

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070596	2 Total pages filed: 11												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>The Honorable</td> <td>Gregory W.</td> <td></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 20%;">NICKNAME</td> <td style="width: 40%;">LAST</td> <td style="width: 40%;">SUFFIX</td> </tr> <tr> <td>Greg</td> <td>Neeley</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	The Honorable	Gregory W.		NICKNAME	LAST	SUFFIX	Greg	Neeley		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2026
	MS / MRS / MR	FIRST	MI												
The Honorable	Gregory W.														
NICKNAME	LAST	SUFFIX													
Greg	Neeley														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE REDACTED PER 254.0313, GOV'T CODE		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2"> </td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount										
Receipt #	Amount														
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Leslie G.</td> <td></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 20%;">NICKNAME</td> <td style="width: 40%;">LAST</td> <td style="width: 40%;">SUFFIX</td> </tr> <tr> <td></td> <td>Novy</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mrs.	Leslie G.		NICKNAME	LAST	SUFFIX		Novy		
	MS / MRS / MR	FIRST	MI												
Mrs.	Leslie G.														
NICKNAME	LAST	SUFFIX													
	Novy														
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE REDACTED PER 254.0313, GOV'T CODE														
	7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (903) 235-2729														
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td>☒ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded modified reporting limit</td> <td>☐ Final Report (Attach C/OH-FR)</td> </tr> </table>			☒ 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)				
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9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 10%; text-align: center;">THROUGH</td> <td style="width: 25%;">Month Day Year</td> </tr> <tr> <td>07/01/2025</td> <td></td> <td>12/31/2025</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	07/01/2025		12/31/2025						
Month Day Year	THROUGH	Month Day Year													
07/01/2025		12/31/2025													
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE Month Day Year</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> <tr> <td></td> <td> ☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE		☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special								
ELECTION DATE Month Day Year	ELECTION TYPE														
	☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special														
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)												

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Neeley, Gregory W. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00070596
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15 NOTICE FROM POLITICAL COMMITTEE(S) ☐ 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.			
	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	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)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,549.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,833.33
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT		
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. <u>The Honorable Gregory W. Neeley</u> Signature of Candidate or Officeholder		
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 - JC/OH

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Neeley, Gregory W. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00070596	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒ SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	0.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	☒ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	0.00
4.	☒ SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,549.00
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	☒ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	☒ 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 CONTRIBUTIONS	\$	
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):
Sch: 1/1 Rpt: 4/11

2 FILER NAME
Neeley, Gregory W. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00070596

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 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/11	
2 FILER NAME Neeley, Gregory W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00070596	
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00	
5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code		10 Interest Rate
			11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral ☐ None		18 Check if personal funds were deposited into political account (See Instructions) ☐	
19 GUARANTOR INFORMATION ☐ not applicable	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

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: 1/6 Rpt: 6/11	2 FILER NAME Neeley, Gregory W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070596
4 Date 07/02/2025	5 Payee name AAA East Tex Storage	
6 Amount (\$) \$87.00	7 Payee address; City; State; Zip Code 808 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly storage rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name AAA East Tex Storage	
Amount (\$) \$87.00	Payee address; City; State; Zip Code 808 E. Loop 281 Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly storage rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name AAA East Tex Storage	
Amount (\$) \$87.00	Payee address; City; State; Zip Code 808 E. Loop 281 Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
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: 2/6 Rpt: 7/11	2 FILER NAME Neeley, Gregory W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070596
4 Date 10/02/2025	5 Payee name AAA East Tex Storage	
6 Amount (\$) \$87.00	7 Payee address; City; State; Zip Code 808 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly storage rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name AAA East Tex Storage	
Amount (\$) \$87.00	Payee address; City; State; Zip Code 808 E. Loop 281 Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly storage rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name AAA East Tex Storage	
Amount (\$) \$87.00	Payee address; City; State; Zip Code 808 E. Loop 281 Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly storage rent
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
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Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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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: 3/6 Rpt: 8/11	2 FILER NAME Neeley, Gregory W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070596
4 Date 10/21/2025	5 Payee name Johnigan, Wally (Mr.)	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 6722 S Broadway Tyler, TX 75702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Moving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name St. Mary's School	
Amount (\$) \$340.00	Payee address; City; State; Zip Code 405 Hollybrook Dr. Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Advertisement/signage for annual golf tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name Texas Bank & Trust	
Amount (\$) \$2.50	Payee address; City; State; Zip Code P. O. Box 3188 Longview, TX 75606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense monthly service charge
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 -
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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: 4/6 Rpt: 9/11	2 FILER NAME Neeley, Gregory W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070596
4 Date 08/25/2025	5 Payee name Texas Bank & Trust	
6 Amount (\$) \$2.50	7 Payee address; City; State; Zip Code P. O. Box 3188 Longview, TX 75606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Bank & Trust		
Amount (\$) \$2.50	Payee address; City; State; Zip Code P. O. Box 3188 Longview, TX 75606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Bank & Trust		
Amount (\$) \$2.50	Payee address; City; State; Zip Code P. O. Box 3188 Longview, TX 75606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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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: 5/6 Rpt: 10/11	2 FILER NAME Neeley, Gregory W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070596
4 Date 11/21/2025	5 Payee name Texas Bank & Trust	
6 Amount (\$) \$2.50	7 Payee address; City; State; Zip Code P. O. Box 3188 Longview, TX 75606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/22/2025	Candidate/Officeholder name	Office sought
		Office held
Date 12/22/2025	Payee name Texas Bank & Trust	
Amount (\$) \$2.50	Payee address; City; State; Zip Code P. O. Box 3188 Longview, TX 75606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/25/2025	Candidate/Officeholder name	Office sought
		Office held
Date 08/25/2025	Payee name United States Postal Service	
Amount (\$) \$244.00	Payee address; City; State; Zip Code 201 E. Methvin St. Longview, TX 75601-9998	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Post office box annual rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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Contributions/ Donations Made By -
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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: 6/6 Rpt: 11/11	2 FILER NAME Neeley, Gregory W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070596
4 Date 10/30/2025	5 Payee name United States Postal Service	
6 Amount (\$) \$78.00	7 Payee address; City; State; Zip Code 201 E. Methvin St. Longview, TX 75601-9998	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Postage/stamps
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held