

# 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: 24px;">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="border: 2px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 24px; text-align: center; margin: 5px 0;">RECEIVED</p> <p style="text-align: center; margin: 5px 0;">FEB 25 2008</p> <p style="font-size: 18px; text-align: center; margin: 5px 0;">BY: <u>Margaret Hill</u></p> <p style="font-size: 10px; margin: 5px 0;">Date Received</p> <p style="font-size: 10px; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 10px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>		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 <u>5159 Fleming Prairie Rd, Victoria TX 77905</u>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>572-0926</u> EXTENSION:						
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>5159 Fleming Prairie Rd. Victoria TX 77905</u>						
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>572-0926</u> EXTENSION:						
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 checked="" 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>1 / 15 / 08</u> <u>2 / 25 / 08</u>						
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 4 / 08</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) <u>Victoria County Constable, Precinct 3</u>	13 OFFICE SOUGHT (if known) <u>Victoria County Constable, Precinct 3</u>					
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	<p>.. 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. ..</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>						

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16.<sup>00</sup>

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 243.<sup>54</sup>

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

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*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kenneth Easley, this the 25<sup>th</sup> day of February 2008, to certify which, witness my hand and seal of office.

*Margetta Hill*  
Signature of officer administering oath

Margetta Hill  
Printed name of officer administering oath

Notary  
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>1</u>	
2 FILER NAME <u>Mr. Kenneth E. Eastley, Jr.</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2-8-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eleanor Deuel</u>	7 Amount of contribution (\$) <u>\$ 16.00</u>	8 In-kind contribution description (if applicable) <u>Auction item to donate to fundraiser in candidate's name.</u>
6 Contributor address; City; State; Zip Code <u>302 Lazy Ln., Victoria, TX 77905</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Business Owner</u>		10 Employer (See Instructions) <u>self</u>	
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)	

**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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <span style="font-size: 2em; vertical-align: middle;">1</span>
2 FILER NAME <span style="font-size: 1.2em;">Mr. Kenneth E. Easley, Jr.</span>		3 ACCOUNT # (Ethics Commission filers)

  

4 Date <span style="font-size: 1.2em;">1-16-08</span>	5 Payee name <span style="font-size: 1.2em;">Sign works</span> 6 Payee address; City; State; Zip Code <span style="font-size: 1.2em;">105 E. Brazos, Victoria TX 77901</span> 7 Purpose of expenditure (See instructions regarding type of information required.) <span style="font-size: 1.2em;">Deposit, set up fees for "Re-elect" labels</span> (If travel outside of Texas, complete Schedule T)	8 Amount (\$)  <span style="font-size: 1.5em;">\$ 125.<sup>00</sup></span>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <span style="font-size: 1.2em;">1-29-08</span>	Payee name <span style="font-size: 1.2em;">Sign works</span> Payee address; City; State; Zip Code <span style="font-size: 1.2em;">105 E. Brazos, Victoria, TX 77901</span> Purpose of expenditure (See instructions regarding type of information required.) <span style="font-size: 1.2em;">"Re-elect" labels</span> (If travel outside of Texas, complete Schedule T)	Amount (\$)  <span style="font-size: 1.5em;">\$ 118.56</span>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**