

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:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR

DAVID

E

NICKNAME

LAST

SUFFIX

EASON

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 2326 CONROE TX 77305

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

538-8016

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS

JANELLE

D

NICKNAME

LAST

SUFFIX

EASON

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

12176 TWIN PINE DR CONROE TEXAS 77303

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

445-2745

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

1

/

15

/

25

THROUGH

Month

Day

Year

7

/

15

/

25

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 07 / 2028

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

MONTGOMERY COUNTY PCT 2 CONSTABLE

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>David Eason</u>		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)	\$ <u>863.79</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>27,105.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>819.24</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>24,821.47</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,328.08</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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 DAVID EASON, and my date of birth is 06/04/1975.
My address is 402 TRACE WAY DR., Montgomery, TX, 77316, U.S..
(street) (city) (state) (zip code) (country)
Executed in Montgomery County, State of TEXAS, on the 15th day of July, 20 25.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

David Eason

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,105.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1,000.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,821.47
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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: 4
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 Date 01/23/2025	5 Full name of contributor out-of-state PAC (ID#: SUSAN BINGHAM 6 Contributor address; City; State; Zip Code 510 HWY 75 N, WILLIS, TX 77378	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2025	Full name of contributor out-of-state PAC (ID#: CHAD CREEL Contributor address; City; State; Zip Code 2111 N FRAZIER ST, CONROE, TX 77301	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2025	Full name of contributor out-of-state PAC (ID#: JOHN SELLARS Contributor address; City; State; Zip Code PO BOX 247, CONROE, TX 77304	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2025	Full name of contributor out-of-state PAC (ID#: LINDSEY KASPRZK Contributor address; City; State; Zip Code 27 GRAND REGENCY CIR, THE WOODLANDS, TX 77382	Amount of contribution (\$) 500.00
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.		

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: **4**

2 FILER NAME

DAVID EASON

3 Filer ID (Ethics Commission Filers)

4 Date

02/19/2025

5 Full name of contributor

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

JIMMY DRUMMOND

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

18405 FM 149, MONTGOMERY, TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/26/2025

Full name of contributor

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

JEREMY DUIETT

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

122 FLINT RD, HUNTSVILLE, TX 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2025

Full name of contributor

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

JOSHUA ROGERS

Amount of contribution (\$)

1,080.00

Contributor address;

City;

State;

Zip Code

PO BOX 2512, CONROE, TX 77305

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2025

Full name of contributor

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

JAMES WOOD

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

11997 FM 3083, CONROE, TX 77301

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.

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: 4
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2025	5 Full name of contributor out-of-state PAC (ID#: RANDY COUNCILL 6 Contributor address; City; State; Zip Code 1042 FM 1791, HUNTSVILLE, TX 77340	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: JUSTIN SWITZER Contributor address; City; State; Zip Code 10879 LEWIS CREEK CIR, WILLIS, TX 77318	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2025 2	Full name of contributor out-of-state PAC (ID#: MONTGOMERY COUNTY LAW ENFORCEMENT ASSOCIATION Contributor address; City; State; Zip Code PO BOX 8793, THE WOODLANDS, TX 77387	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/25	Full name of contributor out-of-state PAC (ID#: Janelle Eason Contributor address; City; State; Zip Code 12176 Twin Pines Rd., Conroe, TX 77303	Amount of contribution (\$) 2,000.00
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.		

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: **4**

2 FILER NAME

DAVID EASON

3 Filer ID (Ethics Commission Filers)

4 Date

03/14/2025

5 Full name of contributor

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

COMMISSIONER ROBERT WALKER

6 Contributor address;

City;

State;

Zip Code

13530 WALKER RD, WILLIS TX 77378

7 Amount of contribution (\$)

875.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/14/2025

Full name of contributor

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

JEREMY DUIETT

Contributor address;

City;

State;

Zip Code

122 FLINT RD, HUNTSVILLE, TX 77320

Amount of contribution (\$)

4,900.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/14/2025

Full name of contributor

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

COMMISSIONER CHARLIE RILEY

Contributor address;

City;

State;

Zip Code

PO BOX 1605, MAGNOLIA, TX 77355

Amount of contribution (\$)

3,250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/14/2025

Full name of contributor

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

MARK HOLT

Contributor address;

City;

State;

Zip Code

131 KOEHL RD, HUNTSVILLE, TX 77320

Amount of contribution (\$)

1,000.00

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.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

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 B: 1	
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 1,000.00	
5 Date 03/14/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDGE MARK KEOUGH 7 Pledgor address; City; State; Zip Code 301 N THOMPSON ST, CONROE, TX 77301	8 Amount of Pledge \$ 1,000.00	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
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.			

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: 4	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
4 Date 05/23/2025	5 Payee name MONTGOMERY COUNTY FAIR ASSOCIATION	
6 Amount (\$) 2,800.00	7 Payee address; City; State; Zip Code 9201 AIRPORT RD, CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description MCFA NON-LIVESTOCK AUCTION ITEM PURCHASE
	(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 05/12/2025	Payee name B SIGN GROUP	
Amount (\$) 483.58	Payee address; City; State; Zip Code 4239 EARNINGS WAY, NEW ALBANY, IN 47150	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMORIAL EXPENSE	Description MEMORIAL FOR CONSTABLE LINE OF DUTY DEATH
	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 03/14/2025	Payee name SQUARE, INC.	
Amount (\$) 533.73	Payee address; City; State; Zip Code 1455 MARKET ST, SUITE 600, SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FEES FOR SQUARE PURCHASES
	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 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: <div style="font-size: 2em; margin-left: 100px;">4</div>	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Payee name SAM'S CLUB	
6 Amount (\$) 241.22	7 Payee address; City; State; Zip Code 2000 WESTVIEW BLVD, CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description DRINKS FOR FUNDRAISER
	(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		
Date 03/13/2025	Candidate / Officeholder name UNITED STATES POSTAL SERVICE	
Amount (\$) 460.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PO BOX FEES
	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		
Date 03/13/2025	Candidate / Officeholder name CC PLUS TRUCKS, GUNS, & AMMO	
Amount (\$) 5,250.07	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISER EXPENSE	Description FIREARMS FOR FUNDRAISER AUCTION
	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <u>4</u>		2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)	
4 Date 03/14/2025		5 Payee name NATHAN ARRAZATE			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 215 PINE SHADOW DR, CONROE, TX 77301			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE		(b) Description PHOTOGRAPHY FOR FUNDRAISER		
	(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					
Date 03/14/2025		Payee name BLACKWOOD SPORTING COMPANY			
Amount (\$) 9,141.94		Payee address; City; State; Zip Code 11400 FM 2854 RD, CONROE, TX 77304			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE		Description VENUE FOR FUNDRAISER		
	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					
Date 03/21/2025		Payee name FRIENDS OF NRA			
Amount (\$) 800.00		Payee address; City; State; Zip Code 11250 WAPLES MILL RD, FAIRFAX, VA 22030			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description NRA FEES		
	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 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: <u>4</u>	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2025	5 Payee name H & S MEAT MARKET AND WILD GAME PROCESSING	
6 Amount (\$) 935.00	7 Payee address; City; State; Zip Code 1900 N FRAZIER ST. B, CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description STEAKS FOR FUNDRAISER
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/11/2025	Payee name CONSTABLE CHRIS JONES	
Amount (\$) 1,540.00	Payee address; City; State; Zip Code PO BOX 558, PINEHURST, TX 77362	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) by office Donations made holder	Description constable Jones fundraiser
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/27/2025	Payee name LONE STAR ETCH	
Amount (\$) 2,135.93	Payee address; City; State; Zip Code 122 GRANT COVE DR, MONTGOMERY, TX 77316	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description AWARDS FOR FUNDRAISER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>David Eason</u>	Filer ID #
----------------------------------	----------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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 DAVID EASON, and my date of birth is 06/04/1975.
My address is 402 TRACE WAY DR. MONTGOMERY TX 77316 US.
(street) (city) (state) (zip code) (country)
Executed in MONTGOMERY County, State of TEXAS, on the 15 day of July, 2025.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**