

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Kenneth E.
NICKNAME LAST SUFFIX
Easley Jr.

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5459 Fleming Prairie Rd. Victoria TX 77905

Date Hand-delivered or Date Postmarked

7/13/05

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 572-0926

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Heidi E.
NICKNAME LAST SUFFIX
Easley

Date Processed

Date Imaged

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 572-0926

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 05 THROUGH 6 / 30 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) Victoria County
Constable, Precinct 3

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

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 files)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

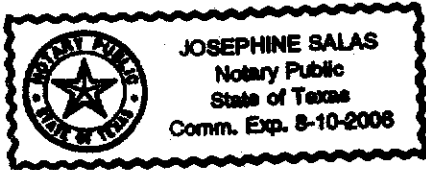
This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive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

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,969.63

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Kenneth Easley Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said KENNETH EASLEY JR. this the 13th day of July, 2005 to certify which, witness my hand and seal of office.

Josephine Salas
Signature of officer administering oath

JOSEPHINE SALAS
Printed name of officer administering oath

Notary
Title of officer administering oath

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. Eastley, Jr. 3 **ACCOUNT #** (Ethics Commission filers)

4 Date 11/17/05	5 Payee name Chris Nicholson	7 Amount (\$) \$5,000.⁰⁰
6 Payee address; City; State; Zip Code 504 S. Wheeler, Victoria, TX 77901		

8 Purpose of payment (See instructions regarding type of information required.) Campaign advisory fee	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.)	** 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.)	** 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.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS	SCHEDULE E
--------------	-------------------

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <div style="text-align: center; font-size: 24px;">1</div>
-----------------------------------------------------------	----------------------------------------------------------------------------------------

2 FILER NAME <div style="font-size: 18px; font-family: cursive;">Mr. Kenneth E. Eastley, Jr.</div>	3 ACCOUNT # (Ethics Commission filers)
-------------------------------------------------------------------------------------------------------	----------------------------------------

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
------------------------------------------------------	----

5 Date of loan <div style="font-size: 18px; font-family: cursive;">1/14/05</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 18px; font-family: cursive;">Mr. Kenneth E. Eastley, Jr.</div>	9 Loan Amount (\$) <div style="font-size: 18px; font-family: cursive;">5,000.⁰⁰</div>
-------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

6 Is lender a financial institution? <div style="font-size: 18px; font-family: cursive;">Y <input checked="" type="radio"/> N</div>	8 Lender address; City; State; Zip Code <div style="font-size: 18px; font-family: cursive;">5459 Fleming Prairie Rd, Victoria, TX 77905</div>	10 Interest rate <div style="font-size: 18px; font-family: cursive;">9.9%</div> 11 Maturity date <div style="font-size: 18px; font-family: cursive;">1-12-07</div>
-------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
--------------------------------------------------------	--------------------------------

14 Description of Collateral <input checked="" type="checkbox"/> none

15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	---------------------------

19 Principal Occupation	20 Employer
-------------------------	-------------

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <div style="font-size: 18px; font-family: cursive;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Description of Collateral <input type="checkbox"/> none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
----------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------

Principal Occupation	Employer
----------------------	----------

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