CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			<u> </u>		
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mrs. Heidi	E,	Date Received		
=	NICKNAME LAST	SUFFIX			
	Easley		neceiven		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Applicace and application of the second of t	TY 7902	M JUL 17 2017		
Change of Address	3.00		BY: Tree they		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 676-4559	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	NICKNAME LAST	Date Processed			
	Harvey-mo	SUFFIX	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	III s.main St. Vi	ctoria TX 7790	1 -		
(Residence or Business)					
		- 10			
8 CAMPAIGN TREASURER PHONE	(341) 649-4150	EXTENSION			
9 REPORT TYPE	January 15 30th day before 6		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH 7	Day Year		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)		
	County Clark				
	County CICIL Victoria County				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Mrs. He	cidi 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	COMMITTEE NAME	7000		
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
_		COMMITTEE CAMPAIGN TREASURER NAME	e a company		
Additional Pages		8			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$4,450.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 14.44				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
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 Tiple 15, Election Code. NOTARY PUBLIC STATE OF TEXAS IN COMM. EXP. 01/05/2020 NOTARY ID 13048593-7 Signature of Candidate or Office holder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said <u>Kayla Vasquez</u> , this the 17th					
day of July , 20_17 , to certify which, witness my hand and seal of office.					
Ruy Clay Kayla Vasquez notary					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME NG. Heidi E. Fasky 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$4,450.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mrs. Heidi E. Ewley 5 Pavee name 4 Date Chris Michousan 7 Payee address; City; State; Zip Code PO Boy 1057 6 Amount (\$) 4,000,00 Galveston, 7x 77553 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name PO BOX 1057 Galvertm, TX 77553 Reimbursement from political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED