# 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:

**OFFICE USE ONLY**
FILED
Date Received
3:34 o'clock P M
DEC 29 2023
SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS
By [signature] Deputy
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

| ~~MS~~ / ~~MRS~~ / MR | FIRST | MI |
|---|---|---|
| MR. | GREGORY | W |
| **NICKNAME** | **LAST** | **SUFFIX** |
| GREG | LEVELING. | N/A |

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

| ADDRESS / PO BOX. | APT / SUITE #. | CITY. | STATE | ZIP CODE |
|---|---|---|---|---|
| 115 C.R. 4358 | N/A | Decatur, | TX. | 76234 |

☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**

| AREA CODE | PHONE NUMBER | EXTENSION |
|---|---|---|
| (940) | 206-2320 | |

**6 CAMPAIGN TREASURER NAME**

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| MR | JON | M. |
| **NICKNAME** | **LAST** | **SUFFIX** |
| N/A | ROYEA | N/A |

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

| STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE #: | CITY. | STATE: | ZIP CODE |
|---|---|---|---|---|
| 6717 Canyon Rd. | N/A. | Sanger, | TX. | 76266 |

**8 CAMPAIGN TREASURER PHONE**

| AREA CODE | PHONE NUMBER | EXTENSION |
|---|---|---|
| (940) | 390-1051 | |

**9 REPORT TYPE**

- ☒ 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)

**10 PERIOD COVERED**

| Month | Day | Year | | Month | Day | Year |
|---|---|---|---|---|---|---|
| 07 | 01 | 2023 | THROUGH | 12 | 31 | 2023 |

**11 ELECTION**

ELECTION DATE: Month 03 / Day 05 / Year 2024

ELECTION TYPE:
- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any): DIRECTOR, NORTH PARKWAY MMD #1

**13** OFFICE SOUGHT (If known): WISE COUNTY CONSTABLE, PRECINCT 1

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

☐ Additional Pages

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

| | |
|---|---|
| COMMITTEE NAME | N/A |
| COMMITTEE ADDRESS | N/A |
| COMMITTEE CAMPAIGN TREASURER NAME | N/A |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | N/A |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | | |
|---|---|---|---|
| **15** C/OH NAME Gregory W. "Greg" Leveling | | | **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 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 500 00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 500 00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0 |

**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.

G.W. Leveling
Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

AMANDA KNOX
Notary Public
STATE OF TEXAS
ID# 13420440-3
My Comm. Exp. Feb. 15, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gregory W Leveling this the 29th day of December, 20 24, to certify which, witness my hand and seal of office.

Amanda Knox — Signature of officer administering oath
Amanda Knox — Printed name of officer administering oath
Chief Deputy EA — 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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Gregory W. "Greg" Leveling | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☑ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 500.00 |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ — |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ — |
| 4. | ☐ | SCHEDULE E: LOANS | $ — |
| 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 | $ 375.00 |
| 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:

2 FILER NAME: Gregory W. "Greg" Leveling

3 Filer ID (Ethics Commission Filers): one (1)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 12/01/2023 | James Rose (☐ out-of-state PAC (ID#: N/A) | 5475 Pecan Creek Cr. Fort Worth, TX. 76244. | $200.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Educator | |

| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 12/06/2023 | Theresa Rogers (☐ out-of-state PAC (ID#: N/A) | 140 Stonewood Blvd. Bartonville, TX. 76266. | $200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Government employee | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 12/09/2023 | Kathleen Evett (☐ out-of-state PAC (ID#: N/A) | 2809 Commerce St. Dallas, TX. 75266. | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Small Business owner | self-employed |

| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 12/19/2023 | Leland Krueger (☐ out-of-state PAC (ID#: N/A) | 8705 Swan Park Dr. Denton, TX. 76210. | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Contractor; Traffic Safety Management | self- employed |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

**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 G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| ONE (1) | Gregory W. "Greg" Leveling | |

| 4 Date | 5 Payee name |
|---|---|
| 12/02/23 | Wise County Republican Party |

| 6 Amount ($) | 7 Payee address: | City: | State: | Zip Code |
|---|---|---|---|---|
| $375.00 | P.O. Box 1521 Decatur, TX. 76234 | | | |

☑ Reimbursement from political contributions intended

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): Other

(b) Description: Republican Primary Filing Fee

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH

Candidate / ~~Officeholder name~~ | Office sought | Office held

Gregory W. "Greg" Leveling | Wise Co. Constable Pct. 1 | N/A

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Date: —

Payee name: —

Amount ($):

☐ Reimbursement from political contributions intended

Payee address: | City: | State: | Zip Code

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): —

Description: —

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: — | Office sought: — | Office held: —

---

Date:

Payee name:

Amount ($):

☐ Reimbursement from political contributions intended

Payee address: | City: | State: | Zip Code

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**