

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: center; font-size: 2em;">4</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>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received: _____ Date Hand-delivered or Date Postmarked: _____ <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 checked="" 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 type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>10 / 27 / 08</u> <u>1 / 15 / 09</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, Pet 3</u>	13 OFFICE SOUGHT (if known)	
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. ** Name: _____ 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. Eastley, Jr. **16 ACCOUNT # (Ethics Commission Filers)**

17 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 <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 240.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1701.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 296.29
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 Eastley, Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KENNETH EASTLEY, JR., this the 15TH day of January, 20 09, to certify which, witness my hand and seal of office.

Carole M. Lopez CAROLE M. LOPEZ
Signature of officer administering oath Printed name 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: <p style="text-align: center;">1</p>	
2 FILER NAME <p style="text-align: center;">Mr. Kenneth E. Easley, Jr.</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">11-30-08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Jay M. Easley</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$100⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">614 Basswood St, Victoria, TX 77904</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">Business man</p>		10 Employer (See Instructions) <p style="text-align: center;">Self</p>	
Date <p style="text-align: center;">10-31-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Bette Jo Buhler</p>	Amount of contribution (\$) <p style="text-align: center;">\$100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">8607 N. Navarro, Ste M Victoria, TX 77904</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Business woman</p>		Employer (See Instructions) <p style="text-align: center;">Self</p>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **Mr. Kenneth F. Easley Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11-7-08

5 Payee name
Chris Nicholson

7 Amount (\$)

6 Payee address; City, State, Zip Code
P.O. Box 1057, Galveston, TX 77553

\$ 347.54

8 Purpose of payment (See instructions regarding type of information required.)
Fundraiser letters, postage, stickers
(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
11-3-08

Payee name
Victoria Advocate

Amount (\$)

Payee address; City, State, Zip Code
311 E. Constitution, Victoria, TX 77901

\$ 269.60

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

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

Date
10-30-08

Payee name
Martin Printing

Amount (\$)

Payee address; City, State, Zip Code
2407 N. Laurent, Victoria, TX 77901

\$ 370.63

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

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

Date
10-30-08

Payee name
U.S. Postmaster

Amount (\$)

Payee address; City, State, Zip Code
312 S. Main, Victoria, TX 77901

\$ 713.73

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

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

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	NICKNAME	LAST Easley	SUFFIX Jr.	
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 572-0926	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Heidi	MI E.	
	NICKNAME	LAST Easley	SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY: STATE: ZIP CODE 5459 Fleming Prairie Rd, Victoria TX 77905		
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11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) Victoria County Constable, Pct 3	13 OFFICE SOUGHT (if known)
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	Name		
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