

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: <div style="font-size: 2em; text-align: center;">29</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR DAVID E		<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR RECEIVED JAN 15 2026 29 pages - YUN </div>								
	NICKNAME LAST SUFFIX EASON										
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 PHONE NUMBER EXTENSION (936) 538-8016										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS JANELLE D		Date Received								
	NICKNAME LAST SUFFIX EASON		Date Hand-delivered or Date Postmarked								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12176 TWIN PINE DR, CONROE, TX 77303										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 445-2745										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election </div> <div style="width: 50%;"> <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> <div style="width: 50%;"> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election </div> <div style="width: 50%;"> <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>										
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 16 / 25 1 / 15 / 26										
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 11 / 7 / 28 </div> <div style="flex: 2;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
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	<p style="font-size: 0.8em;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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

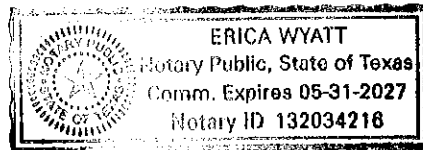
15 C/OH NAME DAVID EASON		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 7,728.43
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES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

20 20, to certify which, witness my hand and seal of office.

Erica Wyatt Erica Wyatt Notary
Signature of officer administering oath Printed name of officer administering oath 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.

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 11/12/2025	5 Full name of contributor out-of-state PAC (ID#: JEREMY DUIETT 6 Contributor address; City; State; Zip Code 11455 FM 2432 RD, WILLIS, STX 77378	7 Amount of contribution (\$) 800.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/11/2025	Full name of contributor out-of-state PAC (ID#: HECTOR BARRERA Contributor address; City; State; Zip Code 15513 CAPITOL HILL RD, MONTGOMERY, TX 77316	Amount of contribution (\$) 800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2025	Full name of contributor out-of-state PAC (ID#: JAKE EICKENHORST Contributor address; City; State; Zip Code 12412 FM 2854, CONROE, TX 77304	Amount of contribution (\$) 800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2025	Full name of contributor out-of-state PAC (ID#: CHAD CHESHIRE Contributor address; City; State; Zip Code 17326 HWY 105 W, PLANTERSVILLE, TX 77363	Amount of contribution (\$) 800.00
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: 8
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor out-of-state PAC (ID#: RYAN GABLE 6 Contributor address; City; State; Zip Code PO BOX 130966, SPRING, TX 77393	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: JOE MENDIOLA Contributor address; City; State; Zip Code PO Box 480, Conroe, TX 77305	Amount of contribution (\$) 5,645.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: HOUSTON POLICE OFFICER'S UNION Contributor address; City; State; Zip Code 1600 STATE ST, HOUSTON, TX 77007	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor out-of-state PAC (ID#: ALISON YEE Contributor address; City; State; Zip Code 19 DESTINY CV, SPRING, TX 77381	Amount of contribution (\$) 152.90
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: 8
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor out-of-state PAC (ID#: THE BLAIR LAW FIRM 6 Contributor address; City; State; Zip Code 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 out-of-state PAC (ID#: B.D. GRIFFIN Contributor address; City; State; Zip Code 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 out-of-state PAC (ID#: THE BAYS FIRM Contributor address; City; State; Zip Code 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 out-of-state PAC (ID#: HUTSON REALTY PARTNERS Contributor address; City; State; Zip Code 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: 8
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor out-of-state PAC (ID#: JACOB MAYORGA 6 Contributor address; City; State; Zip Code 122 GRANT COVE, MONTGOMERY, TX 77316	7 Amount of contribution (\$) 185.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: JASEN RABALAIS Contributor address; City; State; Zip Code 403 SADDLE CREEK FARMS, CROSBY, TX 77532	Amount of contribution (\$) 16,800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: DUSTIN RUTHERFORD Contributor address; City; State; Zip Code 16902 OSBORNE RD, MONTGOMERY, TX 77356	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: JANELLE EASON Contributor address; City; State; Zip Code 12176 TWIN PINE DR, CONROE, TX 77303	Amount of contribution (\$) 1,320.00
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: 8
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor out-of-state PAC (ID#: SEAN LEWING 6 Contributor address; City; State; Zip Code 22914 DALE RIVER RD, TOMBALL, TX 77375	7 Amount of contribution (\$) 4,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: CHAD CHESHIRE Contributor address; City; State; Zip Code 17326 HWY 105 E, PLANTERSVILLE, TX 77363	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: MARIA BETANCOURT Contributor address; City; State; Zip Code 18351 MOLK RD, WILLIS, TX 77378	Amount of contribution (\$) 140.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: KARINA LARA Contributor address; City; State; Zip Code PO BOX 1303, NEW CANEY, TX 77358	Amount of contribution (\$) 310.00
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: 8
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Full name of contributor out-of-state PAC (ID#: BLAKE RATTON 6 Contributor address; City; State; Zip Code PO BOX 473, LEAGUE CITY, TX 77574	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: MARIA BETANCOURT Contributor address; City; State; Zip Code 18351 MOLK RD, WILLIS, TX 77378	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: KARINA LARA Contributor address; City; State; Zip Code PO BOX 1803, NEW WAVERLY, TX 77358	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: BRANDED PEST DEFENSE Contributor address; City; State; Zip Code 3035 COROLLO RD, MAGNOLIA, TX 77354	Amount of contribution (\$) 3,700.00
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: 3

2 FILER NAME

DAVID EASON

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/2025

5 Full name of contributor

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

LINEBARGER, GOGGAN, BLAIR, & SAMPSON

6 Contributor address;

City;

State;

Zip Code

100 I 45N. SUITE 100-A, CONROE, TX 77301

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

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

ROBIN LANE

Contributor address;

City;

State;

Zip Code

9379 DEER HAVEN CIR, WILLIS, TX 77378

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/2025

Full name of contributor

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

LINDSEY KASPRZAK

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)

Date

11/13/2025

Full name of contributor

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

HB HYDRO AX, LLC

Contributor address;

City;

State;

Zip Code

15513 CAPITOL HILL RD, MONTGOMERY, TX 77316

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

SCHEDULE A2

1 Total pages Schedule A2: 8

3 Filer ID (Ethics Commission Filers)

5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	8 Amount of Contribution \$	9 In-kind contribution description
10/20/2025	UNCLE BOB'S BBQ	1,336.62	DISCOUNT ON CATERING
	7 Contributor address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.	
	101 SILVERDALE DR., CONROE, TX 77301		

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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
11/13/2025	GRAND PINES RESERVE <hr/> Contributor address; City; State; Zip Code 408 BRYANT RD, CONROE, TX 77301	800.00	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)	

Revised 1/1/2026

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 11/04/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMERGE SERVICES 7 Contributor address; City; State; Zip Code 404 BRYANT RD, CONROE, TX 77303	8 Amount of Contribution \$ 779.00	9 In-kind contribution description SAR K12 9MM PISTOL
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 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASEN RABALAIS Contributor address; City; State; Zip Code 403 SADDLE CREEK FARMS, CROSBY, TX 77352	Amount of Contribution \$ 249.00	In-kind contribution description HOTEL ROOM
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.			

SCHEDULE A2

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

Revised 1/1/2026

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

3

DAVID EASON

3 Filer ID (Ethics Commission Filers)

\$	12,894.42
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9 In-kind contribution description

AUSTIN REAGAN

400.00

OUTDOOR FIREPIT

Check If travel outside of Texas. Complete Schedule T.

14325 ROGERS RD, #24, WILLIS, TX 77378

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

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

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)

In-kind contribution description

SHELBY YOW

250.00

(3) BASKETS &
PRINTED TICKETS

Check if travel outside of Texas. Complete Schedule T.

9142 BLACK BUCK LN, CONROE, TX 77303

Employer (FOR NON-JUDICIAL)(See Instructions)

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

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

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

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

SCHEDULE A2

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

Revised 1/1/2026

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2

3	Filer ID (Ethics Commission Filers)
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\$ 12,894.42

8 Amount of Contribution \$ 225.00	9 In-kind contribution description STEAK BOX AND TALLOW
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Check if travel outside of Texas. Complete Schedule T.

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

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

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

Amount of Contribution \$	In-kind contribution description
500.00	CUSTOM ENGRAVED ITEM & (2) DECANTERS

Check if travel outside of Texas, Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

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

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

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME
DAVID EASON

3 Filer ID (Ethics Commission Filers)

\$ 12,894.62

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
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Check if travel outside of Texas. Complete Schedule T.

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

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

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)

Contributor address; City; State; Zip Code
2305 HIGHLAND CROSSING DR., CONROE, TX 77304

Amount of Contribution \$	In-kind contribution description
175.00	BATH & BODY WORKS GIFT BASKET

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

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

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

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

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

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
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
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: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filer)
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4 Date 10/06/2025	5 Payee name GO DADDY.COM
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6 Amount (\$) 14.65	7 Payee address; City; State; Zip Code 100 S. MILL AVE. SUITE 1600, TEMPE, AZ 85281 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description WEBSITE MAINTENANCE
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/06/2025	Payee name GO DADDY.COM
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Amount (\$) 14.65	Payee address; City; State; Zip Code 100 S. MILL AVE, SUITE 1600, TEMPE, AZ 85281 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description WEBSITE MAINTENANCE
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/08/2025	Payee name GO DADDY.COM
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Amount (\$) 14.65	Payee address; City; State; Zip Code 100 S. MILL AVE, SUITE 1600, TEMPE, AZ 85281 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description WEBSITE MAINTENANCE
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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
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: 9	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; City; State; Zip Code 322 N MAIN ST, CONROE, TX 77301 <small>Check if individual's residence address.</small>	
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) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name JOANN LINZER Office sought DISTRICT JUDGE 359TH Office held N/A </div>		
Date 12/30/2025	Payee name TEAM KEY DESIGNS	
Amount (\$) 240.00	Payee address; City; State; Zip Code 21263 BIG BUCK DR, CLEVELAND, TX 77328 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description EMBROIDERY FOR VOLUNTEER VESTS
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date 12/12/2025	Payee name JOSEPH A. BANK	
Amount (\$) 216.46	Payee address; City; State; Zip Code PO BOX 1000, HAMPSTEAD, MD 21074 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SHIRTS FOR PROMOTION OF CAMPAIGN
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2025	5 Payee name AMAZON.COM	
6 Amount (\$) 144.76	7 Payee address; City; State; Zip Code 410 TERRY AVE N., SEATTLE, WA 98109 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description vests for supporters
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Payee name TEXAS TOP COP SHOP	
Amount (\$) 301.37	Payee address; City; State; Zip Code 1109 W DALLAS ST, CONROE, TX 77301 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description embroidery for vests and shirts
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/23/2025	Payee name BADGE AND WALLET.COM	
Amount (\$) 144.89	Payee address; City; State; Zip Code PO BOX 783, ARMONK, NY 10504 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) gift expense	Description retiree badge
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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
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: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
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4 Date 12/10/2025	5 Payee name AMAZON.COM
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6 Amount (\$) 257.62	7 Payee address; City; State; Zip Code 410 TERRY AVE N., SEATTLE, WA 98109 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description VESTS FOR VOLUNTEERS
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/2025	Payee name H-E-B
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Amount (\$) 392.33	Payee address; City; State; Zip Code 2108 N FRAZIER ST, CONROE, TX 77301 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description EMPLOYEE LUNCHEON
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/10/2025	Payee name MONTGOMERY COUNTY LAW ENFORCEMENT ASSOCIATION
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Amount (\$) 200.00	Payee address; City; State; Zip Code PO Box 8793, The woodlands, TX 77380 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATIONS MADE BY OFFICE HOLDER	Description DONATION FOR FFA SCHOLARSHIP
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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	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: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)			
4 Date 11/14/2025	5 Payee name CHESHIRE BALLOON COMPANY				
6 Amount (\$) 351.75	7 Payee address; City; State; Zip Code 315 CAMDEN CT, MONTGOMERY, TX 77356 <small>Check if individual's residence address.</small>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BALLOONS FOR FUNDRAISER			
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 12/04/2025	Payee name PACIFIC YARD HOUSE				
Amount (\$) 200.00	Payee address; City; State; Zip Code 101 METCALF ST, CONROE, TX 77301 <small>Check if individual's residence address.</small>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description LUNCH FOR SUPPORTERS			
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 12/04/2025	Payee name HONOR CAFE				
Amount (\$) 250.00	Payee address; City; State; Zip Code 103 N THOMPSON ST, CONROE, TX 77301 <small>Check if individual's residence address.</small>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATIONS MADE BY OFFICER HOLDER	Description TOYS FOR TOTS DONATIONS			
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table>			Candidate / Officeholder name	Office sought	Office held
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
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: 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 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>					
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) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>					
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 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description VENUE FOR FUNDRAISER			
		<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>					
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 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description PHOTOGRAPHY FOR FUNDRAISER			
		<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>					
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: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
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4 Date 10/20/2025	5 Payee name UNCLE BOB'S BBQ
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6 Amount (\$) 2,673.25	7 Payee address; 101 SILVERDALE DR, CONROE, TX 77301 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FOOD FOR FUNDRAISER
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/06/2025	Payee name AMAZON.COM
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Amount (\$) 58.86	Payee address; 410 TERRY AVE N. SEATTLE, WA 98109 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description ACRYLIC SIGN HOLDERS
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/11/2025	Payee name UNCLE BOB'S BBQ
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Amount (\$) 568.31	Payee address; 101 SILVERDALE DR, CONROE, TX 77301 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD FOR FUNDRAISER
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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	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: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
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4 Date 08/16/2025	5 Payee name TEXANS UNITED FOR FREEDOM
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6 Amount (\$) 250.00	7 Payee address; 6606 FM 1488 STE 148-686, MAGNOLIA, TX 77354 <small>Check if individual's residence address.</small>	City; TX	State; TX	Zip Code 77354
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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) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/08/2025	Payee name GO DADDY
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Amount (\$) 14.65	Payee address; 100 S. mill Ave., suite 1100, Tempe, AZ 85281 <small>Check if individual's residence address.</small>	City; AZ	State; AZ	Zip Code 85281
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE MAINTENANCE
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/03/2025	Payee name GO DADDY
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Amount (\$) 166.17	Payee address; 100 S. mill Ave., Suite 1100, Tempe, AZ 85281 <small>Check if individual's residence address.</small>	City; AZ	State; AZ	Zip Code 85281
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE MAINTENANCE
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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	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: 9	2 FILER NAME DAVID EASON	3 Filer ID (Ethics Commission Filers)
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4 Date 01/06/2023	5 Payee name GO DADDY.COM
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6 Amount (\$) 14.65	7 Payee address; City; State; Zip Code 100 S. MILL AVE, SUITE 1600, TEMPE, AZ 85281 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description WEBSITE MAINTENANCE
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13/2025	Payee name SQUARE.COM
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Amount (\$) 896.30	Payee address; City; State; Zip Code 1455 MARKET STREET, SUITE 600, SAN FRANCISCO, CA 94103 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description TRANSACTION FEES
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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



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.

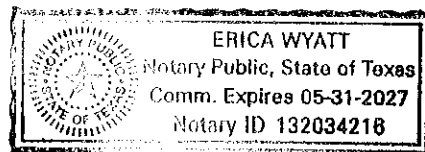
Filer name David Eason	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

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



NOTARY STAMP/SEAL

Signature of Filer

Sworn to and subscribed before me by David Eason this the 15 day of January
2026, to certify which, witness my hand and seal of office.

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**