

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; font-weight: bold;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Kenneth MI: E. NICKNAME: _____ LAST: Easley SUFFIX: Jr.	OFFICE USE ONLY	
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	Date Received: _____ Date Hand-delivered or Date Postmarked: <div style="text-align: center; font-size: 1.5em;">10/25/04 4:50 PM</div> <div style="text-align: center; font-size: 2em; font-weight: bold;">JR</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 572-0926 EXTENSION: _____	Receipt # _____ Amount _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Heidi MI: E. NICKNAME: _____ LAST: Easley SUFFIX: _____	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: (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 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 9 / 29 / 04 10 / 24 / 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 expenditures. ** 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 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

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

\$ 1415.00

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

\$ 1515.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,543.44

CONTRIBUTION BALANCE

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

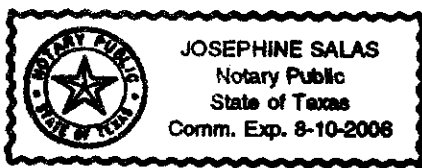
\$ 2,997.40

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 E. Easley Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KENNETH E. EASLEY JR., this the 25th day of Oct., 2004, 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 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: **1**

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

3 ACCOUNT # (Ethics Commission files)

4 Date
10/9/04

5 Full name of contributor out-of-state PAC (ID#: _____)
Emil + Inez Grendke

7 Amount of contribution (\$)
100.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
PO Box 118, Port O'Connor, TX 77982

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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 E. Easley Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/14/04

5 Payee name
Victoria Advocate

7 Amount (\$)
\$ 224.00

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

8 Purpose of payment (See instructions regarding type of information required.)
newspaper advertising

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

Date
10/14/04

Payee name
Victoria Advocate

Amount (\$)
\$ 224.00

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

Purpose of payment (See instructions regarding type of information required.)
newspaper advertising

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

Date
10/24/04

Payee name
Chris Nicholson

Amount (\$)
\$ 1,368.95

Payee address; City; State; Zip Code
PO Box 2522 Victoria TX 77902

Purpose of payment (See instructions regarding type of information required.)
bill boards / newspaper advertising

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

Date
10/24/04

Payee name
Victoria Presort

Amount (\$)
\$ 684.27

Payee address; City; State; Zip Code
801 S. Laurent Victoria TX 77901

Purpose of payment (See instructions regarding type of information required.)
mail piece

-- 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 10/14/04	5 Payee name Pizazz	8 Amount (\$) \$42.22
	6 Payee address; City; State; Zip Code 2914 N. Laurent, Victoria, TX 77901	
	7 Purpose of expenditure (See instructions regarding type of information required.) Benefit auction items - OLV, Aloe	<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.)	<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.)	<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.)	<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.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED