CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filer	s) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR.	DAVID	MI Æ.	OFFICE USE ONLY
, with	NICKNAME	LAST EASON	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	,	CITY; STATE; ZIP CODE	FEB 0 2 2024
Change of Address	P.O. DOX	2326 CONR	OE TX 77305	_ \@ \\$/
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 3	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	JAWELLE	мі Д .	Particular S Date Processed
7.0.001	NICKNAME	LAST	SUFFIX	
		EASON		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
(Residence or Business)	12176 Tu	IN PINE RO	. CONROT	78 77303
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(936) 4	45-2745		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Mont	h Day Year
COVERED	0/	15-/24	THROUGH 02	102/24
11 ELECTION	ELECTION DA	JTE	ELECTION TY	PE
	Month Day	Year	Runoff Other	
	, ,		Description	1
	03/05/	24 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KNOW TOWN EQUILIE)	unry Per 2 Constable
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. <i>THESE EXPENDITURES</i>	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE C	S MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
Additional Pages				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
	!			
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·
15 C/OH NAME	DAUID EASON 16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2700 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDITURES	\$ 4158,04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1760.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	vear, or affirm, under penalty of perjury, that the accompanying report is true and couried to be reported by me under Title 15, Election Code.	orrect and includes all information
	Signature of Candidate	or Officeholder
	Please complete either option below:	
	·	
	ERICA WYATT	
(1) Affidavit	ENICA WIATT	
	Comm. Expires 05-31-2027	
	Notary ID 132034216	
NOTADV STAMB / SEAL		
NOTARY STAMP/SEAL		
Sworn to and subscribed		_ day of FEDNERY.
20 A , to certify v	which, witness my hand and seal of office.	Advis Accident
Signature of officer administer	Color Cenca Wyatt Notary	Hamin, Assistant
Signature or officer authinister	ing cath Printed name of officer administering cath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	n	
My name is	, and my date of birth is	
My address is		
		(zip code) (country)
Eventual !	() ()	
Executed in	County, State of , on the day of(month)	, 20
	(monur)	(year)
	Signature of Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILI	ER NAME DAVID EASON DAVID EASON	ommission Filers)		
	HEDULE SUBTOTALS ME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2700.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø		
4.	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø		
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	\$ Ø		
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:
2 FILER NAME	DAVID EASON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor LAURIE BAGWE! 6 Contributor address; City; State; Zip Code 40014 BARKSONIE OR MAGNOLIA TV 77354	7 Amount of contribution (\$)
//10/24 8 Principal occi	40014 BARKSONIE OR MAGNOÑA TV 77354 upation / Job title (See Instructions) 9 Employer (See Instruc	500.00 tions)
Date	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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 t	to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME				3 Filer ID (Ethics Commission Filers)
	DAVID EN	50N		
Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
	LARRY CORLE	=t/		
/17/24	LARRY Corle	City;	State; Zip Code	
	PO. Box 280/ (pation / Job title (See Instructions) WK PRESIDENT	CONROC	TX 77305	\$ 500.00
	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
BA	nk Prosident		AMERICAN S	TATE BANK
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
!	RYAN HUDSON			
	Contributor address;		State; Zip Code	
Landy	m			la KA
Principal accur	Po. Box ISOS pation / Job title (See Instructions)	CONROL	57x 12308	1000, <u>60</u>
JNU	VESTINENT MNG.		Hupson 1	CENTIT U
Date	Full name of contributor	1	C (ID#:)	Amount of contribution (\$)
	WAYNE EASON	/ 	**************************	
	Contributor address;	City;	State; Zip Code	
2/1/24		2.		700.00
	12176 TWAN HINE	べつ しゅんだい	かん ノン・フラスカマ	, - C,
Principal occup	12176 TWW PINE opation / Job title (See Instructions)	KD- CONK	Employer (See Instruc	<u> </u>
Principal occup		KD- CONK	l .	<u> </u>
		out-of-state PA	Employer (See Instruc	ptions)
	pation / Job title (See Instructions)		Employer (See Instruc	<u> </u>
	pation / Job title (See Instructions)		Employer (See Instruc	ptions)
	pation / Job title (See Instructions) Full name of contributor	out-of-state PA	Employer (See Instruc	ptions)
Date	pation / Job title (See Instructions) Full name of contributor	out-of-state PA	Employer (See Instruc	Amount of contribution (\$)
Date	Pation / Job title (See Instructions) Full name of contributor Contributor address;	out-of-state PA	Employer (See Instruc	Amount of contribution (\$)
Date	Pation / Job title (See Instructions) Full name of contributor Contributor address;	out-of-state PA	Employer (See Instruc	Amount of contribution (\$)
Date	Pation / Job title (See Instructions) Full name of contributor Contributor address;	out-of-state PA	Employer (See Instruc	Amount of contribution (\$)
Date	Pation / Job title (See Instructions) Full name of contributor Contributor address;	out-of-state PA	Employer (See Instruc	Amount of contribution (\$)
Date	Pation / Job title (See Instructions) Full name of contributor Contributor address;	out-of-state PA	Employer (See Instruc	Amount of contribution (\$)
Date	Pation / Job title (See Instructions) Full name of contributor Contributor address;	out-of-state PA	Employer (See Instruc	Amount of contribution (\$)

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not hate	ed above)
1 Total pages Schedule F1:	2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commis	ssion Filers)
4 Date 1/5/24	5 Payee name FACEBOOK			
6 Amount (\$)	7 Payee address;	City;	State; Zip (Code
42.59	1 HACKER WAY	MENION PARK	_ CA- 940	25
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	4		4	
EXPENDITURE	AD. EXPENSE	Digital	AD	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office h	neld
Date	Payee name			
1/5-/24	TACH DESIGN			
Amount (\$)	Payee address;	City;	State; Zip 0	Code
2392.97	11423 Sugar Bowl DR	Tom boll	V TX 723	75
	Category (See Categories listed at the top of this schedule)	Description	•	
PURPOSE OF EXPENDITURE	AD. EUDENSE	CAMPAIGN	1 Siews	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	a, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office h	eld
Date	Payee name			
1/10/24	TKH			
Amount (\$)	Payee address;	City;	State; Zip (Code
464.71	11423 SUCAR BOWN DIE	- Tomball	1 1/2 7/2	375
	Category (See Categories listed at the top of this schedule)	Description		,,,
PURPOSE OF				
EXPENDITURE	Consulting Expense	Design		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII F AS NEE	DED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
3	DAVID EASON			
4 Date				
1/18/24	7 Payee address; /7276 LINDA MANE, C	olice REPOR	RTER	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
	11216 LINDA TANE, C	ONROE /X -	77306	
500.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	An inches	5 1.1 h	n	
EXI ENDITORE	ADVERTISING EXPENSE	Digital A	v	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Data	Privos nomo			
Date	Payee name			
1/19/24	FACEBOOK			
Amount (\$)	Payee address;	City;	State; Zip Code	
15.00	/ HACKER WAY MENTO	PARK CI	9. 94025	
	Category (See Categories listed at the top of this schedule)	Description	7,700	
PURPOSE				
OF EXPENDITURE	Alasta in the	D 7. / 1.	2	
	AdvENTISING EXPENSE	Digital Az	<u> </u>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit of or	'			
Date	Payee name			
, ,	-			
1/22/24	MONTGOMERY COUNTY	REDUBLICON	Club	
Amount (\$)	Montgomery County Payee address;	City:	State; Zip Code	
100 00	921 W. AUSTIN ST.	ConROE		
7-0	Category (See Categories listed at the top of this schedule)	T · · · · · · · · · · · · · · · · · · ·	12 77301	
DUDDOSE	Caragory (one caregories listed at the top of this schedule)	Description		
PURPOSE OF		_	•	
EXPENDITURE	EVENT EXPENSE	FUNDIZAISE	R DONATION	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	ı			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED '	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Oi Food/Beverage Expense Pr Glift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense olling Expense inting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense	
1 Total pages Schedule F1:		1	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
2/1/24	BANK OF AMERIC	CA			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
16.00	2900 W. DAVIS	CONROE	7k	77303	
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description			
PURPOSE OF EXPENDITURE	BANKING	Fecs			
	(c) Check if travel outside of Texas. Complete Sched	uieT. Check if Austi	n. TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name				
2/1/24	TKH DESIGN GROW	ı P			
Amount (\$)	Payee address;	City;	State;	Zip Code	
626.77	11423 Suape Bowl	OR Tomba	11 - 17 -	77375	
	Category (See Categories listed at the top of this sched				
PURPOSE OF EXPENDITURE	ADVERTISING Expense	Siens 1	(YARD)		
	Check if travel outside of Texas. Complete Schede	ule T. Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	n, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	DAUID EASON	2 Filer ID (Ethics Commission Filers)				
3	SIGN/	ATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Sign	ature of Candidate / Officeholder				
4		WHO IS NOTAN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	ek only one:					
		I do not have unexpended contributions or unexpended interest or income earner	d from political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B. ASSETS						
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other inc	come from political contributions.				
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or opersonal use. I also understand that I must dispose of assets purchased with pol requirements of Election Code, § 254.204.	other income from political contributions to				
		- <u></u>	Signature of Candidate				
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder wifile. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political political contributions or interest or other income from political contributions.	ns if, after filing the last required report as				
			Signature of Officeholder				