	A PARTY OF THE PAR	CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Gregory	MI J	OFFICEUSE ONLY
	Greg	Rolling	SUFFIX	JAN 16 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	5603 Becke	x; APT / SUITE #; rmann Brenham,	TX 77833	1:45 pm 55
√ Change of Address				0 d 0 di
5 CANDIDATE/ OFFICEHOLDER PHONE	(979)	421-2465	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Katrice	MI M	Receipt # Amount \$
NAME	NICKNAME	LAST Ellis	SUFFIX	Date Imaged
	CTREET ADDRESS		DUITE & OITH	1116/2024
7 CAMPAIGN TREASURER ADDRESS		ore St Brenham, T		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(979)	421-3321	EXTENSION	
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	THROUGH 12	Day Year / 31 / 23
11 ELECTION	ELECTION D	ATE	ELECTION TYPE	
	Month Day	Year Primary		
	3 / 5	/ 24 General	Special	
12 OFFICE	Constable	Precinct 4	13 OFFICE SOUGHT (If known Constable, Pred	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAND	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S) Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	Total		
	SPECIFIC	COMMITTEE CAMPAIGN TRE		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Gregory Rolling							16 F	iler ID (Ethics	Commissio	n Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEM PLEDGES, LOA CONTRIBUTION	NS, OR GUAR	RANTEES OF	LOANS, OR		HAN	\$		0.00
	2.	TOTAL POLITION (OTHER THAN P			ARANTEES	OF LOA	NS)	\$		0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMI	ZED POLITICA	AL EXPENDI	ITURE.			\$		0.00
	4.	TOTAL POLITIC	CAL EXPEND	DITURES				\$		0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICA OF REPORTING		TIONS MAIN	ITAINED AS	OF THE	LAST DAY	\$	12	4.23
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				\$	\$ 0.00			
		Ple	ase comp	olete eith				7 e or Officeho	lder	
1) Affidavit		Plea	ase comp	olete eith				7 e or Officeho	lder	
(1) Affidavit NOTARY STAMP/SEAL	L	Plea	ase comp	olete eith				7 e or Officeho	lder	
NOTARY STAMP/SEAL			ase comp	olete eith		on bel			lder	
NOTARY STAMP/SEAL	before me	by		olete eith		on bel	low:		lder	
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify	before me which, witne	byss my hand and s			ner optio	on bel	low:	day of _		tering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify	before me which, witne	byss my hand and s	seal of office.		ner optio	on bel	low:	day of _		tering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify	before me which, witne	byss my hand and s	seal of office.	ficer administs	ner optio	on bel	low:	day of _		tering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administer 2) Unsworn Declaration My name is	before me which, witnering oath	by ss my hand and s Prin	seal of office.	ficer administ	ering oath	this t	low:	day of _ Title of office	cer adminis	
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify signature of officer administer 2) Unsworn Declaration My name is	before me which, witnering oath	byss my hand and s	seal of office.	ficer administ	ner optio	this t	low:	day of _	cer adminis	tering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME 20 Filer ID (Ethics Co		
	HEDULE SUBTOTALS ME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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 CONTRIB	JTIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$	
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 BUSIN	ESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	utions \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$	

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 Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule G:	2 FILER NAME Gregory Rolling		3 Filer ID (Ethics Commission Filers)			
4 Date 11/30/2023	5 Payee name Washington County Republican Party					
6 Amount (\$) 375.00 Reimbursementfrom political contributions intended	7 Payee address; PO Box 479 Brenham, TX 77834	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Candidate filin	ing fees			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> 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/0	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code			
intended						
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				
	Candidate / Officeholder name	Office sought	Office held			