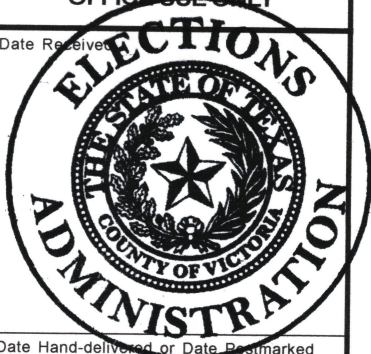


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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="text-align: center; font-size: 24px;">14</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mrs.                                      Heidi                                      E ----- NICKNAME                                      LAST                                      SUFFIX  <div style="text-align: center; font-size: 18px;">Easley</div>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> <div style="text-align: center; font-weight: bold; font-size: 12px;">OFFICE USE ONLY</div>  <div style="text-align: center; font-size: 10px;">Date Received</div> <div style="text-align: center; font-size: 10px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>Receipt #</span> <span>Amount \$</span> </div> <div style="text-align: center; font-size: 10px;">Date Processed</div> <div style="text-align: center; font-size: 14px; color: red; font-weight: bold;">JAN 18 2022</div> <div style="text-align: center; font-size: 10px;">Date Imaged</div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE P.O. Box 667                                      Victoria                      TX                      77902										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                                      676-4559										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mrs.                                      Lisa ----- NICKNAME                                      LAST                                      SUFFIX  <div style="text-align: center; font-size: 18px;">Kristynik</div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 307 Kingwood Forest Dr.                                      Victoria                                      TX                                      77904										
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                                      578-8206										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center; font-size: 18px;">07 / 01 / 2021</td> <td></td> <td style="text-align: center; font-size: 18px;">12 / 31 / 2021</td> </tr> </table>			Month      Day      Year	THROUGH	Month      Day      Year	07 / 01 / 2021		12 / 31 / 2021		
Month      Day      Year	THROUGH	Month      Day      Year									
07 / 01 / 2021		12 / 31 / 2021									
11 ELECTION	ELECTION DATE Month      Day      Year 03 / 01 / 2022	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) Victoria County Clerk	13 OFFICE SOUGHT (if known) Victoria County Clerk									
GO TO PAGE 2											

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME** Mrs. Heidi E. Easley **15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE:  GENERAL  SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

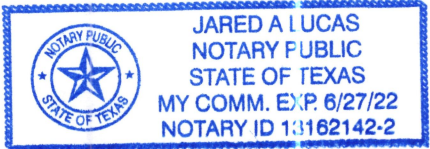
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 660.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,660.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 211.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,788.92
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 885.52
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 AFFIDAVIT**



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.

*Heidi Easley*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Heidi Easley, this the 18<sup>th</sup> day of January 2022, to certify which, witness my hand and seal of office.

*Jared Lucas* Printed name of officer administering oath  
Signature of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>  Mrs. Heidi E. Easley		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,000.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 100.00
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,870.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1,707.53
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Mrs. Heidi E. Easley

3 Filer ID (Ethics Commission Filers)

4 Date  
11-7-2021

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tali Villafranca

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$ 300.00

P.O. Box 1848 Victoria TX 77902

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date  
11-10-2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Patrick Cullen

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$ 250.00

P.O. Box 2938 Victoria TX 77902

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date  
11-10-2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kliem & Associates

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$ 100.00

5606 N. Navarro, Ste. 209 Victoria TX 77904

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Self

Date  
11-12-2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert McKay

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$ 100.00

609 E. Mockingbird Ln. Victoria TX 77904

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

**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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Mrs. Heidi E. Easley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-12-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jamie Gilliam</b>	7 Amount of contribution (\$)  <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>406 Chimney Rock Victoria TX 77904</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>11-12-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Norman D. Jones</b>	Amount of contribution (\$)  <b>\$ 200.00</b>
Contributor address; City; State; Zip Code <b>407 W. Commercial Victoria TX 77901</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>11-12-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TJ &amp; Linda Tucker</b>	Amount of contribution (\$)  <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>1510 Westpark Ave. Victoria TX 77905</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>11-12-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joyce Heller</b>	Amount of contribution (\$)  <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>113 E. Constitution St. Victoria TX 77901</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Mrs. Heidi E. Easley</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>11-12-2021</b> <b>Jack Morrison</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>1501 E. Mockingbird Ln Victoria TX 77901</b>		
8 Principal occupation / Job title (See Instructions) <b>Accountant</b>		9 Employer (See Instructions) <b>Bumgardner Morrison &amp; Co.</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>11-15-2021</b> <b>Scott &amp; BJ Nelson - White Trash Services</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 3611 Victoria TX 77903</b>		
Principal occupation / Job title (See Instructions) <b>Business Owners</b>		Employer (See Instructions) <b>Self</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>11-19-2021</b> <b>Gary &amp; Lynette Buckler</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>110 Bloomingdale Circle Victoria TX 77904</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Mrs. Heidi E. Easley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-19-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carolyn &amp; CJ Strnadel III</b>	7 Amount of contribution (\$)  <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 469 Inez TX 77968</b>		
8 Principal occupation / Job title (See Instructions) <b>Ranchers</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>11-19-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pam Kutach</b>	Amount of contribution (\$)  <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>117 Gabbiano Ct. Victoria TX 77904</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>11-19-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Zafereo</b>	Amount of contribution (\$)  <b>\$ 150.00</b>
Contributor address; City; State; Zip Code <b>125 Kreekview Dr. Victoria TX 77904</b>		
Principal occupation / Job title (See Instructions) <b>Investment Advisor</b>		Employer (See Instructions) <b>Wells Fargo</b>
Date <b>11-22-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cole, Cole, Easley &amp; Sciba PC</b>	Amount of contribution (\$)  <b>\$ 1,250.00</b>
Contributor address; City; State; Zip Code <b>302 W. Forest St. Victoria TX 77901</b>		
Principal occupation / Job title (See Instructions) <b>Attorneys</b>		Employer (See Instructions) <b>Self</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Mrs. Heidi E. Easley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-22-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert B. Leon &amp; Charla Borchers-Leon</b>	7 Amount of contribution (\$)  <b>\$ 250.00</b>
6 Contributor address; City; State; Zip Code <b>2203 N. DeLeon Victoria TX 77901</b>		
8 Principal occupation / Job title (See Instructions) <b>Business Owners</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>11-29-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim &amp; Jennifer Hartman</b>	Amount of contribution (\$)  <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>310 Creekridge Dr. Victoria TX 77904</b>		
Principal occupation / Job title (See Instructions) <b>Business Owners</b>		Employer (See Instructions) <b>Self</b>
Date <b>11-29-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Billy &amp; Carol Pope</b>	Amount of contribution (\$)  <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>811 Charleston Victoria TX 77904</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>12-15-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vicki Bauknight</b>	Amount of contribution (\$)  <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>6123 Country Club Dr. Victoria TX 77904</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME Mrs. Heidi E. Easley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date 11-19-2021  
 6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Mark Mize  
 7 Pledgor address; City; State; Zip Code  
 103 Charleston Victoria TX 77904

8 Amount of Pledge \$ 100.00  
 9 In-kind contribution description  
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)  
 Business Owner

11 Employer (See Instructions)  
 Self

Date  
 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Pledgor address; City; State; Zip Code

Amount of Pledge \$  
 In-kind contribution description  
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Pledgor address; City; State; Zip Code

Amount of Pledge \$  
 In-kind contribution description  
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Pledgor address; City; State; Zip Code

Amount of Pledge \$  
 In-kind contribution description  
 Check if travel outside of Texas. Complete Schedule T.

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <p style="text-align:center">2</p>	<b>2</b> FILER NAME <p style="text-align:center">Mrs. Heidi E. Easley</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center">12-9-2021</p>	<b>5</b> Payee name <p style="text-align:center">Victoria County Republican Party</p>	
<b>6</b> Amount (\$) <p style="text-align:center">750.00</p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center">115 S. Main St. Victoria TX 77901</p>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <p style="text-align:center">Fees</p>	<b>(b) Description</b> <p style="text-align:center">Filing Fees</p>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <p style="text-align:center">12-21-2021</p>	Payee name <p style="text-align:center">Heidi Easley</p>	
Amount (\$) <p style="text-align:center">570.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">P.O. Box 667 Victoria TX 77902</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <p style="text-align:center">Reimbursement</p>	<b>Description</b> <p style="text-align:center">for sign labels</p>
	<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 <p style="text-align:center">12-28-2021</p>	Payee name <p style="text-align:center">Carlos Vasquez</p>	
Amount (\$) <p style="text-align:center">250.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">10522 US Hwy 87 South Victoria TX 77905</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p>	<b>Description</b> <p style="text-align:center">Campaign Photographs</p>
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME <b>Mrs. Heidi E. Easley</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12-31-2021</b>	<b>5</b> Payee name <b>Fossati's Delicatessen</b>		
<b>6</b> Amount (\$) <b>300.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>302 S. Main Street Victoria TX 77901</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Event Expense</b>		<b>(b) Description</b> <b>Event Deposit</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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		
<b>PURPOSE OF EXPENDITURE</b>	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
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2</b> FILER NAME <b>Mrs. Heidi E. Easley</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>11-02-2021</b>	<b>5</b> Payee name <b>Martin Printing Company</b>
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<b>6</b> Amount (\$) <b>706.69</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>P.O. Box 3602</b>	City; <b>Victoria</b>	State; <b>TX</b>	Zip Code <b>77903</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Printing Expense/Fundraising Expense</b>	<b>(b) Description</b> <b>Fundraiser letters and postage fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-10-2021</b>	Payee name <b>Solar Tint &amp; Graphics</b>
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Amount (\$) <b>70.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>308 W. Rio Grande</b>	City; <b>Victoria</b>	State; <b>TX</b>	Zip Code <b>77901</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Car sign magnet</b>
	<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
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Date <b>12-17-2021</b>	Payee name <b>Solar Tint &amp; Graphics</b>
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Amount (\$) <b>570.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>308 W. Rio Grande</b>	City; <b>Victoria</b>	State; <b>TX</b>	Zip Code <b>77901</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Sign labels</b>
	<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
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Mrs. Heidi E. Easley	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11-13-2021	<b>5</b> Payee name Hobby Lobby
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<b>6</b> Amount (\$) 124.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 8404 N. Navarro	City; Victoria	State; TX	Zip Code 77904
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> Christmas Parade Decorations
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-17-2021	Payee name Lowe's
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Amount (\$) 33.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 8602 N. Navarro	City; Victoria	State; TX	Zip Code 77904
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Cable Ties
	<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
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Date 12-20-2021	Payee name Tractor Supply Company
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Amount (\$) 162.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 9304 N. Navarro	City; Victoria	State; TX	Zip Code 77904
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description T-posts for signs
	<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
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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		Category (see categories listed at the top of this schedule)	

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Mrs. Heidi E. Easley	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12-21-2021	<b>5</b> Payee name The Home Depot
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<b>6</b> Amount (\$) 40.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 6708 NE Zac Lentz Pkwy City: Victoria State: TX Zip Code: 77904
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Cable Ties
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY 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 (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;  City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Description
	<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
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Date	Payee name
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Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;  City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description T-posts for signs
	<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
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