

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <span style="font-size: 2em; margin-left: 20px;">8</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">0</span> FIRST: <span style="font-size: 1.5em;">Richard</span> NICKNAME: _____ LAST: <span style="font-size: 1.5em;">Easingwood</span> MI: <span style="font-size: 1.5em;">S</span> SUFFIX: <span style="font-size: 1.5em;">Jr.</span>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <span style="font-size: 1.2em;">P.O. Box 1587 San Angelo TX, 76902</span>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(325) 617-2173</span>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">0</span> FIRST: <span style="font-size: 1.5em;">Roy</span> NICKNAME: _____ LAST: <span style="font-size: 1.5em;">Evans</span> MI: <span style="font-size: 1.5em;">Larry</span> SUFFIX: _____	Date Received <span style="font-size: 1.5em; margin-left: 20px;">FEB 3 2014</span>	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <span style="font-size: 1.2em;">2824 W. Beavregard, San Angelo, Tx., 76901</span>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(325) 716-9909</span>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <span style="font-size: 1.2em;">01 01 2014    THROUGH    01 23 2014</span>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <span style="font-size: 1.2em;">03 04 2014</span>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <span style="font-size: 1.5em; margin-left: 20px;">County Judge</span>	

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Richard S. Easingwood, Jr. **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 / 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 TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

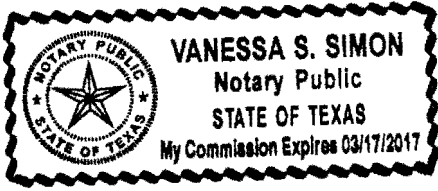
additional pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 800.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,720.01
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,493.31
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

**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.

Richard S. Easingwood, Jr.  
Signature of Candidate or Officeholder



**VANESSA S. SIMON**  
Notary Public  
STATE OF TEXAS  
My Commission Expires 03/17/2017

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard S. Easingwood, Jr. this the 3rd day of Feb, 20 14, to certify which, witness my hand and seal of office.

Vanessa S. Simon Vanessa S. Simon Notary  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): **2**

2 FILER NAME **Richard S. Easingwood, Jr.**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **01/15/2014**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Raimundo Requena Jr.**

7 Amount of contribution (\$) **\$1000**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**1402 S. David, San Angelo, Tx., 76903**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation **PROPERTY MGMT.**

10 Contributor's job title **Property Manager**

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date **01/15/2014**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mark Zentner**

Amount of contribution (\$) **\$1000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3201 SAC, San Angelo, Tx., 76904**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation **Restaurant Sales**

Contributor's job title **Salesman**

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date **01/17/2014**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Teddy Read**

Amount of contribution (\$) **\$1000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5309 Saddleridge, San Angelo, Tx., 76904**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation **Media**

Contributor's job title **Director of Sales**

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Richard S. Easingwood, Jr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01/17/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Karl and Becky Bookter</i>	7 Amount of contribution (\$) <i>\$200<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2819 Chatterton, San Angelo, Tx., 76904</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Retired</i>		10 Contributor's job title <i>Retired</i>	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>01/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>A. Mario Castillo</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2472 Belmont Rd, NW, Washington, DC, 200081610</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Government Relations</i>		Contributor's job title <i>Business Executive</i>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>01/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jasper W. McClellan</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2508 A.E.M AVE., San Angelo, Tx., 76904</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Retired Minister</i>		Contributor's job title <i>Pastor</i>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Richard S. Easingwood, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 01/07/14	<b>5</b> Payee name Wal-Mart
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<b>6</b> Amount (\$) 12.96	<b>7</b> Payee address; City; State; Zip Code 5501 Sherwood Way, San Angelo, Tx., 76904
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/beverages	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Snack Tray Phone Bank
	Candidate / Officeholder name	Office sought      Office held

Complete **ONLY** if direct expenditure to benefit C/OH

Date 01/09/14	Payee name Q's Printing & Design
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Amount (\$) \$392.75	Payee address; City; State; Zip Code 20 Howard, Suite 8, San Angelo, Tx., 76901
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Door Hangers
	Candidate / Officeholder name	Office sought      Office held

Complete **ONLY** if direct expenditure to benefit C/OH

Date 01/13/14	Payee name First National Bank of Mertz on
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Amount (\$) \$6.00	Payee address; City; State; Zip Code 230 W. Twohig, San Angelo, Tx. 76903
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Bank Flat Charge
	Candidate / Officeholder name	Office sought      Office held

Complete **ONLY** if direct expenditure to benefit C/OH

Date 01/17/14	Payee name San Angelo Chamber of Commerce
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Amount (\$) \$40.00	Payee address; City; State; Zip Code 418 W. Ave. B. San Angelo, Tx., 76903
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Dinner
	Candidate / Officeholder name	Office sought      Office held

Complete **ONLY** if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Richard S. Easingwood, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 01/07/2014	<b>5</b> Payee name Tom Green County
<b>6</b> Amount (\$) \$937	<b>7</b> Payee address; City; State; Zip Code 113 W. Beavregard, San Angelo, Tx., 76901

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Voter Data Request
	Candidate / Officeholder name	Office sought      Office held

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01/07/2014	Payee name Wal-Mart		
Amount (\$) \$1499	Payee address; City; State; Zip Code 5501 Sherwood Way, San Angelo, Tx., 76904		

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverages	Description (If travel outside of Texas, complete Schedule T) Phonebank Snack Tray
	Candidate / Officeholder name	Office sought      Office held

Date 01/07/14	Payee name Wal-Mart
Amount (\$) \$196 <sup>59</sup>	Payee address; City; State; Zip Code 5501 Sherwood Way, San Angelo, Tx., 76904

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Solicitation	Description (If travel outside of Texas, complete Schedule T) Phone Cards
	Candidate / Officeholder name	Office sought      Office held

Date 01/07/2014	Payee name Wal-Mart
Amount (\$) \$32 <sup>35</sup>	Payee address; City; State; Zip Code 5501 Sherwood Way, San Angelo, Tx., 76904

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Solicitation	Description (If travel outside of Texas, complete Schedule T) Phone
	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Richard S. Easingwood, Jr.</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>01/06/2014</i>	<b>5</b> Payee name <i>Q's Printing &amp; Design</i>
<b>6</b> Amount (\$) <i>\$93<sup>91</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>20 Howard, Suite 8, San Angelo, Tx., 76901</i>

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Buttons/Magnetic Signs</i>
	Candidate / Officeholder name	Office sought      Office held

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>01/06/2014</i>	Payee name <i>Wal-Mart</i>
Amount (\$) <i>\$196<sup>59</sup></i>	Payee address; City; State; Zip Code <i>5501 Sherwood Way, San Angelo, Tx., 76904</i>

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Polling Solicitation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Phones</i>
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

Date <i>01/06/2014</i>	Payee name <i>Wal-Mart</i>
Amount (\$) <i>\$32<sup>35</sup></i>	Payee address; City; State; Zip Code <i>5501 Sherwood Way, San Angelo, Tx., 76904</i>

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Solicitation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone</i>
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

Date <i>01/06/2014</i>	Payee name <i>Wal-Mart</i>
Amount (\$) <i>\$25<sup>06</sup></i>	Payee address; City; State; Zip Code <i>5501 Sherwood Way, San Angelo, Tx., 76904</i>

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Water/cold drinks</i>
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Richard S. Easingwood, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 01/16/14	<b>5</b> Payee name Kurt Hoffmaster
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<b>6</b> Amount (\$) \$30 <sup>00</sup> / <sub>xx</sub>	<b>7</b> Payee address; City; State; Zip Code 1446 Gleneagles, San Angelo, Tx., 76904
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Electronic Media	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Web Page Upgrade
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 01/22/14	<b>Payee name</b> American Classified Thrifty Nickel
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<b>Amount (\$)</b> \$570 <sup>00</sup> / <sub>xx</sub>	<b>Payee address; City; State; Zip Code</b> 15 N. Tyler, San Angelo, Tx., 76901
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Ad Placement
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 01/23/14	<b>Payee name</b> Office Max
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<b>Amount (\$)</b> \$67 <sup>09</sup> / <sub>xx</sub>	<b>Payee address; City; State; Zip Code</b> 4225 Sunset Dr. San Angelo, Tx., 76904
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Printing Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Printer Ink
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b>	<b>Payee name</b>
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<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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