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
7:21 o'clock A M
JUL 14 2026
SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS
By Deputy
Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: Gregory | MI: Wm.
NICKNAME: Greg | LAST: Leveling | SUFFIX: N/A

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (940) | PHONE NUMBER: 206-2320 | EXTENSION: N/A

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR | FIRST: JON | MI: M
NICKNAME: N/A | LAST: Royea | SUFFIX: N/A

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE: (940) | PHONE NUMBER: 391-1051 | EXTENSION:

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: 01 / 01 / 2026 THROUGH 06 / 30 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 05 / 2024

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Wise Co. Constable, Precinct 1

13 OFFICE SOUGHT (if known): N/A

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
ONE(1)	GREGORY Wm. LEVELING	N/A

4 Date	5 Payee name
01/08/2026	Office

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$184.03	1010 W. Business 380 PO Box 595	Decatur,	TX.	76234

8 PURPOSE OF EXPENDITURE

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

(b) Description: Memorial Plaque(s).

(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

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Date | Payee name

Amount ($) | 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 ($) | 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	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)	$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 19485
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 38517
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.

K. 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 Leveling this the 14 day of July, 20 24, to certify which, witness my hand and seal of office.

Amanda Knox | Amanda Knox | Chief Deputy

Signature of officer administering oath | 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)