

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 10						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX Richard S. Easingwood Jr.	OFFICE USE ONLY <hr/> Date Received JUN 03 2014 <hr/> Date Hand-delivered or Postmarked <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 1587 San Angelo, Tx, 76902								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 617-2173								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX Roy Larry Evans								
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 2824 W. Beauvregard, San Angelo, Tx., 76901								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 716-9909								
9 REPORT TYPE	<input 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 \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02/23/2014 03 31 2014								
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Judge							

GO TO PAGE 2

**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 NAME
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>580⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2130⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4283⁹⁶</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard S. Easingwood Jr. this the 3rd day of June, 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): 3	
2 FILER NAME Richard S. Easingwood, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dena Ivy	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2625 Parkview Dr San Angelo, Tx., 76904		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Ranching/Oil/Gas		10 Contributor's job title Owner	
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 02/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William S. Noelke	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3406 Silver Spur, San Angelo, Tx., 76904		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Ranching/Restaurant		Contributor's job title Owner	
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 02/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley Mayfield	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2564 Lindenwood, San Angelo, Tx., 76904		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Paper Products		Contributor's job title Owner	
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):
3

2 FILER NAME **Richard S. Easingwood** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 02/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin A. Cortez	7 Amount of contribution (\$) \$4500	8 In-kind contribution description (if applicable) Photog Work and Campaign Consultation
	6 Contributor address; City; State; Zip Code 21775 Toe Nail Trail, Christoval, Tx, 76935	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **Political/Advertising** 10 Contributor's job title
Consultant

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 02/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert A. Elliott	Amount of contribution (\$) \$2000	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3115 Loop 306, San Angelo, Tx, 76904	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Red Estate** Contributor's job title
Owner

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 03/03/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glyn Jameson	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4422 Jameson Rd., San Angelo, Tx. 76904	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Ranching** Contributor's job title
Owner

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): 3	
2 FILER NAME Richard S. Easingwood		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/03/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandra Gray	7 Amount of contribution (\$) \$1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1202 Pulliam St, San Angelo, TX, 76903		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Automotive		10 Contributor's job title Owner/Retired	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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.

1 Total pages Schedule F: 2		2 FILER NAME Richard S. Easingwood, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/24/14		5 Payee name KLST-TV			
6 Amount (\$) \$2163 ⁰⁰		7 Payee address; City; State; Zip Code 2800 Armstrong, San Angelo, Tx., 76903			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) TV Ads		
	Candidate / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 02/26/14		Payee name Foster Communications			
Amount (\$) \$800 ⁰⁰		Payee address; City; State; Zip Code 2824 Sherwood Way P.O. Box 2191, San Angelo, Tx., 76902			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Radio Ads		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date 02/27/14		Payee name Suddenlink Media			
Amount (\$) \$906 ⁰⁰		Payee address; City; State; Zip Code 201 Quality Circle, College Station, Tx., 77845			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) TV Ads		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date 03/03/14		Payee name Standard Times			
Amount (\$) \$207 ⁴⁸ / _{xx}		Payee address; City; State; Zip Code P.O. Box 5111, San Angelo, Tx., 5111 76902			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Newspaper Ads		
	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.

1 Total pages Schedule F: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">Richard S. Easingwood, Jr.</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">03/03/14</p>	5 Payee name <p style="text-align:center">Miss Hatties Restaurant</p>	
6 Amount (\$) <p style="text-align:center">\$207⁴⁸</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">26 E. Concho Ave., San Angelo, Tx., 76903</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">Food/Beverage Expenses</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">Election Watch Party</p>
	Candidate / Officeholder name	Office sought / Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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	Office sought / Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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	Office sought / Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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	Office sought / Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 1	2 FILER NAME Richard S. Easingwood, Jr	3 ACCOUNT # (Ethics Commission Filers)					
4 Date 03/05/14	5 Payee name Miss Hatties Restaurant						
6 Amount (\$) \$567.26 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 26 E. Conchco Ave., San Angelo, Tx., 76903						
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Election Watch Party					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date 03/05/14</td> <td style="width:80%;">Payee name Miss Hatties Restaurant</td> </tr> <tr> <td>Amount (\$) \$567.26 <input type="checkbox"/> Reimbursement from political contributions intended</td> <td>Payee address; City; State; Zip Code 26 E. Conchco Ave., San Angelo, Tx., 76903</td> </tr> </table>		Date 03/05/14	Payee name Miss Hatties Restaurant	Amount (\$) \$567.26 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 26 E. Conchco Ave., San Angelo, Tx., 76903	
Date 03/05/14	Payee name Miss Hatties Restaurant						
Amount (\$) \$567.26 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 26 E. Conchco Ave., San Angelo, Tx., 76903						
9 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Election Watch Party					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td style="width:80%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td><input type="checkbox"/> Reimbursement from political contributions intended</td> <td></td> </tr> </table>		Date	Payee name	Amount (\$)	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
<input type="checkbox"/> Reimbursement from political contributions intended							
10 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td style="width:80%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td><input type="checkbox"/> Reimbursement from political contributions intended</td> <td></td> </tr> </table>		Date	Payee name	Amount (\$)	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
<input type="checkbox"/> Reimbursement from political contributions intended							
11 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td style="width:80%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td><input type="checkbox"/> Reimbursement from political contributions intended</td> <td></td> </tr> </table>		Date	Payee name	Amount (\$)	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
<input type="checkbox"/> Reimbursement from political contributions intended							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Richard S. Easingwood, Jr</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>Martin A. Cortez dba Hired Guns Productions</u>		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Richard S. Easingwood, Jr.

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

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

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Richard S. Easingwood, Jr.
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder