

# 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:

9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Amount	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					Date Imaged	
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
11 ELECTION	ELECTION DATE			ELECTION TYPE			
12 OFFICE	OFFICE HELD (if any)			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							
<input type="checkbox"/> additional pages							

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

*Kenneth E. Easley, Jr.*

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

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

\$ 2,876.95

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

\$ 4,224.95

EXPENDITURE TOTALS

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

\$ 142.17

4. TOTAL POLITICAL EXPENDITURES

\$ 2,557.09

CONTRIBUTION BALANCE

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

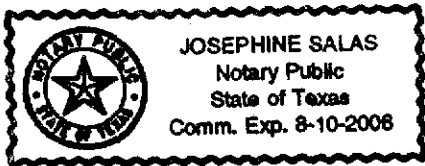
\$ 3,933.62

OUTSTANDING LOAN TOTALS

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

\$ 500.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said KENNETH EASLEY JR, this the 4th day of OCTOBER, 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: <b>4</b>	
2 FILER NAME <b>Mr. Kenneth E Easley Jr.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/3/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dr. Richard Feher, DO</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5005-B John Stockbauer, Victoria, TX 77904</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/1/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Nancy Hancock Sanders</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>121 S. Main, Ste 201, Victoria, TX 77901</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/31/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Raymond D. Dalton</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>395 Fleming Prairie Rd, Victoria, TX 77905</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/2/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Louise S. O'Connor</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>106 W. Juan Linn, Victoria, TX 77901</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/2/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bill Jones</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 1997, Victoria, TX 77902</b>			
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 <i>INSTRUCTION GUIDE</i> explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Mr. Kenneth E. Easley, Jr.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/2/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>O'Connor Brothers</b> 6 Contributor address; City; State; Zip Code <b>One O'Connor Plaza, Ste 1100, Victoria, TX 77901</b>	7 Amount of contribution (\$) <b>200.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/13/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>D.F. Branch</b> Contributor address; City; State; Zip Code <b>402 Roanoke Dr., Victoria, TX 77904</b>	Amount of contribution (\$) <b>60.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/16/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James Bednorz</b> Contributor address; City; State; Zip Code <b>353 Stirrup Rd., Victoria, TX 77905</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/19/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tommy + Michelle Longoria</b> Contributor address; City; State; Zip Code <b>124 Crawford Dr., Victoria, TX 77904</b>	Amount of contribution (\$) <b>60.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/19/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tommy Marbach</b> Contributor address; City; State; Zip Code <b>207 Matthews Rd., Victoria, TX 77905</b>	Amount of contribution (\$) <b>168.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Mr. Kenneth E. Easley Jr.</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/19/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Stephen Tyler</b>	6 Contributor address; City; State; Zip Code <b>PO Box 7650, Victoria, TX 77903</b>	7 Amount of contribution (\$) <b>60.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <b>9/19/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>T. Michael O'Connor</b>	Contributor address; City; State; Zip Code <b>PO Box 1398, Victoria, TX 77902</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>9/19/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Villafranca + Villafranca PC</b>	Contributor address; City; State; Zip Code <b>PO Box 1848, Victoria, TX 77902</b>	Amount of contribution (\$) <b>60.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>9/20/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. + Mrs. Jerry Stockbauer</b>	Contributor address; City; State; Zip Code <b>2871 Coleville Rd., Victoria, TX 77905</b>	Amount of contribution (\$) <b>85.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>9/23/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Allen J. Rather II</b>	Contributor address; City; State; Zip Code <b>PO Box 1022, Victoria, TX 77902</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Mr. Kenneth E. Easley Jr.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/24/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Henry Schaar</b> 6 Contributor address; City; State; Zip Code <b>4034 FM 236, Victoria, TX 77905</b>	7 Amount of contribution (\$) <b>130.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/24/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Delton Katrina Marbach</b> Contributor address; City; State; Zip Code <b>71 Matthews Rd, Victoria, TX 77905</b>	Amount of contribution (\$) <b>75.00</b>	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)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **Mr. Kenneth E. Easley Jr.** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/11/04</b>	5 Payee name <b>Chris Nicholson</b>	7 Amount (\$) <b>168.73</b>
6 Payee address; City; State; Zip Code <b>PO Box 2522, Victoria, TX 77902</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>mailouts - paper, printing</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>9/13/04</b>	Payee name <b>American Legion Hall</b>	Amount (\$) <b>175.00</b>
Payee address; City; State; Zip Code <b>1402 E. Santa Rosa, Victoria, TX 77901</b>		

Purpose of payment (See instructions regarding type of information required.) <b>hall rental for fundraiser</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>9/11/04</b>	Payee name <b>Sam's Club</b>	Amount (\$) <b>125.12</b>
Payee address; City; State; Zip Code <b>9202 N. Navarro, Victoria, TX 77904</b>		

Purpose of payment (See instructions regarding type of information required.) <b>supplies/products for fundraiser</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <b>9/16/04</b>	Payee name <b>Sam's Club</b>	Amount (\$) <b>86.71</b>
Payee address; City; State; Zip Code <b>9202 N. Navarro, Victoria, TX 77904</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Supplies/products for fundraiser</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date of loan

**7** Name of lender  out-of-state PAC (ID# \_\_\_\_\_)

**9** Loan Amount (\$)

**6** Is lender a financial institution?

Y      N

**8** Lender address;   City;   State;   Zip Code

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)

**13** Employer (See Instructions)

**14** Description of Collateral

none

**15** GUARANTOR INFORMATION

**16** Name of guarantor

**18** Amount Guaranteed (\$)

not applicable

**17** Guarantor address;   City;   State;   Zip Code

**19** Principal Occupation

**20** Employer

Date of loan

Name of lender  out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y      N

Lender address;   City;   State;   Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;   City;   State;   Zip Code

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.**

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Mr. Kenneth E. Eastley Jr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/17/04	5 Payee name P.F.G. 6 Payee address; City; State; Zip Code P.O. Box 1219, Victoria, TX 77902	7 Amount (\$) 1,006. <sup>81</sup>
8 Purpose of payment (See instructions regarding type of information required.) Food products for fundraiser		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/28/04	Payee name Martin Printing Payee address; City; State; Zip Code 2407 N. Laurent, Victoria, TX 77901	Amount (\$) 464. <sup>61</sup>
Purpose of payment (See instructions regarding type of information required.) Door hangers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/28/04	Payee name Chris Nicholson Payee address; City; State; Zip Code P.O. Box 2522, Victoria, TX 77902	Amount (\$) 237. <sup>05</sup>
Purpose of payment (See instructions regarding type of information required.) Newspaper ads / posters		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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

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**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>9/10/04</u>	5 Payee name <u>Victoria City County Health Department</u>	6 Amount (\$) <u>50.<sup>00</sup></u>
	6 Payee address: City; State; Zip Code <u>2805 N. Navarro, Victoria, TX 77901</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>Special event permit for fundraiser</u>	

Date <u>9/24/04</u>	Payee name <u>Pizazz</u>	Amount (\$) <u>100.<sup>89</sup></u>
	Payee address: City; State; Zip Code <u>2914 N. Laurent, Victoria, TX 77901</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>donations for auctions: 4-H, MHS-TKB, Coletoville Lutheran Church, Nazareth Academy</u>	

Date	Payee name	Amount (\$)
	Payee address: City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

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