID	(Ethics Commission Filers)
L.	Sch: 5/10 Rpt: 10/15			. (The Honorable)			00070596	
4	Date 03/28/2023	5 Payee name Neeley, Greg (Mr.)						
6	Amount (\$) \$59.85	P.	O. Box 1609		e; Zip Co	le		
		Lo	ongview, TX 7560	06				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Travel to Tyler to attend Tyler Police Department annual award dinner. (b) Description						expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholde	rname	Office sou	Jht	Office he	eld
	Date	Pa	yee name					
	06/13/2023	Ne	eeley, Greg (Mr.)					
	Amount (\$)	Pa	yee address; (City; State	e; Zip Co	le		
	\$59.85		O. Box 1609 ongview, TX 7560	06				
	PURPOSE OF EXPENDITURE		ategory _{(See Categor} avel In District	ies listed at the top of this sc	chedule)	Check if Austin	outside of Texas. Com n, TX, officeholder living er to attend Smi eception.	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						eld
	Date	Pa	yee name					
	06/17/2023	Ne	eley, Greg (Mr.)					
	Amount (\$) \$93.10		yee address; 0 O. Box 1609	City; State	e; Zip Co	le		
		Lo	ngview, TX 7560	06				
	PURPOSE OF EXPENDITURE		ttegory _{(See Categor} avel In District	ies listed at the top of this so	chedule)	Check if Austin Travel to Jac	outside of Texas. Com n, TX, officeholder living ksonville to atte Party annual din	expense and Cherokee County
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholde	name	Office sou	jht	Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Event Expense Loan Repayment/Reimburset Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Cift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Lab Credit Card Payment The Instruction Guide explains how to complete this forr			head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · · · ·			5	Filer ID (Ethics Commission Filers)		
1	Sch: 6/10 Rpt: 11/15	2	Neeley, Gregory W. (The Honorable)			3	00070596		
4	Date	5	Payee name						
	06/27/2023		Neeley, Greg (Mr.)						
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le				
	\$93.10		P. O. Box 1609						
			Longview, TX 75606						
8	PURPOSE	<u> </u>	-						
°	OF	(a)	Category (See Categories listed at the top of this schedu Travel In District	lule)	(b) Description Check if travel	outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Traver in Distilici				C, officeholder living expense		
							doches to attend Nacogdoches		
					County Repu	iblio	can Party meeting.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice soug	ht		Office held		
	Date		Payee name						
	05/08/2023		Smith County Bar Association						
	Amount (\$)	\vdash	Payee address; City; State;	Zin Cor	le				
	\$25.09		100 N. Broadway	p 000					
	Ψ20.00		Suite 21B						
			Tyler, TX 75702						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Food/Beverage Expense	lule)	Check if Austir	n, TX	side of Texas. Complete Schedule T. K, officeholder living expense attending SCBA luncheon.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held				Office held		
	Date		Payee name						
	06/21/2023		Smith County Bar Association						
	Amount (\$)		Payee address; City; State;	Zip Coo	le				
	\$85.00		100 N. Broadway	•					
			Suite 21B						
			Tyler, TX 75702						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	lule)	(b) Description	oute	side of Texas. Complete Schedule T.		
	EXPENDITURE		Fees			n, TX	K, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political			Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin	Loan Repayment/F Office Overhead/R Polling Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel out of District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 7/10 Rpt: 12/15		Neeley, Gregory W. (The Honorable)				00070596	
4	Date	5	Payee name					
	02/01/2023							
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$300.00							
			Tyler, TX 75711-7248					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)) Description			
Ĩ	OF		Contributions/Donations Made By			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Committee	e	Check if Austin	I, TX	, officeholder living expense	
					Charitable co	ontr	ibution to SCBF.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	ıt		Office held	
	experiature to benefit C/Or							
	Date		Payee name					
	01/24/2023 Texas Bank & Trust							
	Amount (\$) Payee address; City; State; Zip Code							
	\$2.50 P. O. Box 3188							
			Longview, TX 75606					
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T.							
					Check if Austin, TX, officeholder living expense			
	Monthly service charge.							
⊢	Complete ONLY if direct Condidate/Officebolder name Office sought Office bold							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						Office field		
╞								
Date Payee name								
	02/22/2023 Texas Bank & Trust							
	Amount (\$)Payee address;City;State;Zip Code							
	\$2.50		P. O. Box 3188					
	Longview, TX 75606							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (k) Description			
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Monthly serv	ice	charge.	
⊢	Complete ONUV if direct	Ľ	Candidate/Officebolder name		.+		Office held	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
-								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
-	Sch: 8/10 Rpt: 13/15	-	Neeley, Gregory W. (The Honorable)	00070596					
4	Date	5	5 Payee name						
	03/23/2023		Texas Bank & Trust						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$2.50								
		Longview, TX 75606							
8	PURPOSE		_		(b) Description				
°	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Accounting/Banking				officeholder living expense		
					Monthly servi				
9	Image:					Office held			
_	Date								
			Payee name						
	04/21/2023 Texas Bank & Trust								
	Amount (\$) Payee address; City; State; Zip Code								
	\$2.50 P. O. Box 3188								
			Longview, TX 75606						
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE			Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
	Monthly service charge.						charge.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		
	Date Payee name								
	05/22/2023		Texas Bank & Trust						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$2.50		P. O. Box 3188	•					
	Longview, TX 75606								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T.		
	-						officeholder living expense		
					Monthly servi	CC.	unarye.		
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name O	office sou	ght		Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 9/10 Rpt: 14/15	Neeley, Gregory W. (The Honorable)	00070596					
4	Date 06/21/2023	5 Payee name Texas Bank & Trust						
6	Amount (\$) \$2.50							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Monthly service charge.								
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
	04/27/2023	Texas Bar Foundation						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	515 Congress Ave. Ste. 1755 Austin, TX 78701						
PURPOSE OF EXPENDITURE		Candidate/Officeholder/Political Committee	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution to TBF.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date Payee name							
	05/05/2023	The Federalist Society						
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 1776 I Street, NW Suite 300 Washington, DC 20066						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense :.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loar Fees Offic Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Print			se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/10 Rpt: 15/15		Neeley, Gregory W. (The Honorable)	1				00070596		
4	Date	5 Pavee name								
	03/20/2023	Tyler Chamber of Commerce								
6	Amount (\$)	-								
ľ	\$40.00	ľ	7 Payee address; City; State; Zip Code 315 N. Broadway							
	Q+0.00	315 N. Broadway								
		Suite 100								
_		Tyler, TX 75702								
8 PURPOSE (a) Category (See Categories listed at the top of this schedule OF				chedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Event Expense					officeholder living e		
						Office holder	ticł	ket for chamb	per's State of the County	
						luncheon.				
9	Ocmplete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held							d		
	Date		Payee name							
	04/27/2023		Tyler Chamber of Commerce							
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode					
	\$50.00 315 N. Broadway									
			Suite 100							
			Tyler, TX 75702							
_	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF		Event Expense	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE								officeholder living e		
Office holder ticket for luncheon.						ket for chamb	per's State of the City			
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Candidate/Officeholder name	Office sou	sought Office held					
Date Payee name										
	05/08/2023		United States Postal Service							
Amount (\$) Payee address; City; State; Zip Code										
	\$63.00		201 E. Methvin St.							
	Longview, TX 75601-9998									
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Compl		
						Postage.	, TX,	officeholder living e	expense	
						FUSIAYE.				
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou				Office hel	d	
	expenditure to benefit C/OF			Unice sol	ayın			Unice nel	u	