

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Kenneth MI: E. NICKNAME: LAST: Easley SUFFIX: Jr.	OFFICE USE ONLY Date Received: RECEIVED JUL 15 2004 Date Hand-delivered or Date Postmarked: Cy: 4:56 P.M. 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 5459 Fleming Prairie Rd. Victoria TX 77905		
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		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 572-0926 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 checked="" 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 1 / 1 / 04 THROUGH 6 / 30 / 04		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 04	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)	13 OFFICE SOUGHT (if known) Victoria County Constable, Precinct 3	
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		

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 filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

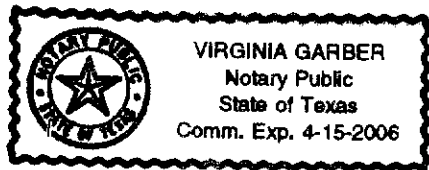
additional pages

** 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	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	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,510.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 306.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,205.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,205.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

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 15 day of July, 2004, to certify which, witness my hand and seal of office.

Virginia Garber Signature of officer administering oath
Virginia Garber Printed name of officer administering oath
Notary Public 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: 3	
2 FILER NAME Mr. Kenneth E. Easley Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-8-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles G. Lowe	7 Amount of contribution (\$) \$ 500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10420 San Antonio River Rd, Victoria, TX 77905			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-16-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rex L. Easley Jr.	Amount of contribution (\$) \$ 300.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 302 W. Forrest, Victoria, TX 77901			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-3-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Hancock Sanders	Amount of contribution (\$) \$ 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 121 S. Main St., Ste 201 Victoria, TX 77901			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-26-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ruby Durrant	Amount of contribution (\$) \$ 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 394 Cologne Rd. South, Victoria, TX 77905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-4-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark and Sarah Barnes	Amount of contribution (\$) \$ 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 110 Ridge View, Victoria, TX 77904			
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Mr. Kenneth E. Easley Jr.		3 ACCOUNT # (Ethics Commission files)	
4 Date 5-27-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jon R. New	7 Amount of contribution (\$) \$ 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code P.O. Box 1247, Victoria, TX 77902			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-29-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Lou Urban	Amount of contribution (\$) \$ 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1850 FM 236, Victoria, TX 77905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-2-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bette Jo Buhler	Amount of contribution (\$) \$ 160.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8607 N. Navarro, Ste M, Victoria, TX 77904			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-7-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fred "Jock" Ross	Amount of contribution (\$) \$ 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code PO Box 36, Victoria, TX 77902			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-9-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William M. Murphy III	Amount of contribution (\$) \$ 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 708 W. Power Ave., Victoria, TX 77901			
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Mr. Kenneth E. Easley, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6-21-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Michael O'Connor 6 Contributor address; City; State; Zip Code P.O. Box 1398 Victoria, TX 77902	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-23-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert and Mary Ann Davis Contributor address; City; State; Zip Code P.O. Box 2955, Victoria, TX 77902	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allan and Janet Miller Contributor address; City; State; Zip Code 2103 Dudley St, Victoria, TX 77901	Amount of contribution (\$) \$100.00	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		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Mr. Kenneth E. Easley Jr.</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>4/28/04</u>	5 Payee name <u>Instant Copy and Printing</u> 6 Payee address; City: State: Zip Code <u>1810 N. Navarro Victoria, TX 77901</u>	7 Amount (\$) <u>\$ 274.⁹⁶</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>push cards /set-up fee</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>5/15/04</u>	Payee name <u>Raisin Volunteer Fire Department</u> Payee address: City: State: Zip Code <u>Hwy 59, Raisin, TX</u>	Amount (\$) <u>\$ 60.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Volunteer Fire department fundraiser contribution</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>6/29/04</u>	Payee name <u>Instant Copy and Printing</u> Payee address: City: State: Zip Code <u>1810 N. Navarro Victoria, TX 77901</u>	Amount (\$) <u>\$ 241.⁶¹</u>
Purpose of payment (See instructions regarding type of information required.) <u>Campaign stationery and envelopes</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>6/29/04</u>	Payee name <u>Victoria Presort</u> Payee address: City: State: Zip Code <u>1502 E. Red River, Victoria, TX 77901</u>	Amount (\$) <u>\$ 161.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>mailout postage</u>		** 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: <u>1</u>
2 FILER NAME <u>Mr. Kenneth E. Easley Jr.</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>1-2-04</u>	5 Payee name <u>Allied Screen Printing and Signs</u> 6 Payee address; City; State; Zip Code <u>3700 Blanco Rd, San Antonio, TX 78212</u>	8 Amount (\$) <u>\$ 1,424.29</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>signs</u>		
Date <u>1-24-04</u>	Payee name <u>The "Other" Feed store</u> Payee address; City; State; Zip Code <u>2410 PE Lavaca Dr., Victoria, TX 77901</u>	Amount (\$) <u>\$ 65.70</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Sign hardware, T-posts</u>		
Date <u>1-27-04</u>	Payee name <u>Allied Screen Printing and Signs</u> Payee address; City; State; Zip Code <u>3700 Blanco Rd., San Antonio, TX 78212</u>	Amount (\$) <u>\$ 610.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date <u>1-31-04</u>	Payee name <u>Northside Ranch, Pet and Garden Center</u> Payee address; City; State; Zip Code <u>5705 N. Main, Victoria, TX 77904</u>	Amount (\$) <u>\$ 61.38</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>sign hardware - T-posts</u>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED