

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: **7**

| | | | |
|---------------------------------------------------------------------------------------|----------------------------------|----------------|-----------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small> | ADDRESS / PO BOX: | APT / SUITE #: | CITY: STATE: ZIP CODE |
| | P.O. Box 523 Hallsville TX 75650 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (903) | 235-4177 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |

| OFFICE USE ONLY | |
|-----------------------------------------|-----------|
| Date Received | |
| RECEIVED | |
| JAN 16 2026 | |
| HARRISON COUNTY ELECTIONS OFFICE | |
| Date Hand-delivered or Date Postmarked | |
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

| | | | | | |
|-------------------------------------------------------------------------------|------------------------------------|----------------|------------|--------|----------|
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: | STATE: | ZIP CODE |
| | 108 W. Pine Street | | Hallsville | TX | 75650 |

| | | | |
|-----------------------------------|-----------|--------------|-----------|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (903) | 399-6998 | |

| | | | | |
|----------------------|------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |

| | | | | | | | |
|--------------------------|-------|-----|------|---------|-------|-----|------|
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 7 | 1 | 25 | | 12 | 31 | 25 |

| | | | | | | |
|--------------------|---------------|-----|------|---------------------------------------------|---------|-------------------|
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month | Day | Year | Primary | Runoff | Other Description |
| | 11 | 8 | 26 | <input checked="" type="checkbox"/> General | Special | |

| | | |
|------------------|----------------------------------|------------------------------------|
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) |
| | Justice of the Peace, Precinct 3 | |

| | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 14 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. 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. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | GENERAL | COMMITTEE ADDRESS |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 15 C/OH NAME Gregg Greer | | 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) | \$ 300.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 300.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 600.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 600.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 40.01 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,000.00 |

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Gregg Greer, and my date of birth is 10/06/1969.

My address is P.O. Box 523, Hallsville, TX, 75650, Harrison.

Executed in Harrison County, State of Texas, on the 5 day of January, 2026.

Gregg Greer
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

| | | |
|-------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 300.00 |
| 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 | \$ 500.00 |
| 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 | \$ 100.00 |
| 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: **1**

2 FILER NAME

Gregg Greer

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/2025

5 Full name of contributor out-of-state PAC (ID#: _____)

East Texas Conservative PAC

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code

1821 Judson Rd. Longview TX 75605

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**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 E: **1****2** FILER NAME

Gregg Greer

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS\$ **0.00****5** Date of loan

01/15/2021

7 Name of lender

Gregg Greer

 out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**400.00****6** Is lender a financial institution?
 Y N**8** Lender address;

P.O. Box 523

City;

Hallsville

State; Zip Code

TX 75650

10 Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral none**15** Check if personal funds were deposited into political account (See Instructions)**16** GUARANTOR INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$) not applicable**18** Guarantor address;

City;

State; Zip Code

20 Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

11/23/2021

Name of lender

Gregg Greer

 out-of-state PAC (ID#: _____)

Loan Amount (\$)

600.00Is lender a financial institution?
 Y N

Lender address;

P.O. Box 523

City;

Hallsville

State; Zip Code

Tx 75650

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

 none Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

 not applicable

Guarantor address;

City;

State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Gregg Greer | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/28/2025 | 5 Payee name Hallsville Lions Club | |
| 6 Amount (\$) 125.00 | 7 Payee address; City; State; Zip Code P.O. Box 493 Hallsville TX 75650 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Ad in Hallsville football Program |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Date 11/12/2025 | Payee name Republican Party of Harrison County | |
| Amount (\$) 375.00 | Payee address; City; State; Zip Code P.O. Box 2028 Marshall TX 75671 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Filing Fee |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1 Total pages Schedule G: 1 | 2 FILER NAME Gregg Greer | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/15/2025 | 5 Payee name Light up the Park | |
| 6 Amount (\$) 100.00 <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code 561 Page Rd. Longview TX 75605 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Sponsoring Hallsville Light up the Park |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 (\$) <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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