CANDIDATE / OFFICEHOLDER

FORM C/OH

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT# (Ethice Commission Filers) 3 CANDIDATE / MS/MRS/MR FIRST MI OFFICEHOLDER M/G. Heid: E. NICKNAME LAST SUFFIX	2 Total pages filed: OFFICE USE ONLY Data Received
OFFICEHOLDER Mrs. Heidi E.	
Easley	007 27 90sa
4 CANDIDATE / ADDRESS / POBOX; APT/SUITE#; CITY; STATE; ZIPCODE OFFICEHOLDER MAILING ADDRESS POBOX LOLD VILLOTIA TY 27902	Dale Hanid-delivered or Posimarked Recolpt # Amount
S CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION PHONE (361) 676-4559	Date Processed
S CAMPAIGN TREASURER NAME NIGKNAME MS/MRS/MR FIRST M W/5. Lisa SUFFIX WOOFE	Date Imaged
TREASURER ADDRESS (residence or business) STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; CITY; STATE; \[\begin{align*} \text{VICTORION, TY 790} \end{align*}	ZIP CODE
CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (361) 649-4160	- HA AA
REPORT TYPE January 15 30th day before election Runoff Binday before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
O PERIOD Month Day Year THROUGH 10 / 25 /	Year
ELECTION ELECTION DATE ELECTION TYPE Runoff Run	3enord Special
OFFICE OFFICEHELD (FAILY) 13 OFFICE SOUGHT (FAILY) Victoria Country	Clerk.
GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

<u> </u>			The state of the s		
14 C/OH NAME \\\\\(\(\) (°	s. Heidi E	· Eusley	15 ACCOUNT # (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 OF FICEHOLDER. 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			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN \$ 1,540,00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,540.00				
EXPENDITURE TOTALS	3. TOTAL P	MIZED \$ 361.62			
	4. TOTAL POLITICAL EXPENDITURES \$3,178.52				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,322.73				
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF OF THE REPORTING PERIOD	THE \$		
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. Notary Public State of Texas Ny Comm. Exp. February 20, 2017 Signature of Candidate or Officeholder					
AFFIX NOTARY STAME		ie, by the said Heidi Easley	this the		
	of October	, 20 [4, to certify which, witness	my hand and seal of office.		
Signature of officer admin	^	Maraje Ramirez Printed name of officer administering oath	Notary		
2			Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

	he instruction Guide explains how to complet	e this form.	1 Total pages So	chedule A:		
2 FILER NAM	ΛΕ , , ,			4		
Mrs. Heidi E. Easley			3 ACCOUNT#(3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Full name of contributorout-of-state PAC	(ID#-				
•	Mark Zaferco	V	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable		
9-26-14	6 Contributor address; City; State; Zip C			I applicable		
`	125 Kreekview Dr., Victoria		100.00	! [
		117 71904				
Principal occ	upation / Job title (See Instructions)	10 Foreland	(If travel outside of	of Texas, complete Schedule T)		
		10 Employer (See Instructions)			
Date	Full name of contributor	iD#:				
	James N. Stofer		Amount of contribution (\$)	In-kind contribution		
7-26-14	Contributor address; City; State; Zip Co			description (if applicable		
. M. 17	Jity, State; Zip Co	oae	1			
	POBOX 1969, Victoria, TX	770-	100.001			
Deleviore	1 . Ook 1916 , Victoria, 14	11902				
Enucipal occi	pation / Job title (See Instructions)	Employer (S	 (If travel outside of iee Instructions) 	Texas, complete Schedule T)		
Date	T. II.		———			
Pale	Full name of contributor		Amount of	In-kind contribution		
	Bruce + Kirsten Eppinge	r	contribution (\$)	description (if applicable)		
0-1-14	Contributor address; City; State; Zip Co.	de		•		
,			10000			
·	103 Brenna Circle, Victoria,	TX 77901	100.00			
Principal occup	eation / Job title (See Instructions)	Empley (0	(if travel outside of	Texas, complete Schedule T)		
		Employer (Se	ee Instructions)			
Date	Full name of contributor Out-of-state PAC (ID)			<u> </u>		
	Bob Bomersbach		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Cod	<u>.</u>		accompany (it applicable)		
1-1-6						
	Le Dle Busswood, Victoria, TX	Laper	100.00			
Principal occup-			//s toward			
market sough	ation / Job title (See Instructions)	Employer (See	Instructions)	exas, complete Schedule T)		
Date	English		•			
	Full name of contributor out-of-state PAC (ID#:_) Amount of	In-kind contribution		
].	Charlotte Kizer		contribution (\$)	lescription (if applicable)		
1-14	Contributor address; City; State; Zip Code	• • • • • • • • •	1			
	1007		500.00			
	1007 Know Hon Rd., Baytown	1TX77520	300,00			
incipal occupat	lon / Job title (See Instructions)		(If travel outside of Tex	(as, complete Schedule T)		
	···/	Employer (See	Instructions)	1.1.2 -31.60016 1)		

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 t	his form.	1 Total pages So	hedule A:
2 FILER NAME	s. Heidi E Easley		3 ACCOUNT# (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID)	<u> </u>	7 Amount of	8 In-kind contribution
10-1-14	Tray + Molly Ruschhaupt 6 Contributor address, City; State; Zip Coc		contribution (\$)	8 In-kind contribution description (if applicable)
,- , , ,	8444 Lower Mission Valley Rd., Vi		100.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	(If travel outside Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-3-14	contributor address; City; State; Zip Cod. 304 Salem Rd. Victoria TX		100.00	
Principal occur	ation / Job title (See Instructions)		(If travel outside o	of Texas, complete Schedule T)
		Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-1-19	ZOI E. Hiller St., Victoria, T	X 77901	100.00	,-
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	astructions)	f Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
0.9-14	10 TRidge View, Victoria, TX 7.	1964	100.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date .	Full name of contributor out-of-state PAC (10#_ TRY+ TSabet Custou Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
P1-01-0	886 Osage Rd., Victoria, TX T	7905	250.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	(If travel outside of structions)	Texas, complete Schedule T)

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

				OONEDULE A
	e Instruction Guide explains how to complete t	his form.	1 Total pages S	chedule A:
2 FILER NAME ↑↑	rs. Heidi E. Easley		3 ACCOUNT#	(Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PACOLO# Shelly Marbach		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
10-12-14	6 Contributor address; City; State; Zip Cod	•	100.00	1
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	(If travel outside	of Texas, complete Schedule T)
Date 10-15-14	Full name of contributor out-of-state PAC(ID#; Craia Lauger Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable
	POBOY ZIHLY, Victoria, T	× 7790Z	100.00	
Principal occup	etion / Job title (See Instructions)	Employer (See	(if travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor out-of-slate PAC (ID#: USI'L WLT NEV Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-16-14	POBOY ZUT, Victoria, TX	7790Z	100.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	(If travel outside o nstructions)	f Texas, complete Schedule T)
Date .	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
0-14-14	III S. main St., Victoria, TX	77901	200.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date .	Full name of contributor out-of-state PAC (D#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Mere Kemper City Rd W., Victoria, To	k 77905	500.00	
Principal occupat	ion / Job title (See Instructions)	Employer (See Inc	(If travel outside of	fexes, complete Schedule T)

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

POLITICAL CONTRIBUTIONS

SCHEDULE A

	e Instruction Guide explains how to complete this form.	1 Total pages Sc	hedule A:
FILER NAM	mrs. Hei di E. Easky	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#: Don Truman 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicab
10 21-14	PO BOY 1057, Victoria, TY 77902	250.∞	
Principal occu	upation / Job title (See Instructions) 10 Employer (See	(if travel outside	I of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		
0-21-14	Prichel Heard Contributor address; City; State; Zlp Code	Amount of contribution (\$)	In-kind contribution description (if applicable
- CI-17	107 Professional Park Dr., Victoria, Tx 77904	200.00	
Principal occu	pation / Job title (See Instructions) Employer (See	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable
rincipal occup	ation / Job title (See Instructions) Employer (See I	(If travel outside of nstructions)	Texas, complete Schedule T)
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
rincipal eccupa	ation / Job title (See Instructions) Employer (See In	(If travel outside of instructions)	Texas, complete Schedule T)
Pate .	Full name of contributor out-of-state PAC (D#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Incipal occurs	tion / Job title (See Instructions) Employer (See In	(If travel outside of Ti	exas, complete Schedule T)
	Employer (See Instructions)	structions)	Transported ()

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense EXPENDITURE CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Contract Labor Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not ilsted above)
	The Instruction Guide explains how to	complete this form,
1 Total pages Schedule F:	mrs. Heidi E. Easley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-5-14	5 Payee name NUZWEHN ACADEMY 7 Payee address; City; State; Zip Code	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
115.00	206 W. Convent, Victoria, TY	77901
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation	School Festival Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
10-6-14	10 mars Alukhara Adukatisha	
Amount (\$)	Lamor Outdoor Advertising Payee address; City; State; Zip Code	
1,500.00	4507 N. Main, Victoria, TX	77904
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advirtising expense	Billboor AS Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
10-14-14		
, ,	Victoria County Kepublican W Pavee address: City: State: Zip Code	omen
Amount (\$)	214 S. Main St., Victoria, TY	
		,
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Fund(LiSt Sponsorship) Checkif Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
10-15-15	Heidi Easky	
Amount (\$)	Payee address; City; State; Zip Code	
323.33	5459 Fleming Prairie Rd., Victo	ria,TY 27905
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Reinkbursement	POSTUGE FLLS Check if Austin, TX; officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of I	s/Contract Labor Indraising Expense Ict Contributions/Donations Made By District Condidate/Officeholder/Political Committee Indraising Expense Indianation Equipment & Related Expense Indraising Expense I
1 Total pages Schedule F:	2 FILER NAME	
2		3 ACCOUNT # (Ethics Commission Filers
4 Date	Mrs. Heidi E. Easty 5 Payee name	
10-20-14		t'ss
6 Amount (\$)	Victoria Builder's Associated Payee address; City; State; Zip Code	3(0)(
150.00	5105 E Airline, Victoria, T	¥ 77904
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation	EVENT SPONSO (SN) P Checkif Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-20-14	Warrior's Weekend	
Amount (\$)	Payee address; City; State; Zip Code	
150.00	3603 Miori, Vlatoria, TX 7	17901
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	_	Event Sponsorship
	Donation	Checkif Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-25-14	Martin Printing	
Amount (\$)	Payee address; City; State; Zip Code	
453.57	2407 N. Laurent Victoria, T	14 77901
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Printing Expense	Door Nanger'S
EXPENDITURE		Checkif Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
DUDD	Category (See categories listed at the top of this schedule)	Department of the second of th
PURPOSE OF EXPENDITURE	5-3 (Source upper at mis tob of this schedule)	Description (If travel outside of Texes, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIN E ACAIEDED
		SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ntract Labor L sing Expense T C rict ental Expense C	oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) n.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	Mrs. Heidi E.	Easley		a viocacity a famine commission in the
4 Date	5 Payee name			
10-10-14	Postmaster			
6 Amount (\$) 323.33	7 Payee address; City; State	•		,
Reimbursement from political contributions Intended	Victoria MPO, Vict	oria, TX T	7902	
8 PURPOSE OF	(a) Category (See categories listed at the top of	this schedule)		f travel outside of Texas, complete Schedule T)
EXPENDITURE	Other		CheckifAus	FLLS stin, TX, officeholder living expense
Date	Payes name	 		
Amount (\$)	Payee address; City; State	e; Zip Code	****	
Reimbursement from political contributions Intended				
PURPOSE OF	Category (See categories listed at the top of t	this schedule)	Description (II	f travel outside of Texas, complete Schedule T)
EXPENDITURE			CheckifAus	stin, TX, officetrolder living expense
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ReImbursement from political contributions intended			·	
PURPOSE OF	Category (See categories listed at the top of t	this schedule)	Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE			Check if Aus	stin, TX, officeholder living expense
Date	Рауее пате			
Amount (\$)	Payee address; City; State	; Zip Code	· · · · · · · · · · · · · · · · · · ·	
Relambursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t	his schedule)	Description (If	travel outside of Texas, complete Schedule T)
EAFENDITURE			Checklf Aus	din, TX, officehalder living expense
	ATTACH ADDITIONAL COP	IES OF THIS SC	CHEDULE AS NE	EDED