Texas Ethics Commission

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

		1 ACCOUNT#	2 Total pages filed:
The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	9
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr First Heidi	E.	OFFICE USE ONLY
NAME	Mrs. Heiai	SUFFIX	Date Received
	Easley	SOFFIX	JUN 1 4 2015
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	M//
OFFICEHOLDER MAILING ADDRESS	P.O. Box 667, Victoria		Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (361) 676-4559	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST USA	MI	Date Imaged
	NICKNAME LAST Harvey- Moo	SUFFIX	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE
ADDRESS (residence or business)	1115. Main St.	Victoria, TX	77981
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 649 - 4150	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 2015
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Victoria County Clerk		
	GO TO PAG	6E 2	

Austin, Texas 78711-2070

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Heidi E.	Easily 15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE B HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA' ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 630.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,730.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	<sup>50</sup> \$ 34. 23
	4. TOTAL POLITICAL EXPENDITURES		\$ 3,678.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 943.44		\$ 943.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT	M. LONG	I swear, or affirm, under penalty of pe	rium, that the accompanying report
	A DO TO THE REAL PROPERTY OF THE PARTY OF TH	is true and correct and includes all info me under Title 15, Election Code.	
	OF TEXAS PIRES	Signature of Candida	ate or Officeholder
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subs	(		this the
day	of X	Anna M. Whara	nand and seal of office.
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:
** FILER NAME MIS. Heidi E. Easley		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
	Dr. Ellwood Ernst		contribution (\$)	description (if applicable)
6-4-15	6 Contributor address; City; State; Zip Code		1000	1
	202 Whispering Creek, Victoria, TX 77904			    -  of Texas, complete Schedule T)
9 Principal occur	sipal occupation / Job title (See Instructions) 10 Employer (See I		<del></del>	
		To Employer (See )		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Mark Zafereo		contribution (\$)	description (if applicable)
10-4-K	Contributor address; City; State; Zip Code		300	
(p. 4-13	100 March 1000 Minus 10 TV	TANK	200.	
	125 Krickview, Victoria, TY	1 1904		
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Bob Bomersbach		contribution (\$)	description (if applicable)
				1
10-4-15	Contributor address; City; State; Zip Code		00	1
	1 . O and A Mine is TV	77001	100.	I
	leab Basswood, Victoria, TX	11404		
				of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Dr. Kachel Heard			
1116	Contributor address; City; State; Zip Code			
6-4-15	17 00 - 1 11 21 11 -	Leon V	200.00	
	17 Meadow View, Victoria, T	4 1 1109		1
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	William F. Moeller		contribution (\$)	description (if applicable)
1 .1 -			-5	' 
6-4-15	Contributor address; City; State; Zip Code		150.00	1
	PO BOX 3547, VICTORIAT	17903	, 00.	
	10 000 33-1 1, vice 100,1			
<u> </u>		P		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:	
mrs. Heidi E. Easley		3 ACCOUNT # (E	thics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
6-4-15	6 Contributor address; City; State; Zip Code	TV TOOC	1000		
	let Aloe Rd North, Victori	4,141900	(If travel outside	 of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
Date -	Full name of contributor out-of-state PAC (ID#:_ Robert J. Hewitts.		Amount of contribution (\$)	In-kind contribution description (if applicable)	
6-8-15	Contributor address; City; State; Zip Code  PO BOY 400, Victoria, T	177902	250.00		
			(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor  out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Le-815	Contributor address; City; State; Zip Code	(77901	500.00	 	
			<del></del>	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
6-875	Contributor address; City; State; Zip Code		250.00	1	
	POBOY ZULA, Victoria, TX	77902	(If travel outside	of Texas, complete Schedule T)	
Principal occu	oation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Susan Whitehouse		contribution (\$)	description (if applicable)	
6815	Contributor address; City; State; Zip Code		100.00		
	8747 US they 87 North, Victor	oriaTX 77904	(If travel outside	i   	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:		
2 FILER NAME	Mrs. Heidi E. Easley		3 ACCOUNT # (E	thics Commission Filers)		
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
6815	6 Contributor address; City; State; Zip Code PD Boy 1307, Victoria, TX77902		300.00	 		
			(If travel outside	of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		or roxad, deliptica deliberation ()		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of	In-kind contribution		
		contribution (\$)	description (if applicable)			
	A.C. Frankson					
1 18-16	Contributor address; City; State; Zip Code					
4-18-15			, w			
	305 Summerwind pr., Victori	1. TX	100.			
	Jos Jaminkywika pr., victori	4,11				
		77904	(If travel outside of	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
D-t-	Full name of contributor  out-of-state PAC (ID#:	\1	Amount of	In-kind contribution		
Date			Amount of contribution (\$)	description (if applicable)		
	Jay Easly		(4)	,		
	Contributor address; City; State; Zip Code	* * * * * * * * * *		l		
6-1815	Contributor address, City, State, 21p Code	İ	100 00			
4-1012	Luca I Carlinació Ti	V - 11	100.			
	614 Basswood St. Victoria, T	× 77904				
		•	(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor  out-of-state PAC (ID#:	\	Amount of	In-kind contribution		
Date			contribution (\$)	description (if applicable)		
	Leslie Werner		(1)	(,		
	Contributor address; City; State; Zip Code	* * * * * * * * * * * *	100			
10-18-15			200.			
Q .0.0	Poboy 247, Victoria, TX MA	02				
	( ope / 2 / 1) viole up .					
			(If travel outside of	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution		
			contribution (\$)	description (if applicable)		
	Marek, Griffin + Knaupp					
6-1815	Contributor address; City; State; Zip Code		90			
W 10 10			250.			
	POBOX 2329, Victoria, TY TX	2002				
				l <u>,                                    </u>		
Dringing!	potion / Job title (See Instructions)	Empleyer (Co. 1		of Texas, complete Schedule T)		
rinisipai occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission Filers) mrs. Heidi E. Eusley Date 5 Full name of contributor \_\_out-of-state PAC(ID#:\_\_ C1207Ge Smajstv1a 6 Contributor address; City; State; Zip Code 7 Amount of In-kind contribution contribution (\$) description (if applicable) 16m wood thi Rd., Victoria, TY 7905 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution John Le Moneill Contributor address; City; State; Zip Code contribution (\$) description (if applicable) 100,00 PO Box 3446, Victoria, TY 77903 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Employer (See Instructions)

Principal occupation / Job title (See Instructions)

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out of Di Printing Expense Office Overhead, The Instruction Guide explains how to	Contract Labor raising Expense
1 Total pages Schedule F:	Mrs. Heidi E. Easley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6-19-15	5 Payee name  Martin Printing	
6 Amount (\$)	7 Payee address; City; State; Zip Code	• 17
988.62	· 2407 N. Lawrent St.,	Victoria, TX 77901
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Printing Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 6-19-15	Payee name Chris Nicholson	
Amount (\$)	Payee address; City; State; Zip Code	
1,500.00	PO BOX 2522, Victoria	1, TX 7790Z
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fles-Reimbursement	Checkif Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

(512) 463-5800

(TDD 1-800-735-2989)

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

### SCHEDULE G

			Aug. 187		
	EXPENDITURE	CATEGORIES FOR BOX 8			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement		
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Rental Expense	OTHER (enter a category not listed above)		
Fees	Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
	ine instruction Guide	explains now to complete this			
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
2	ma.Heidi E. Easley				
4 Date	5 Payee name				
1-12-15	Chris Nicholson				
6 Amount (\$)	7 Payee address; City; St				
364,00	2522 2000	Wictoria TX -	17901		
Reimbursement from	POBOY 2522	1 Vicionia, 12	1102		
political contributions intended	290				
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Descript	tion (If travel outside of Texas, complete Schedule T)		
OF		Reim	bursement		
EXPENDITURE	ANJUSTISING CHOENSE _				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chec	k if Austin, TX, officeholder living expense		
Date	Payee name				
	Postmaster				
1.23-15	POSTITIUSTO				
Amount (\$)	Payee address; City; St	ate; Zip Code			
42.00		1001 - 1 71 770	0)		
Reimbursement from political contributions	312 S. Main,	Victoria, 14 119	O1		
intended					
PUPPOSE	Category (See categories listed at the top	o of this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Category (See categories listed at the top	o of this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)		
OF	Category (See categories listed at the top  Rental Expense -		tion (If travel outside of Texas, complete Schedule T) ck if Austin, TX, officeholder living expense		
OF					
OF EXPENDITURE	Rental Expense-				
OF EXPENDITURE	Rental Expense-				

Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE EXPENDITURE Postage Check if Austin, TX, officeholder living expense Date Fossati's 5-29-15 City; State; Zip Code Amount (\$) 414.95 302 S. Main St., Victoria, TY 77901 Reimbursement from political contributions

312 S. Main, Victoria, TX 77901

Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Event Expense

Description (If travel outside of Texas, complete Schedule T) fundraiser

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Amount (\$)

334.21

Reimbursement from political contributions intended

www.ethics.state.tx.us

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District **Printing Expense** Office Overhead/Rental Expense Fees OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: mi Heidi E. Easley 4 Date 6 Amount (\$) 312. S. main, Victoria, TX 77901 Reimbursement from political contributions intended (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Postage Fee Check if Austin, TX, officeholder living expense Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Payee name Date City; State; Zip Code Amount (\$) Payee address: Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED