

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: <i>29</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST DAVID	MI E	OFFICE USE ONLY		
	NICKNAME	LAST EASON	SUFFIX	 Date Received: JAN 15 2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 2326, CONROE, TX 77305					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 538-8016	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST JANELLE	MI D	Receipt #		
	NICKNAME	LAST EASON	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 12176 TWIN PINE DR, CONROE, TX 77303			STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 445-2745	EXTENSION			
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 7	Day 16	Year 25	Month 1	Day 15	Year 26
11 ELECTION	ELECTION DATE Month 11 / Day 7 / Year 28	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any) MONTGOMERY COUNTY PCT 2 CONSTABLE'S OFFICE			13 OFFICE SOUGHT (if known)		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

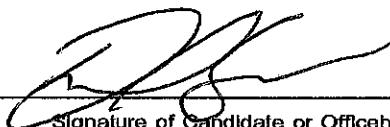
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

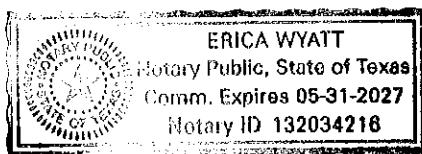
15 C/OH NAME DAVID EASON	16 Filer ID (Ethics Commission Fliers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 7,728.43
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 65,258.20
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 265.78
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 10,162.95
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 42,200.63
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 David Eason this the 15 day of January
2020, to certify which, witness my hand and seal of office.

Erica Wyatt
Signature of officer administering oath

Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(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	\$ 44,635.15
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 12,894.62
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,897.17
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	\$
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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: <i>6</i>
<p>2 FILER NAME DAVID EASON</p>			3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2025	5 Full name of contributor JEREMY DUIETT	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 800.00
6 Contributor address; 11455 FM 2432 RD, WILLIS, STX 77378		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/11/2025	Full name of contributor HECTOR BARRERA	out-of-state PAC (ID#:)	Amount of contribution (\$) 800.00
Contributor address; 15513 CAPITOL HILL RD, MONTGOMERY, TX 77316		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/11/2025	Full name of contributor JAKE EICKENHORST	out-of-state PAC (ID#:)	Amount of contribution (\$) 800.00
Contributor address; 12412 FM 2854, CONROE, TX 77304		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/09/2025	Full name of contributor CHAD CHESHIRE	out-of-state PAC (ID#:)	Amount of contribution (\$) 800.00
Contributor address; 17326 HWY 105 W, PLANTERSVILLE, TX 77363		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 8
2 FILER NAME DAVID EASON			3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor RYAN GABLE	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address; PO BOX 130966, SPRING, TX 77393	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/13/2025	Full name of contributor JOE MENDIOLA	out-of-state PAC (ID#:)	Amount of contribution (\$) 5,645.00
	Contributor address; PO Box 480, Conroe, TX 77305	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2025	Full name of contributor HOUSTON POLICE OFFICER'S UNION	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; 1600 STATE ST, HOUSTON, TX 77007	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/2025	Full name of contributor ALISON YEE	out-of-state PAC (ID#:)	Amount of contribution (\$) 152.90
	Contributor address; 19 DESTINY CV, SPRING, TX 77381	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.			

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.		
2 FILER NAME DAVID EASON		1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor THE BLAIR LAW FIRM 6 Contributor address; 7 GROGANS PARK BLD 3, THE WOODLANDS, TX 77380	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor B.D. GRIFFIN Contributor address; 140 WADE POINT DR, MONTGOMERY, TX 77316	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor THE BAYS FIRM Contributor address; 1503 HAILEY RD, CONROE, TX 77301	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor HUTSON REALTY PARTNERS Contributor address; PO BOX 1505, CONROE, TX 77305	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.		

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 DAVID EASON			3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor JACOB MAYORGA	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 185.00
	6 Contributor address; 122 GRANT COVE, MONTGOMERY, TX 77316	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/13/2025	Full name of contributor JASEN RABALAIS	out-of-state PAC (ID#:)	Amount of contribution (\$) 16,800.00
	Contributor address; 403 SADDLE CREEK FARMS, CROSBY, TX 77532	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2025	Full name of contributor DUSTIN RUTHERFORD	out-of-state PAC (ID#:)	Amount of contribution (\$) 125.00
	Contributor address; 16902 OSBORNE RD, MONTGOMERY, TX 77356	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2025	Full name of contributor JANELLE EASON	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,320.00
	Contributor address; 12176 TWIN PINE DR, CONROE, TX 77303	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.

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: 8
2 FILER NAME DAVID EASON			3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor SEAN LEWING	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 4,000.00
	6 Contributor address; 22914 DALE RIVER RD, TOMBALL, TX 77375	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/13/2025	Full name of contributor CHAD CHESHIRE	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; 17326 HWY 105 E, PLANTERSVILLE, TX 77363	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2025	Full name of contributor MARIA BETANCOURT	out-of-state PAC (ID#:)	Amount of contribution (\$) 140.00
	Contributor address; 18351 MOLK RD, WILLIS, TX 77378	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2025	Full name of contributor KARINA LARA	out-of-state PAC (ID#:)	Amount of contribution (\$) 310.00
	Contributor address; PO BOX 1303, NEW CANEY, TX 77358	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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

DAVID EASON

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/2025

5 Full name of contributor

BLAKE RATTON

out-of-state PAC (ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
PO BOX 473, LEAGUE CITY, TX 77574

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/13/2025

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

MARIA BETANCOURT

Contributor address;

City; State; Zip Code

1,000.00

18351 MOLK RD, WILLIS, TX 77378

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/2025

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

KARINA LARA

Contributor address;

City; State; Zip Code

500.00

PO BOX 1803, NEW WAVERLY, TX 77358

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/2025

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

BRANDED PEST DEFENSE

Contributor address;

City; State; Zip Code

3,700.00

3035 COROLLO RD, MAGNOLIA, TX 77354

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: 3
2 FILER NAME DAVID EASON			3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor LINEBARGER, GOGGAN, BLAIR, & SAMPSON	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
	6 Contributor address: 100 I 45N. SUITE 100-A, CONROE, TX 77301	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/13/2025	Full name of contributor ROBIN LANE	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 750.00
	Contributor address: 9379 DEER HAVEN CIR, WILLIS, TX 77378	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2025	Full name of contributor LINDSEY KASPRZAK	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address: 27 GRAND REGENCY CIR, THE WOODLANDS, TX 77382	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2025	Full name of contributor HB HYDRO AX, LLC	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address: 15513 CAPITOL HILL RD, MONTGOMERY, TX 77316	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.

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: 8
2 FILER NAME DAVID EASON			3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2025	5 Full name of contributor KRISTIN BYBEE	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 257.25
6 Contributor address; 1924 Boulder Ridge Dr.,		City; State; Zip Code Conroe, TX 77304	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/26/2025	Full name of contributor CHARLIE RILEY	out-of-state PAC (ID#:)	Amount of contribution (\$) 800.00
Contributor address; PO BOX 1605, MAGNOLIA, TX 77355		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/29/2025	Full name of contributor JASON MURLEY	out-of-state PAC (ID#:)	Amount of contribution (\$) 600.00
Contributor address; 4494 ROLLING HILLS RD, CONROE, TX 77303		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/12/21	Full name of contributor Larry Corley	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 500.00
Contributor address; PO Box 2801, Conroe, TX 77305		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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 8
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 12,894.62
5 Date 10/20/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: UNCLE BOB'S BBQ	8 Amount of Contribution \$ 1,336.62 9 In-kind contribution description DISCOUNT ON CATERING
7 Contributor address; City; State; Zip Code 101 SILVERDALE DR., CONROE, TX 77301		
Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 11/13/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GRAND PINES RESERVE
Contributor address; City; State; Zip Code 408 BRYANT RD, CONROE, TX 77301		Amount of Contribution \$ 800.00 In-kind contribution description DISCOUNT ON VENUE
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: <u>8</u></p>
<p>2 FILER NAME DAVID EASON</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$ <u>12,894.62</u></p>
<p>5 Date 11/04/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EMERGE SERVICES</p>	<p>8 Amount of Contribution \$ <u>779.00</u> 9 In-kind contribution description SAR K12 9MM PISTOL</p>
	<p>7 Contributor address; City; State; Zip Code 404 BRYANT RD, CONROE, TX 77303</p>	<p>Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL)(See Instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 12/06/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JASEN RABALAIS</p>	<p>Amount of Contribution \$ <u>249.00</u> In-kind contribution description HOTEL ROOM</p>
	<p>Contributor address; City; State; Zip Code 403 SADDLE CREEK FARMS, CROSBY, TX 77352</p>	<p>Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 9
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 12,894.42
5 Date 11/13/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM CADE) 7 Contributor address; City; State; Zip Code 2712 SHADY MAPLE TRL, CONROE, TX 77301	8 Amount of Contribution \$ 900.00 9 In-kind contribution description RUGER .22 REVOLVER, HENRY .22 RIFLE, RIFLE SLINGS X2
Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT WALKER) Contributor address; City; State; Zip Code PO BOX 2145, WILLIS, TX 77378	Amount of Contribution \$ 500.00 In-kind contribution description MOSSBERG 12G SHOTGUN
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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

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 A2:

8

2 FILER NAME

DAVID EASON

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

12,894.62

5 Date

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

AUSTIN REAGAN

8 Amount of Contribution \$

400.00

9 In-kind contribution description

OUTDOOR FIREPIT

11/12/2025

7 Contributor address; City; State; Zip Code

14325 ROGERS RD, #24, WILLIS, TX 77378

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm 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 out-of-state PAC (ID#_____)

SHELBY YOW

10/30/2025

Contributor address; City; State; Zip Code

9142 BLACK BUCK LN, CONROE, TX 77303

Amount of Contribution \$

250.00

In-kind contribution description

(3) BASKETS & PRINTED TICKETS

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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 A2: <u>8</u>
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>12,894.42</u>
5 Date 10/15/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID EASON) 7 Contributor address; City; State; Zip Code PO BOX 2326, CONROE, TX 77305	8 Amount of Contribution \$ <u>5,400.00</u> 9 In-kind contribution description BASKETS, SWORD, PATCH QUILT, SPRINGFIELD WAYPOINT .308, SIG 365 8MM, GIBSON GUITAR Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY CORLEY Contributor address; City; State; Zip Code PO BOX 2801, CONROE, TX 77305	Amount of Contribution \$ <u>200.00</u> In-kind contribution description JASON BOLAND SIGNED GUITAR Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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

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 A2: <u>8</u>
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>12,094.42</u>
5 Date 10/29/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PALMER ANGUS) 7 Contributor address; City; State; Zip Code 27420 OLD HWY 105, DOBBIN, TX 77333	8 Amount of Contribution \$ <u>225.00</u> 9 In-kind contribution description STEAK BOX AND TALLOW
Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LONE STAR ETCH Contributor address; City; State; Zip Code 1826 AIRPORT RD., CONROE, TX 77301	Amount of Contribution \$ <u>500.00</u> In-kind contribution description CUSTOM ENGRAVED ITEM & (2) DECANTERS
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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

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 A2: 8
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 12,894.62
5 Date 10/23/2025	6 Full name of contributor RON HAMLETT 7 Contributor address; City; State; Zip Code 21896 SILVER OAK CT., PORTER, TX 77365	8 Amount of Contribution \$ 125.00 9 In-kind contribution description STAY THE COURSE PORTRAIT Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
.....		
Date 11/10/2025	Full name of contributor BRIAN DAVIS Contributor address; City; State; Zip Code 2305 HIGHLAND CROSSING DR., CONROE, TX 77304	Amount of Contribution \$ 175.00 In-kind contribution description BATH & BODY WORKS GIFT BASKET Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
.....		
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

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 A2: 8
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 12,894.62
5 Date 11/05/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID PRESSLER) 7 Contributor address: City: State: Zip Code 550 COUNTRY CLUB DR., CONROE, TX 77302	8 Amount of Contribution \$ 750.00 9 In-kind contribution description OAKHURST, MARGARITAVILLE, & RIVER PLANTATION GOLF

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TEXAS TOP COP SHOP) Contributor address: City: State: Zip Code 1109 W. DALLAS ST., CONROE, TX 77301	Amount of Contribution \$ 305.00 In-kind contribution description (2) STREAMLIGHT FLASHLIGHTS
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Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>9</i>	2 FILER NAME DAVID EASON	3 Filter ID (Ethics Commission Filers)	
4 Date 10/06/2025	5 Payee name GO DADDY.COM		
6 Amount (\$) 14.65	7 Payee address; 100 S. MILL AVE. SUITE 1600, TEMPE, AZ 85281 Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description WEBSITE MAINTENANCE	
	(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 11/06/2025	Payee name GO DADDY.COM		
Amount (\$) 14.65	Payee address; 100 S. MILL AVE, SUITE 1600, TEMPE, AZ 85281 Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description WEBSITE MAINTENANCE	
	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 12/08/2025	Payee name GO DADDY.COM		
Amount (\$) 14.65	Payee address; 100 S. MILL AVE, SUITE 1600, TEMPE, AZ 85281 Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description WEBSITE MAINTENANCE	
	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)	
4 Date 12/10/2025	5 Payee name JOANN LINZER CAMPAIGN		
6 Amount (\$) 250.00	7 Payee address; 322 N MAIN ST, CONROE, TX 77301 <small>Check if individual's residence address.</small>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATIONS MADE BY OFFICER HOLDER	(b) Description DONATION TO CAMPAIGN	
	(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 JOANN LINZER	Office sought DISTRICT JUDGE 359TH	Office held N/A
Date 12/30/2025	Payee name TEAM KEY DESIGNS		
Amount (\$) 240.00	Payee address; 21263 BIG BUCK DR, CLEVELAND, TX 77328 <small>Check if individual's residence address.</small>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description EMBROIDERY FOR VOLUNTEER VESTS	
	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 12/12/2025	Payee name JOSEPH A. BANK		
Amount (\$) 216.46	Payee address; PO BOX 1000, HAMPSTEAD, MD 21074 <small>Check if individual's residence address.</small>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SHIRTS FOR PROMOTION OF CAMPAIGN	
	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>0</i>	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filer)	
4 Date 12/12/2025	5 Payee name AMAZON.COM		
6 Amount (\$) 144.76	7 Payee address; 410 TERRY AVE N., SEATTLE, WA 98109 Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description vests for supporters	
	(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 12/16/2025	Payee name TEXAS TOP COP SHOP		
Amount (\$) 301.37	Payee address; 1109 W DALLAS ST, CONROE, TX 77301 Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description embroidery for vests and shirts	
	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 12/23/2025	Payee name BADGE AND WALLET.COM		
Amount (\$) 144.89	Payee address; PO BOX 783, ARMONK, NY 10504 Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) gift expense	Description retiree badge	
	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fee
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: <i>1</i>	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)	
4 Date 12/10/2025	5 Payee name AMAZON.COM		
6 Amount (\$) 257.62	7 Payee address; 410 TERRY AVE N., SEATTLE, WA 98109 Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description VESTS FOR VOLUNTEERS	
	(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 12/11/2025	Payee name H-E-B		
Amount (\$) 392.33	Payee address; 2108 N FRAZIER ST, CONROE, TX 77301 Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description EMPLOYEE LUNCHEON	
	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 12/10/2025	Payee name MONTGOMERY COUNTY LAW ENFORCEMENT ASSOCIATION		
Amount (\$) 200.00	Payee address; PO Box 8793, The Woodlands, TX 77380 Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATIONS MADE BY OFFICE HOLDER	Description DONATION FOR FFA SCHOLARSHIP	
	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
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4 Date 11/14/2025	5 Payee name CHESHIRE BALLOON COMPANY
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6 Amount (\$) 351.75	7 Payee address; 315 CAMDEN CT, MONTGOMERY, TX 77356	City;	State;	Zip Code
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Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BALLOONS 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	Candidate / Officeholder name	Office sought	Office held
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Date 12/04/2025	Payee name PACIFIC YARD HOUSE
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Amount (\$) 200.00	Payee address; 101 METCALF ST, CONROE, TX 77301	City;	State;	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description LUNCH FOR SUPPORTERS
	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
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Date 12/04/2025	Payee name HONOR CAFE
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Amount (\$) 250.00	Payee address; 103 N THOMPSON ST, CONROE, TX 77301	City;	State;	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATIONS MADE BY OFFICER HOLDER	Description TOYS FOR TOTS DONATIONS
	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
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)	
4 Date 11/13/2025	5 Payee name GRINGO'S		
6 Amount (\$) 200.00	7 Payee address; 2550 IH 45 N, CONROE, TX 77303 Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AWARD EXPENSE/EVENT EXPENSE	(b) Description AWARD 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	Candidate / Officeholder name	Office sought	Office held
Date 11/13/2025	Payee name GRAND PINES RESERVE		
Amount (\$) 1,686.85	Payee address; 408 BRYANT RD, CONROE, TX 77303 Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT 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	Candidate / Officeholder name	Office sought	Office held
Date 11/13/2025	Payee name NATHAN ARRAZATE		
Amount (\$) 375.00	Payee address; 215 PINE SHADOW DR, CONROE, TX 77301 Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description PHOTOGRAPHY 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expenses	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)	
4 Date 10/20/2025	5 Payee name UNCLE BOB'S BBQ		
6 Amount (\$) 2,673.25	7 Payee address; 101 SILVERDALE DR, CONROE, TX 77301 Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FOOD 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	Candidate / Officeholder name	Office sought	Office held
Date 11/06/2025	Payee name AMAZON.COM		
Amount (\$) 58.86	Payee address; 410 TERRY AVE N. SEATTLE, WA 98109 Check if individual's residence address.	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description ACRYLIC SIGN HOLDERS	
	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 11/11/2025	Payee name UNCLE BOB'S BBQ		
Amount (\$) 568.31	Payee address; 101 SILVERDALE DR, CONROE, TX 77301 Check if individual's residence address.	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)	
4 Date 08/16/2025	5 Payee name TEXANS UNITED FOR FREEDOM		
6 Amount (\$) 250.00	7 Payee address; 6606 FM 1488 STE 148-686, MAGNOLIA, TX 77354 Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATIONS MADE BY OFFICE HOLDER	(b) Description TUFF FUNDRAISER	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if individual's residence address.	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 09/08/2025	Payee name GO DADDY		
Amount (\$) 14.65	Payee address; 100 S. mill Ave., Suite 11600, Tempe, AZ 85281 Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE MAINTENANCE	
	Check if travel outside of Texas. Complete Schedule T. Check if individual's residence address.	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 10/03/2025	Payee name GO DADDY		
Amount (\$) 166.17	Payee address; 100 S. mill Ave., Suite 11600, Tempe, AZ 85281 Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE MAINTENANCE	
	Check if travel outside of Texas. Complete Schedule T. Check if individual's residence address.	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	Fee	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>9</i>	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)	
4 Date 01/06/2025	5 Payee name GO DADDY.COM		
6 Amount (\$) 14.65	7 Payee address; 100 S. MILL AVE, SUITE 1600, TEMPE, AZ 85281	City; State; Zip Code	
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description WEBSITE MAINTENANCE	
	(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 11/13/2025	Payee name SQUARE.COM		
Amount (\$) 896.30	Payee address; 1455 MARKET STREET, SUITE 600, SAN FRANCISCO, CA 94103	City; State; Zip Code	
Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description TRANSACTION 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
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Check if individual's residence address.			
 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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

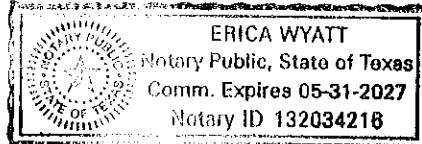
Filer name David Eason	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 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 \$34,890 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



Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by David Eason this the 15 day of January
20 2016, to certify which, witness my hand and seal of office.

Erica Wyatt
Signature of officer administering oath

Erica Wyatt
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) _____ (city) _____ (state) _____ (zip code) _____ (country) _____

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(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**