

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR.</i>	FIRST <i>DAVID</i>	MI <i>E</i>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0;">MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR</p> <p style="font-size: 24px; font-weight: bold; margin: 5px 0;">RECEIVED</p> <p style="font-size: 18px; margin: 5px 0;">JAN 05 2024</p> <p style="font-size: 24px; margin: 5px 0;"><i>20 Pgs</i></p> </div>
	NICKNAME	LAST <i>EASON</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <i>P.O. Box 2326</i>	APT / SUITE #;	CITY; STATE; ZIP CODE <i>CONROE TX 77305</i>	
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>344-1400</i>	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MRS.</i>	FIRST <i>JANELLE</i>	MI <i>D.</i>	Receipt #
	NICKNAME	LAST <i>EASON</i>	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <i>12176 TWIN PINE RD</i>		CITY; STATE; ZIP CODE <i>CONROE TX 77303</i>	Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>445-2745</i>	EXTENSION	Date Imaged
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 Day Year <i>7 / 15 / 23</i>		THROUGH	Month Day Year <i>1 / 15 / 2024</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 5 / 24</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <i>MONTGOMERY COUNTY PET. 2 CONSTABLE</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.			
	<input type="checkbox"/> GENERAL	COMMITTEE NAME		
	<input type="checkbox"/> SPECIFIC	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 Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4005.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6520.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,739.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3218.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

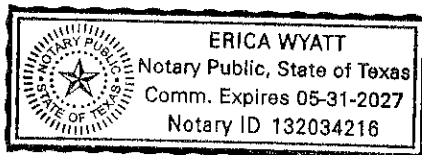
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

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 05 day of January, 2024, 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 GASON

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6520. ⁷⁹
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2000. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21739. ⁷⁴
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: <u>5</u>
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">DAVID EASON</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">9/22/23</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">JANIS HODGE</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">600.00</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">31 S. Benbrook loop The Woodlands TX 77384</p>		
8 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">RETIRED</p>		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">9/28/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Bobby Yancey</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">500.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">PO. Box 1406 Conroe TX 77305</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">RETIRED</p>		Employer (See Instructions)
Date <p style="font-size: 1.2em;">10/3/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">DAN CRANSHAW</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">200.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">824 Milledge Ave. Athens GA 30605</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">10/31/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">TEXAS ROOFING SYSTEMS</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">40011 BARKSDALE DR Magnolia TX 77354</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">BUSINESS OWNER</p>		Employer (See Instructions) <p style="font-size: 1.2em;">OWNER</p>

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: <u>5</u>
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">DAVID EASON</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">11/2/03</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">EVENTHORITE</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">174.<u>06</u></p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">95 THIRD ST. SAN FRANCISCO CA 94103</p>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">11/3/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">SQUARE</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">96.<u>70</u></p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1455 MARKET ST. #600 SAN FRANCISCO CA. 94103</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">11/7/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">BRANDED PEST DEFENSE</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.<u>00</u></p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">6606 FM 1488 MAGNOLIA TX 77354</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">11/7/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Bobby Yancey</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.<u>00</u></p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1408 PO. BOX 1408 CONROE TX 77305</p>		
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: <u>5</u>
2 FILER NAME <p style="text-align: center;"><u>DAVID EASON</u></p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;"><u>11/7/23</u></p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID DOTTEI</u>	7 Amount of contribution (\$) <p style="text-align: center;"><u>250.⁰⁰</u></p>
6 Contributor address; City; State; Zip Code <u>163 APRIL WIND CT MONTGOMERY TX 77356</u>		
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <p style="text-align: center;"><u>11/7/23</u></p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EVENTORITE</u>	Amount of contribution (\$) <p style="text-align: center;"><u>199.43</u></p>
Contributor address; City; State; Zip Code <u>95 THIRD ST. SAN FRANCISCO CA. 94103</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<u>RETIRED</u>		
Date <p style="text-align: center;"><u>11/7/23</u></p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOE CORLEY</u>	Amount of contribution (\$) <p style="text-align: center;"><u>\$ 100.⁰⁰</u></p>
Contributor address; City; State; Zip Code <u>23648 CORLEY RD. RICHARDS TX 77873</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<u>RETIRED</u>		
Date <p style="text-align: center;"><u>11/7/23</u></p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHARLES ROPER</u>	Amount of contribution (\$) <p style="text-align: center;"><u>50.⁰⁰</u></p>
Contributor address; City; State; Zip Code <u>728 FOREST LN. CONROE TX 77302</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<u>RETIRED</u>		

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: <u>5</u>
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">DAVID EASON</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">11/7/23</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Shelby Brown</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">100.00</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">309 W. MONTGOMERY WILLIE TX 77378</p>		
8 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">RENU INFUSIONS</p>		9 Employer (See Instructions) <p style="font-size: 1.2em;">OWNER</p>
Date <p style="font-size: 1.2em;">11/7/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">LOWESTAR2 COUNTERTOPS</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1000.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">11997 FM 3083 CONROE TX 77301</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">COUNTER TOPS</p>		Employer (See Instructions) <p style="font-size: 1.2em;">OWNER</p>
Date <p style="font-size: 1.2em;">11/2/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">GABE MATR</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">6606 FM 1488 MAGNOLIA TX 77354</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">PEST CONTROL</p>		Employer (See Instructions) <p style="font-size: 1.2em;">OWNER</p>
Date <p style="font-size: 1.2em;">12/4/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">RYAN GABLE</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">500.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. 130966 Spring TX 77393</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Police</p>		Employer (See Instructions) <p style="font-size: 1.2em;">PET. 3</p>

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: <u>5</u>
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">DAVID EASON</p>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Peggy Galvan</p>	7 Amount of contribution (\$)
<p style="font-size: 1.2em;">12/29/23</p>	6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1928 Honey Mural Conroe TX 77304</p>	<p style="font-size: 1.2em;">150.00</p>
8 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">RETIRED</p>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Ryan Gable</p>	Amount of contribution (\$)
<p style="font-size: 1.2em;">1/2/24</p>	Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">PO. BOX 130966 Spring TX 77393</p>	<p style="font-size: 1.2em;">1250.00</p>
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Police</p>		Employer (See Instructions) <p style="font-size: 1.2em;">PET 3</p>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Janelle Eason</p>	Amount of contribution (\$)
<p style="font-size: 1.2em;">1/2/24</p>	Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">12176 TWIN PINE RD CONROE TX 77303</p>	<p style="font-size: 1.2em;">500.00</p>
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">RETIRED</p>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; 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: 1	
2 FILER NAME DAVID EASON		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2000.00	
5 Date 11/7/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIVER PLANTATION GOLF CLUB		8 Amount of Contribution \$
	7 Contributor address; City; State; Zip Code 550 COUNTRY CLUB DR LONGVIEW TX 77302		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) GOLF CLUB		11 Employer (FOR NON-JUDICIAL)(See Instructions) RIVER PLANTATION GOLF CLUB	
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
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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	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: <i>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
---	------------------------------------	---------------------------------------

4 Date <i>7/17/23</i>	5 Payee name <i>HONOR CAFE</i>
--------------------------	-----------------------------------

6 Amount (\$) <i>50.00</i>	7 Payee address; <i>103 N. THOMPSON #101</i>	City; <i>CONROE</i>	State; <i>TX</i>	Zip Code <i>77301</i>
-------------------------------	---	------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>FUNDRAISER</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>7/25/23</i>	Payee name <i>USPS</i>
------------------------	---------------------------

Amount (\$) <i>191.00</i>	Payee address; <i>809 W. DALLAS</i>	City; <i>CONROE</i>	State; <i>TX</i>	Zip Code <i>77305</i>
------------------------------	--	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <i>P.O. BOX</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name <i>TRH design group</i>
------	---------------------------------------

Amount (\$) <i>90.00</i>	Payee address; <i>11423 SUGAR BOWL</i>	City; <i>TOMBALL</i>	State; <i>TX</i>	Zip Code <i>77375</i>
-----------------------------	---	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>Campaign Design</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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: <i>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/14/23</i>	5 Payee name <i>TRH Design Group</i>	
6 Amount (\$) <i>627.85</i>	7 Payee address; City; State; Zip Code <i>11423 Sugarbowl Tomball TX 77375</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>ROOZIES</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>8/14/23</i>	Payee name <i>TRH Design Group</i>		
Amount (\$) <i>365.65</i>	Payee address; City; State; Zip Code <i>11423 Sugarbowl Tomball TX 77375</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>PUSH CARDS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>8/17/23</i>	Payee name <i>Will METCALF</i>		
Amount (\$) <i>40.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 2910 Austin TX 78768</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT Expense</i>	Description <i>Admission</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18/23</i>	5 Payee name <i>APRICITY FOUNDATION</i>	
6 Amount (\$) <i>263.73</i>	7 Payee address; City; State; Zip Code <i>27 GRANDE REGENCY SPRING TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>ADMISSION</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date <i>8/21/23</i>	Candidate / Officeholder name <i>Dan Crenshaw</i>	
Amount (\$) <i>200.00</i>	Office sought <i>1849 KINGWOOD DR #100 KINGWOOD TX 77339</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>ADMISSION</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date <i>8/25/23</i>	Candidate / Officeholder name <i>AMIRINA</i>	
Amount (\$) <i>139.65</i>	Office sought <i>3 WATERWAY SQUARE THE WOODLANDS TX 77380</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Political Lunch</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name <i>AMIRINA</i>		
Office sought <i>3 WATERWAY SQUARE THE WOODLANDS TX 77380</i>		
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: <i>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
---	------------------------------------	---------------------------------------

4 Date <i>9/14/23</i>	5 Payee name <i>Ciscos</i>
--------------------------	-------------------------------

6 Amount (\$) <i>88.32</i>	7 Payee address; City; State; Zip Code <i>209 Commerce St Tomball TX 77375</i>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>	(b) Description <i>Political Lunch</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>9/14/23</i>	Payee name <i>TRH</i>
------------------------	--------------------------

Amount (\$) <i>90.00</i>	Payee address; City; State; Zip Code <i>11423 Sugar Bowl Tomball TX 77375</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Design work</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>9/18/23</i>	Payee name <i>DEFINING AME</i>
------------------------	-----------------------------------

Amount (\$) <i>25.00</i>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation Expense</i>	Description <i>Contribution</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY 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>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/25/23</i>	5 Payee name <i>Go DADDY</i>	
6 Amount (\$) <i>127.79</i>	7 Payee address; City; State; Zip Code <i>2155 E. WARNER way Temple AZ. 85284</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>AD. Expense</i>	(b) Description <i>WEBSITE</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>10/5/23</i>	Payee name <i>Montgomery County Republican Party</i>	
Amount (\$) <i>156.48</i>	Payee address; City; State; Zip Code <i>P.O. Box 1766 Cenroe TX 77305</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <i>Donation to Adv.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>10/6/23</i>	Payee name <i>TK4 Design Group</i>	
Amount (\$) <i>589.47</i>	Payee address; City; State; Zip Code <i>11423 Sugar Bowl Tomball TX 77375</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Fundraising Treblets</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/12/23</i>	5 Payee name <i>TRH DESIGN GROUP</i>	
6 Amount (\$) <i>5387.00</i>	7 Payee address; City; State; Zip Code <i>11423 SUGAR BOWL Tomball TX 77375</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>10/23/23</i>	Payee name <i>TRH Design Group</i>	
Amount (\$) <i>275.00</i>	Payee address; City; State; Zip Code <i>11423 SUGAR BOWL Tomball TX 77375</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>MCRP TX ADV.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>10/26/23</i>	Payee name <i>TRH Design Group</i>	
Amount (\$) <i>617.07</i>	Payee address; City; State; Zip Code <i>11423 SUGAR BOWL Tomball TX 77375</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD</i>	Description <i>EVENT CAKES</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/3/23</i>	5 Payee name <i>RIVER PLANTATION GOLF CLUB</i>	
6 Amount (\$) <i>3367.72</i>	7 Payee address; City; State; Zip Code <i>550 Country Club Dr. Conroe TX 77303</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>HALL RENTAL / FOOD</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date <i>11/3/23</i>	Candidate / Officeholder name <i>ARAZATE MARKETING</i>	
Amount (\$) <i>300.00</i>	Office sought <i>CONROE TX 77301</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Exp.</i>	Description <i>Photographer</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <i>CONROE TX 77301</i>		
Date <i>11/7/23</i>	Office held	
Amount (\$) <i>470.63</i>	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Consulting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <i>11423 Sugar Bowl Football TX 77375</i>		
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: <i>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/23</i>	5 Payee name <i>MCRP</i>	
6 Amount (\$) <i>1000.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>921 W. AUSTIN ST. CONROE TX 77304</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FEES</i>	(b) Description <i>Filing Fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>11/22/23</i>	Payee name <i>HOME DEPOT</i>	
Amount (\$) <i>172.⁶⁰</i>	Payee address; City; State; Zip Code <i>1341 W. DAVIS CONROE TX 77304</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	Description <i>T-POSTS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>11/22/23</i>	Payee name <i>HOME DEPOT</i>	
Amount (\$) <i>173.⁵³</i>	Payee address; City; State; Zip Code <i>1341 W. DAVIS CONROE TX 77304</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	Description <i>T-POSTS / zip ties</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/28/23</i>	5 Payee name <i>TRH design Group</i>	
6 Amount (\$) <i>5424.83</i>	7 Payee address; City; State; Zip Code <i>11423 Sugar Bowl Tomball TX 77375</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	(b) Description <i>Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/1/23</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>184.61</i>	Payee address; City; State; Zip Code <i>1341 W. DAVIS COURSE TX 77304</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	Description <i>T-POSTS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/4/23</i>	Payee name <i>TRH Design Group</i>	
Amount (\$) <i>254.32</i>	Payee address; City; State; Zip Code <i>11423 Sugar Bowl Tomball TX 77375</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>WEBSITE DESIGN</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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: <i>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
---	------------------------------------	---------------------------------------

4 Date <i>12/11/23</i>	5 Payee name <i>HOME DEPOT</i>
---------------------------	-----------------------------------

6 Amount (\$) <i>378.66</i>	7 Payee address; <i>1341 W. DAVIS</i>	City; <i>CONROE</i>	State; <i>TX</i>	Zip Code <i>77304</i>
--------------------------------	--	------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>SOLICITATION</i>	(b) Description <i>T-POSTS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>12/11/23</i>	Payee name <i>MAGNOLIA EDUCATION FOUNDATION</i>
-------------------------	--

Amount (\$) <i>200.00</i>	Payee address; <i>P.O. Box 55</i>	City; <i>Magnolia</i>	State; <i>TX</i>	Zip Code <i>77353</i>
------------------------------	--------------------------------------	--------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <i>Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>12/19/23</i>	Payee name <i>MCTP PAC</i>
-------------------------	-------------------------------

Amount (\$) <i>250.00</i>	Payee address;	City;	State;	Zip Code
------------------------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <i>Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>DAVID EASON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/22/23</i>	5 Payee name <i>Alpha Graphics</i>	
6 Amount (\$) <i>78.83</i>	7 Payee address; City; State; Zip Code <i>3031 N. FRAZIER CONROE TX 77303</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>BUSINESS CARDS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>12/27/23</i>	Payee name <i>CONROE NOON KIWANAS CLUB</i>	
Amount (\$) <i>110.00</i>	Payee address; City; State; Zip Code <i>1712 N. FRAZIER #102 CONROE TX 77303</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>PARADE</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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