

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: right; font-size: 2em;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Kenneth</u> MI: <u>E.</u> NICKNAME: _____ LAST: <u>Easley</u> SUFFIX: <u>Jr.</u>	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <hr/> Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.2em;">OCT - 6 2008</div> <hr/> Receipt # _____ Amount _____ <hr/> Date Processed _____ <hr/> Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>5459 Fleming Prairie Rd, Victoria, TX 77905</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 572-0926</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Heidi</u> MI: <u>E.</u> NICKNAME: _____ LAST: <u>Easley</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>5459 Fleming Prairie Rd. Victoria TX 77905</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 572-0926</u>		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>7 / 15 / 08</u> <u>9 / 25 / 08</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 4 / 08</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): <u>Victoria County Constable Pct 3</u>	13 OFFICE SOUGHT (if known): <u>Victoria Co. Constable, Pct 3</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** <hr/> Name: _____ <hr/> Address / PO Box: Apt. / Suite #: City: State: Zip Code: _____		

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

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

15 C/OH NAME Mr. Kenneth E. Easley, Jr. 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

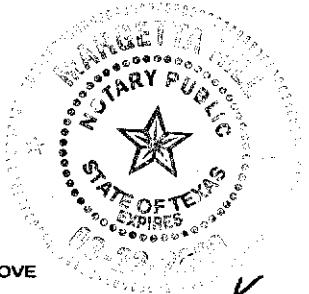
-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 270. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,220. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 19.49
	4. TOTAL POLITICAL EXPENDITURES	\$ 218. ⁷⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1430. ⁷²
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.



Kenneth Easley, Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kenneth Easley, Jr., this the 6 day of Oct, 2008, to certify which, witness my hand and seal of office.

Margaret Hee Margaret Hee Notary
Signature of officer administering 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 Schedule A: <u>2</u>	
2 FILER NAME <u>Mr. Kenneth E. Easley, Jr.</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>8/16/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Karl Fontenot</u>	7 Amount of contribution (\$) <u>200.⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 3570, Victoria, TX 77903</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Businessman</u>		10 Employer (See Instructions)	
Date <u>9/10/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Joseph E. Hollan</u>	Amount of contribution (\$) <u>100.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>107 Charleston Dr, Victoria, TX 77904</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)	
Date <u>9/23/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>William M. Murphy III</u>	Amount of contribution (\$) <u>100.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Po Box 1307, Victoria, TX 77902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Businessman</u>		Employer (See Instructions)	
Date <u>9/24/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Janet + Allan Miller</u>	Amount of contribution (\$) <u>200.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2103 Dudley St, Victoria, TX 77901</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business owners</u>		Employer (See Instructions)	
Date <u>9/25/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rex Easley Jr.</u>	Amount of contribution (\$) <u>250.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Po Drawer 510, Victoria, TX 77902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>lawyer</u>		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Mr. Kenneth E. Easley, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/26/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dwayne Moore	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8607 N. Navarro, Ste D, Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Insurance		10 Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **Mr. Kenneth E. Easley, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/24/08

5 Payee name
Martin Printing Co.

7 Amount (\$)
179.32

6 Payee address; City; State; Zip Code
PO Box 3602 Victoria, TX 77903

8 Purpose of payment (See instructions regarding type of information required.)
Door Hangers
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME
Mr. Kenneth E. Easley Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/23/08	5 Payee name Pizzazz	8 Amount (\$) 12.99
	6 Payee address; City; State; Zip Code 2914 N. Laurent, Victoria, TX 77901	
7 Purpose of expenditure (See instructions regarding type of information required.) Auction item for 4-H Harvest of Fun (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/1/08	Payee name Harbor Freight Tools	Amount (\$) 6.99
	Payee address; City; State; Zip Code 3605 N. Navarro, Victoria, TX 77901	
Purpose of expenditure (See instructions regarding type of information required.) Ties (for signs) + Glue (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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