

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 Mr.	FIRST Kenneth	MI E.
	NICKNAME	LAST Easley	SUFFIX Jr.
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		
	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received Michelle BY 8</p> <p style="text-align: center; font-size: 1.5em;">6002 51 701</p> <p style="text-align: center; font-size: 1.5em;">STATION</p> <p style="font-size: 0.8em;">Date Filed Received Date Paid Filed</p> </div>		
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 572-0924	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 1 / 16 / 09	THROUGH	Month Day Year 7 / 15 / 09
11 ELECTION	ELECTION DATE Month Day Year / / 		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) Victoria Co. Constable Pet 3		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		

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)

** 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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 2,500.00

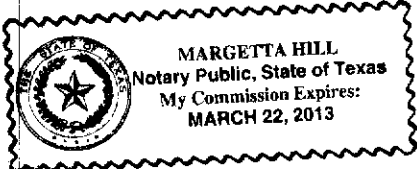
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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, 2009, to certify which, witness my hand and seal of office.

Margetta Hill

Margetta Hill

Notary

Signature of officer administering oath

Printed name of officer administering oath

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. Easley, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/10/09

5 Payee name

Chris Nicholson

7 Amount (\$)

269.60

6 Payee address; City; State; Zip Code

PO Box 1057, Galveston, TX 77553

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

Consulting work

(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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

** 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.)

(If travel outside of Texas, complete Schedule T)

** 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.)

(If travel outside of Texas, complete Schedule T)

** 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. Eastley, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/18/09

5 Payee name
Chris Nicholson

8 Amount (\$)
2,230.40

6 Payee address; City; State; Zip Code
PO box 1057, Galveston, TX 77553

7 Purpose of expenditure (See instructions regarding type of information required.)
Consulting work
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

 Reimbursement from political contributions intended

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

 Reimbursement from political contributions intended

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

 Reimbursement from political contributions intended

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

 Reimbursement from political contributions intended

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED