The C/OH Instruction Guide explains how to complete this form.  3 CANDIDATE / OFFICEHOLDER NAME		TE / OFFICEHOLDE N FINANCE REPOR		FORM C/OH COVER SHEET PG 1
OFFICE LUSS ONLY  AME  NICIONAME  LAST SUFFIX  BASON  ADDRESS Change of Address Chan	The C/OH Instruction	Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
Change of Address  OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER EXTENSION  (936 ) 538-8016  Back Pichal Processed  Date Philhydovivate or Date Peophanded  Phone  MRS JANELLE D NICKHAME LAST SURFIX  EASON  TREASURER ADDRESS (Residence or Business)  STATE: ZIP CODE  12176 TWIN PINE DR CONROE TX 77303  AREA CODE PHONE NUMBER EXTENSION  TREASURER ADDRESS (Residence or Business)  REPORT TYPE  January 15 January	OFFICEHOLDER			FIEDE
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OFFICEHOLDER PHONE  (936 ) 538-8016  6 CAMPAIGN TREASURER NAME  MRS JANELLE  D Date Processed Date Inaged  Da	<u> </u>	AREA CODE PHONE NUMBER	EXTENSION	8 pgs Pc
MS / MRS / MR	OFFICEHOLDER	(936 ) 538-8016		
NAME  NICKNAME  LAST  EASON  SUFFIX  Date Processed  Date Intaged  Date Intage  Date Intaged  Date Intage  Date I				Amount \$
T CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15 John day before election Bth day before election Runoff COVERED  7 15 24 THROUGH  10 PERIOD COVERED  7 15 24 THROUGH  11 ELECTION BLECTION DATE Month Day Vear Month Day Vear John and Day Vear Month Day Vear John and Joh			····· <del>·</del>	Date Processed
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AREA CODE PHONE NUMBER EXTENSION    PHONE	TREASURER ADDRESS	,		· STATE; ZIP CODE
TREASURER PHONE  (936) 4445-2745  9 REPORT TYPE  January 15  Solt day before election  Runoff  Exceeded Modified Report(altach COH - FR)  10 PERIOD  COVERED  Month  Day  Year  THROUGH  THE RECTION DATE  Month  Day  Year  Month  Day  Year  THROUGH  THE CANDRAICH COUNTY PCT 2 CONSTABLE  12 OFFICE  OFFICE HELD (if any)  MONTGOMERY COUNTY PCT 2 CONSTABLE  THE CANDRAICH COFFICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  Additional Pages  (936)  4445-2745  Solt day before election  Runoff  Exceeded Modified  Reporting Inhibit Report (Altach C/OH - FR)  Final Report		AREA CODE PHONE NUMBER	EXTENSION	4.74.44.44.47
July 15 Sth day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH-FR)  10 PERIOD	TREASURER			
10 PERIOD COVERED    North   Day   Year   THROUGH   1   15   25	9 REPORT TYPE	January 15 30th day befo	ore election Runoff	treasurer appointment
THROUGH  THR		July 15 8th day befor	G 2120UUI   1	Final Report (Attach C/OH - FR)
11 ELECTION  ELECTION DATE  Month  Day  Year  3 / 5 / 24				•
Month Day Year 3 / 5 / 24		/ / 15 / 24	THROUGH	/ 15
12 OFFICE  OFFICE HELD (If any)  MONTGOMERY COUNTY PCT 2 CONSTABLE  13 OFFICE SOUGHT (If known)  MONTGOMERY COUNTY PCT 2 CONSTABLE  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR 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  COMMITTEE CAMPAIGN TREASURER NAME	11 ELECTION	Prim	ary Runoff Other	
MONTGOMERY COUNTY PCT 2 CONSTABLE  14 NOTICE FROM 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  Additional Pages  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		3 / 5 / 24 D Gen	· .	
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE COMMITTEE ADDRESS  Additional Pages  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
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Additional Pages  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME		THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITE	URES MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEL	COMMITTEE TYPE   COMMITTEE NAME		
	Additional Pages	GENERAL COMMITTEE ADDRESS		
COMMITTEE CAMPAIGN TREASURER ADDRESS		SPECIFIC COMMITTEE CAMPAIGN	TREASURER NAME	
		COMMITTEE CAMPAIGN	TREASURER ADDRESS	

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

CAMIFAIG	1 FINANCE REPORT	
15 C/OH NAME DAVID EASON	1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 321.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 24.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	\$ 0.00
1) Affidavit	Signature of Cand	idate or Officeholder
:0, to certify	before me by this the which, witness my hand and seal of office.	day of,
Signature of officer administer		Title of officer administering oath
	OR	
2) Unsworn Declaration		,
ly name is	DAVID EASON, and my date of birth is	JUNE 4, 1975
ly address is <u>Po -</u> i	BOX 2326 C CONROE TX	77305 UNITED STATE
xecuted in MonTgor	(street) (city) (state of TEXAS , on the 14 day of January (month)	e) (zip code) (country) <i>J</i>
	Signature of Candidate	e/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

ļ	FILER NAME AVID EASON	20 Filer ID (Ethics Co	mmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	321.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	0.00

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT</b> i	include this page in the	report.	
The	Instruction Guide explains how to complete th	nls form.	1 Total pages Schedule A1:	
2 FILER NAME DAVID EA	ASON		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) LIBERTY BELLES REPUBLICAN WOMAN		7 Amount of contribution (\$)	
10/10/2024	6 Contributor address; City; PO BOX 1061 CONRO	E TX 77305	250.00	
	pation / Job title (See Instructions) N ORGANIZATION	9 Employer (See Instruct NON-PROFIT	tions)	
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
			:	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst			

### 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
Constributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salartes/Wages/Contract Labor Solicitation/Fundralsing 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.

	The methodicion datae explains now to			
1 Total pages Schedule F1:	2 FILER NAME DAVID EASON		3 Filer ID (Ethic	s Commission Filers)
4 Date 08/01/2024	5 Payee name BANK OF AMERICA			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
16.00	2900 WEST DAVIS CONROE TEXA	S 77301		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	BANKING	MONTHLY FEE	E	
1	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/01/2024	BANK OF AMERICA			
Amount (\$)	Payee address;	City;	State;	Zìp Code
16.00	2900 WEST DAVIS CONROE TX 77	301		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description MONTHLY FEE	E	
	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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/01/2024	BANK OF AMERICA			
Amount (\$)	Payee address;	City;	State;	Zip Code
16.00	2900 WEST DAVIS CONROE TX 773	301		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	BANKING	MONTHLY FEE	:S 	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense

### 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

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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DAVID EASON 4 Date 5 Payee name 10/07/2024 GO DADDY 6 Amount (\$) 7 Payee address; City: Zip Code State: 2155 E. GoDaddy Way, Tempe, AZ 85284 14.86 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **ADVERTISING** MAINT. FEE **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name **GODADDY** 10/23/2024 Amount (\$) Payee address; City: State: Zip Code 2155 E. GoDaddy Way, Tempe, AZ 85284 166.17 Category (See Categories listed at the top of this schedule) Description ADVERTISING WEBSITE FEE **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 Payee name Date 11/01/2024 BANK OF AMERICA Payee address; Amount (\$) City; State: Zip Code 2900 WEST DAVIS CONROE TX 77301 16.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** BANKING MONTHLY FEES OF **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

### 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

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

Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DAVID EASON 4 Date 5 Payee name 11/06/2024 GO DADDY 6 Amount (\$) 7 Payee address; City; State: Zip Code 2155 E. GoDaddy Way, Tempe, AZ 85284 14.86 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 ADVERTISING MAINT. FEE **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name GODADDY 12/01/2024 Amount (\$) City; State: Zip Code Payee address; 2155 E. GoDaddy Way, Tempe, AZ 85284 14.86 Category (See Categories listed at the top of this schedule) Description ADVERTISING WEBSITE FEE **PURPOSE 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 Date Payee name 12/01/2024 BANK OF AMERICA Amount (\$) Payee address; City; Zip Code 2900 WEST DAVIS CONROE TX 77301 16.00 Category (See Categories listed at the top of this schedule) Description PURPOSE BANKING MONTHLY FEES 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 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 Focd/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DAVID EASON 4 Date 5 Payee name 01/01/2025 GO DADDY 6 Amount (\$) 7 Payee address; City: State: Zip Code 2155 E. GoDaddy Way, Tempe, AZ 85284 14.65 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) ADVERTISING MAINT, FEE **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name BANK OF AMERICA 01/01/2025 Amount (\$) City: State: Zip Code Pavee address: 2900 WEST DAVIS CONROE TX 77301 16.00 Category (See Categories listed at the top of this schedule) Description BANKING MONTHLY FEES **PURPOSE** 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 Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if Iravel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Office held

Check if Austin, TX, officeholder living expense

Office sought