CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MR. DAVID	MI E.	OFFICE USE ONLY Date Received
	NICKNAME LAST EASON	SUFFIX	Date Received COUNTY ELECTIONS RELECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 402 TRACE WAY DR. Mon	CITY; STATE: ZIP CODE TGOMIERY TX 77316	JAN 1 4 2020 PS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (934) 344-1400	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MRS. JANE//E	MI D	Recelpt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Imaged
	EASON		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	OITY; CONROC	STATE; ZIP CODE
ADDRESS (Residence or Business)	12176 TWIN PINES AD.	C.ONOROG	7/2 77303
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 445-2745	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
GOVERED	07/15/19	THROUGH 01/	15/2020
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE	
	Month Day Year Primary 03/03 /2020	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	,
		Montgomery Constable F	County
		Constable F	ET. 2
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	EAS	ON, DAVID	15 Filer ID (Ethics Commission Filers)		
16 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, 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				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <u></u>		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 20.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6818.55		
CONTRIBUTION BALANCE	5. TOTAL F	\$ 6818.55 DAY \$ 2724,81			
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y BY OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
	JULIAN HOY Notary ID #1320 My Commission E July 1, 202	true and correct and includes all inf under Title 15, Election Code. 72987 Expires	perjury, that the accompanying report is cormation required to be reported by me all the cormation of the co		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsci	1, 20, 20, 5,	to certify which, witness my hand and seal of office. Turian Hoyo S	of Aire R.		
Signature of officer a	idministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com		
	EASOW, DAVID		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100 00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4.	SCHEDULE E: LOANS	\$ 0-	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6818.55	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
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	\$ Q _	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 4)	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor 7 Amount of contribution (\$) CAMDON Joslin 1/10/20 6 Contributor address; City; State; Zip Code \$ 1/22 Commercial Circle Confort TX 77304 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 ut-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 Employer (See Instructions) Principal occupation / Job title (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	- Patricular		The state of the s
Tr	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	EASON, DAVID		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description
	Contributor address; Clty; State;	Zip Code	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		The state of the s
	ATTACH ADDITIONAL COPIES OF T		

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethlos Commission Filers) EASON, DAVID 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor ut-of-state PAC (ID#: In-kind contribution Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of pledgor out-of-state PAC (ID#:_ Amount of Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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		
The I	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2 FILER NAME	EASON, DAVID				
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender out-of-state P	AC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
Y N			11 Maturity date		
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Colla	teral	Check if personal fundaccount (See Instruction	ds were deposited into political lons)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
من not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)			
Description of Collar	teral	Check if personal functions account (See Instruction	ds were deposited into political lons)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zlp Code			
not applicable					
Principal Occupatio	n (See Instructions)	Employer (See Instructions)			
If len	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	1		3 Filer ID (Ethica	Commission Filers)
4 Date	EASON, DAVI			NORTHWILD WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL TOT
8/13/19	AMERICAN'S STAND UNI	+ED		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$41.21	31326 Summit GROVE LA.	Spizing	78	72386
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	EVENT EXPENSE	Admissio	>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			Herbert Herber
8/16/19 -	AMERICAN'S STAND UNIT	ED		
Amount (\$)	Payee address;	City;	State;	Zip Code
b 41. 21	31326 Summit GROVE IN	Solve	TV	77386
	Category (See Categories listed at the top of this schedule)	Description	/	2,706
PURPOSE				
OF EXPENDITURE		-		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Data	Payee name			
Date 8/19/19				
Amount (\$)	DWH GoDADDY Payee address;	City;	State;	Zip Code
\$217.21	14455 N. HAYDEN RD. Suite Z	ZL SCOTTSDA	le Az.	85260
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			N.	
OF EXPENDITURE	Alvertising Expense	Websit	e develo	pnert
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Western Company of the Company of th	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,	•
1 Total pages Schedule F1:	2 FILER NAME EASON, DAVID		3 Filer ID (Ethic	s Commission Filers)
4 Date 8/20/19	5 Payee name TKH Design GROUP			A CANADA AND AND AND AND AND AND AND AND AN
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$57.22	11423 Sugar Bowl DR.	Tomball	TX	77375
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	WEbsite	Admin	
	(C) Check if travel outside of Texas, Cemplete Schedule T.	Check if Austin	n, TX, afficeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			-
9/5/19	TRH Design GROUP			•
Amount (\$)	Payee address:	City;	State;	Zip Code
\$ 3906.75	11423 Sugge Bowl Diz.	Tomball	TR	77375
21122007	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	AcheRTISING Expense	Political	Signs	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/18/19	Acroemy			
Amount (\$)	Payee addregs;	City;	State;	Zip Code
\$ 121.13	23155 KATY FREEWAY	KATY	7 <u>x</u>	77449
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		·
OF EXPENDITURE	PRINTING Expense	T- Shir	75	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austir	n, TX, afficeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solioitation/Fundreising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	a Committee Legal Services Salaries/N The Instruction Guide explains how to c	ages/ContractLabor omplete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME EASON, DAVID)	3 Filer ID (Ethics Commission Filers)
Date 9/20/19	5 Payee name DEGORAL Doncen		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 100.00	12922 LongSTREET RD #89	willis	TK 77318
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	7-shirt	_
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
9/24/19	Payee name LAKE CONRUE ARE	EA REpubl FRUE"	lican Woman
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 23.00	P.O. Box 737	Montgome !	ky TX 77356
	Category (See Categories listed at the top of this schedule)	Description	7
PURPOSE OF EXPENDITURE	EVENT EXPENSE	ADMISSIE	∽
	Check if travel outside of Texas, Complete Schedule T.	[]	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/24/19	Speech CRAFT TOASTA	NASTERS	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 17.55	14301 STUEBNER AirliNE R	O. Housto	n TX 77069
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	Education	~~
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, afficeholder IIving expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Politicat Committee

Event Expense Fees Food/Beverage Expense Giff/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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,	
Total pages Schedule F1:	EASON, DAVI	D .	3 Filer ID (Ethio	s Commission Filers)
Date 10/4/19	5 Payee name TRH DESIGN GROUP			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 111.57	11423 Sugar Bow/ DR.	Tomball	TX	77375
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Public RESEARCH		
OF EXPENDITURE	Consulting ExpENSE	RESEARCH	DATA COL	lection
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date .	Payee name			-
10/10/19	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 80.00	809 W. DAllAS ST.	ConRot	TX	77301
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	RUNTAL EXPENSE	POST OFF	ice Box	
	Check if travel outside of Texas, Complete Schedule T.		if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/10/19	WAYNE MACLE			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 25.00	P.O BOX 2234	Confee	TK	77305
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	Admiss	· 10~	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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 (on the content of the content o

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/N The Instruction Guide explains how to c	/ages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total passa Cabadula #4:	·		2 Eller ID /Ellis Commit to Eller
1 Total pages Schedule F1:	EASON, DAVID		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/15/19	VINCE SANTINI		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 30.07	2757 N. Coop 336 W.	ST. 140-442	CONROE TX. 77304
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	FIFT FLORICE	Admission	
LOW ENDITORE	EVENT EXPENSE	MUM15516	
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Aust	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		
# inlisting	Unice SANTINI		
Amount (\$)	Payee address;	City;	State; Zip Code
			; =
\$1 20.00	2257 N. Loop 336 W. Suite 14	6-442 Conk	DE TX 77304
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	EVENT EXTENSE	FOOD	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
inlicha	2-1-1		
10/10/17	BRANDON CREIGHTON		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 25.00			,
4 65.	7257 N. Loop 336 SUITE 140	-346 C	UNROE TX 773.04
	Category (See Categories listed at the top of this schedule)	Description	,
PURPOSE			
OF EXPENDITURE	EVENT EXPENSE	Admissio	
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder (Iving expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	4	<u> </u>	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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 shove)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to describe the committee of the	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME EASON, DAVID		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/19	5 Payee name TAMMY COCRAE 7 Payee address;		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 25.00	10 CAPSHAW CT.	CONROE	Tk 77385
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	·
OF EXPENDITURE	EVENT EXPENSE	Admission	-
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/19	Montgomery County Payee address;	Republica	~ Woman
Amount (\$)	Payee address;	Gity;	State; Zip Code
\$ 23.00	PO. Bex 1766	CONROE	TX 77305
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Eysense	Admis	i.
	Check if travel outside of Texas. Completé Schedule T.		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/6/19	TRH Design GROUP		
Amount (\$)	Payee address;	City;	State; Zip Code
5 58.44	11423 Sugar Bord DR.	Tomball	TX 77375
	Category (See Categories (isted at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Website	Admin
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 Solioitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment			gory not listed above)
·	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	EASON, DAVIE	3 Filer ID (Eth	cs Commission Filers)
4 Date ///9/19	5 Payee name Montgome Ry County 7 Payee address;	Republición PARTY	
6 Amount (\$)	7 Payee address;	City; State	Zip Code
\$ 1000.00	310 METCALF ST.	CONROE TX	77301
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE	FEES	Political Filin	9
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder livi	,
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
12/3/19	MCTP PAC	:	
Amount (\$)	Payee address;	City; State;	Zìp Codè
\$ 100.00	2603 E. BluelAke d2.	Magnolin TX.	77354
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	2 ,		
EXPENDITURE	Contribution	DONATION	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date /2/3/19	Payee name	PH-940-910-91-91-91-91-91-91-91-91-91-91-91-91-91-	
12/5/19	TRH Design GROUP		
Amount (\$)	Payee address;	City; State;	Zip Code
\$ 58.44	11423 Sugar Bowl DZ	Tonoball TX	77375
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		, A	
OF EXPENDITURE	Advertising Expense	Website Adm	, N
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
	THE STATE OF THE OF THE OF THE OF	we was a marked for his lim ATA 100 1 to his hor her her	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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
Others (extensive and listed shows)

Credit Card Payment	The Instruction Guide explains how to co	other (enter a category not listed above) mplete this form.
1 Total pages Schedule F1:	2 FILER NAME FASON, DAVID	3 Filer ID (Ethics Commission Filers
4 Date	5 Payee name	the state of the s
12/3/19	TKH DESIGN GIZOUP	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
5 253.31	11423 Sugar Bowl DR	Tomball TX 17375
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	4.2	
EXPENDITURE	Advertising Expense	rush CARDS
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date 1/5/20	Payee name	
12/3/19	TRA DESIGN GROUP	
Amount (\$)	Payee address;	City; State; Zip Code
\$125.00	11423 SUCAR BOW OR	Tomball TX 17375
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	NEWSLETTER Publication
	Check if travel outside of Texas. Completé 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	
1/6/20	TRH DESIGN GROUP	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 58.44	11423 Sugar Bowl DR.	Consbull TR 77375
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Adversising	Website Admin
	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 S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME EASON, DAVID		3 Filer ID (Ethics Commission Filers)
4 Date //6/20	5 Payee name MCTP PAC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$100.00	2603 E. Blue lake DR.	MAGNOTIA	TK. 72354
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Constitution	DONATIO	· · · · · · · · · · · · · · · · · · ·
	(c) 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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/4/20	MCRW		,
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200.00	P.O. Box 1766	Conket	- TX 77305
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	habeite	Advertising
EXTERNOTE.	Check if travel outside of Texas. Complete Schedule T.	paramag	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE			
Complete ONLY if divert	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Check If Austin	, TX, officeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Onice sought	Office field

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense 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 (or her progression) and lighted objects.

Candidate/Officeholder/Political	Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above) omplete this form.			
1 Total pages Schedule F2:	2 FILERNAME EASON, DAVID	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEN	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ -0				
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Polit	itical			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF Expenditure	; ! 				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Offi	ffice sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Poli	litical			
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 Of	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	EASON, DAVID	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	
	Description of investment	*
	Amount of investment (\$)	
	1	The state of the s
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
Candidate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Lehor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (anter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services Salaries/M	/ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	The instruction Guide explains how to c 2 FILER NAME EASON, DAVID IZED EXPENDITURES CHARGED TO A CF		3 Filer ID (Ethics Commission Filers)
5 Date	6 Payee name	CEDITORIO	\$ -6-
	• rayoo nano		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	plitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF Expenditure			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate /. Officeholder name C	office sought	Office held
Date	Payee name :		
Amount (\$)	Payee address:	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-P	olitical	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF Expenditure			
LAI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check If A	Austin, T'X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office held
			- Valent Blands
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

Credit Card Payment	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME EASON, DAVIZ	D	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	Transport of the Control of the Cont	
Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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 (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions 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 Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions 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	n, 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 NEED	DED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Glit/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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EASON, DAVID 4 Date Business name 6 Amount (\$) 7 Business address; City; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Business name Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; State: City: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	EASON, DAVID			
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State Zip Code	
ф				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regards required.)	ng type of information	
Date	Payee name			
Amount (\$)	Payee address;	City	State Zip Code	
PURPOSE	Category (See instructions for examples of acceptable	Description (See Instructions regard	ing type of information	
OF EXPENDITURE	categories.)	required.)		
P = 14.14 PP = 14.				
Date	Payee name			
Amount (\$)	Payee address;	City	State Zip Code	
	i			
PURPOSE	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regard	Ing type of information	
OF EXPENDITURE	categories.)	required.)		
Date	Payee name	The state of the s	-	
Amount (\$)	Payee address;	City	State Zip Code	
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See Instructions regard required.)	ing type of information	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K:		
2 FILER NAME	Commission Filers)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Stat	e; Zlp Code	-0-
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if t	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	e; Zip Code	
-	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ute; Zip Code	
	Purpose for which amount is received Check If	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:	1	
2 FILER NAME EASON, DAVID		3 Filer ID (Ethics Commis	sion Filers)		
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expend	ture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of person(s)) traveling			
	8 Departure city or n	ame of departure loc	ation		
	9 Destination city or	name of destination	ocation		
10 Means of transportati	on 11 Purpo	ose of travel (including	g name of conference,	seminar, or other event)	
Name of Contributor	Corporation or Labor C	Organization / Pledgo	r / Payee		
Contribution / Expend	ture reported on:				The Who will also had a little or the
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1				
Schedule F2					
Dates of travel Name of person(s) traveling					
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	on Purpo	ose of travel (includin	g name of conference,	seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expend	ture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC [Schedule B-SS
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	on Purp	ose of travel (includin	g name of conference,	seminar, or other event)	
	ATTACH A	DDITIONAL COPIE	S OF THIS SCHEDUL	E AS NEEDED	V PROBLEM STORY

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N				
_		DAVID EASON			
3	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign itions or make any campaign expenditures without a campaign treasurer appointment on file.			
		Signature of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	Α.	CAMPAIGN FUNDS			
	Chec	k only one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.			
	B. ASSETS				
	Chec	k only one:			
		I do not retain assets purchased with political contributions or interest or other income from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		Signature of Officeholder			