## CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

· 	<u> </u>	
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/	MS/MRS/MR FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Kenneth E.	Date Received
	Easily Jr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE; ZIP CODE 5459 Fleming Pravie Rd. VILLOPIATY TYPOS	Date Hand-delivered or Date Postmarked 10/4/04 4:30 pm
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	
OFFICEHOLDER PHONE	(361) 572-0924	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI E.  NICKNAME LAST SUFFIX	Date Processed  Date Imaged
	Easier	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY: STATE: 5459 FIERRING Prairic Rd. Victoria TY	1 TIGOS
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (361) 572-0924	
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 9/28	Year OU
11 ELECTION	ELECTION DATE SLECTION TYPE  Month Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known  Constable)	ie Precinct3
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the cane Candidates are required to disclose this information only if they receive notification of the dire	didate's prior consent or approval.
EXPENDITURE BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Sulte #; City; State; Zip Code	
additional pages		
	GO TO PAGE 2	

CANDIDA' SUPPORT		SEHOLDER S	REPORT:	C	FORM C/OH OVER SHEET PG 2
15 C/OH NAME KE	nneth E.E	asley Jr.		16A	CCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been made.	tice of political expenditures	fficeholder's knowledge or cons	port the candidate / eent. Candidates an	officeholder. <i>These expenditures</i> d officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			an and an
	SPECIFIC		<u> </u>	•	
additional pages		COMMITTEE CAMPAIGN TRE	ASURER NAME		
_			il	: .	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
18 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTH TEES OF LOANS), UNLESS		\$ 2,876.95
		POLITICAL CONTRIE	BUTIONS S, OR GUARANTEES OF LO	DANS)	s 4,224.95
EXPENDITURE TOTALS	3. TOTALI	POLITICAL EXPENDITUR	ES OF \$50 OR LESS, UNLE	ESS ITEMIZED	\$ 142.17
	4. TOTAL	POLITICAL EXPEND	ITURES		\$ 2,557.09
CONTRIBUTION BALANCE	5. TOTAL P	POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF T	HE LAST DAY	\$ 3,933.62
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOAN PERIOD	S AS OF THE	\$ 500.00
19 AFFIDAVIT	~~~~	<b>~~</b>			y, that the accompanying report
	JOSEPHINE SAL Notary Public State of Texas Comm. Exp. 8-10-		me under Title 15, Electi		ation required to be reported by
AFFIX NOTARY STAMI Sworn to and subscrit		the said KFNW	ETH EASLEY	IR "	is the 4th day
()a-an a-ra	- n./.	1	hand and seal of office		is the $\frac{7/70}{1}$ day
Signature of officer ad	Iministering oath	Printed name of	THINE SALAS officer administering oath	Title of	tary Kuller

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	5	<b>.</b>	SCHEDULE A
The Instruction	The Instruction Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	KennethEEasley Jr		3 ACCOUNT # (Et)	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID# Dr. Richard Feher, DU 6 Contributor address; City; State; Zip Code 5005-B bhn Stock bower, Vi (	r. Richard Feher, DU		8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
91/04	Contributor address; City; State; Zip Code	TX TAOI	ეგე; <u>"</u>	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
8131 Jo4	Full name of contributor   cut-of-state PAC (ID#_ Raymond D. Dalton Contributor address; City; State; Zip Code 395 Fleming Prairie Rd, Victor	и,TX 77905	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
912/04	Full name of contributor   out-of-state PAC (ID#_ LOWISE 5. 0' CON NOY Contributor address; City; State; Zip Code 106 W. Juan Linn, Victoria, T	X 171901	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
9/a/04	Full name of contributor   out-of-state PAC (ID#_Bill Janes) Contributor address; City; State; Zip Code Po Box 1997, Victoria, TX 7	1902	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
lf contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instr			ing requirements.

PLEDGE	D CONTRIBUTIONS			SCHEDULE E
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule B;
FILER NAME			3 ACCOUNT# (Et	nics Commission filers)
TOTA	AL OF UNITEMIZED PLEDGES: \$	⇒ ⇒ ⇒	<b>→</b> ⇔	\$
Date	6 Full name of pledgorout-of-state PAC (ID#		Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City, State; Zip Code	e		<b>.</b> 
Principal occup	pation / Job title (See Instructions)	11 Employer (See Instr	ructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
. "	Pledgor address; City; State; Zip Code	B		 
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	ructions)	·
Date	Full name of pledgorout-of-state PAC (ID#:;  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	I In-kind description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	ructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	9		 
·				]
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	ructions)	
Date	Full name of pledgor out-of-state PAC (IC#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	e		 
Principal occur	pation / Job title (See Instructions)	Employer (See Insti	ructions)	

## (512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission SCHEDULE A POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The instruction Guide explains how to complete this form. 3 ACCOUNT # (Etnics Commission filers) 2 FILER NAME In-kind contribution Amount of description (if applicable) contribution (\$) 6 Contributor address; City; State; Zip Code 9/2/04 900.00 One O'Cornor Plaza, Ste 1100, Victoria, TV T1901 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution Amount of ut-of-state PAC (ID#: description (if applicable) contribution (\$) D.F. Branch 9/13/04 Contributor address; City; State; Zip Code 402 Reanoke, Dr., Victoria, TX -17904 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of In-kind contribution Out-of-state PAC (IC#: description (if applicable) contribution (\$) James Bednorz 9/1/4/04 Contributor address; City; State; Zip Code 363 Stirrup Rd., Victoria, TX TMOS Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of contributor contribution (\$) description (if applicable) Tommy + Michelle Longoria Contributor address; City; State; Zip Code 9/19/24 124 Crawford Dr., Victoria, TX 77904 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#: in-kind contribution Amount of contribution (\$) description (if applicable) Tommy Marbach 19/19/04 City, State; Zip Code 200 marthews Rd, Victoria, TY 71905 Employer (See Instructions) Principal occupation / Job title (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.

Texas Ethics Con	mission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	3	5.	SCHEDULE A
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	r. Kenneth E. Easily Jr.		3 ACCOUNT# (Eth	ics Commission filers)
4 Date 9/19/04	5 Full name of contributor   out-of-state PAC (ID#:_  Sucphen Tyle  6 Contributor andreas; City; State; Zip Code  PD Box Tu50, Victoria, IX	T1903	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ins	atructions)	
Date	Full name of contributor Out-of-state PAC (ITHE	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
119/04	PO Box 1398, Victoria, TX	rmo2	100.	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
91904	Full name of contributor our-of-state PAC (10#) Villafranca + Villafranca + C Contributor address; City: State; Zip Code PO Box 1848, Victoria, TX 70	103	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date 9 Date	Full name of contributor out-of-state PAC (ID#_MY.+MYS. JRYTY Stock bowler Contributor address; City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	<u> </u>
10 EG	Full name of contributor   Out-of-state PAC (10#_Allen J. Rather II Contributor address; City: State: Zip Code POROL (2002) Victoria, N	71902	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	i pation / Job title (See Instructions)	Employer (See In	structions)	

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

SCH	EO	ш	F	Δ
2011			_	

				4.1- 4.		
The Instruction	The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A:		
FILER NAME	nr. Kenneth E. Easley Jr	•	3 ACCOUNT# (Eth			
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	g in-kind contribution description (if applicable)		
) i	Henry Schaar					
1/24/04	Henry Schaar  6 Contributor address; City; State; Zip Code		130.00			
	4084 FM234, Victoria, TX	77905				
Principal occup	pation / Job title (See Instructions)	10 Employer (See It	nstructions)			
Date	Full name of contributor  un-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)		
v (	Delton Katrina Marbach		contribution (\$)	acentalion (" applicable		
1124104	Contributor address; Cky; State; Zip Code		75.∞			
·	71 matchews Rd, Victoria, TX	17905				
Principal occu	pation / Job title (See Instructions)	Employer (See li	natructions)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable		
	Contributor address; City; State; Zip Code			  -		
			 :			
Principal occu	pation / Job title (See Instructions)	Employer (See I	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			<b> </b> 		
Principal occu	ipation / Job title (See Instructions)	Employer (See I	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					
		ŧ				
				<del></del>		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Cor	mmission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-580	0 1-800-325-850
POLITI	CAL EXPENDITURES	S	CHEDULE F
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Schedul	e F: <b>∂</b>
2 FILER NAMI	. Kenneth E. Easley Jr.	3 ACCOUNT # (Ethics	Commission filers)
4 Date 8 1 OU	5 Payee name (Intis Nicholson) 6 Payee address; City State; Zip Code POBOX 2522, Nictoria, TX 77902	1	Amount (\$)
required.)	yment (See instructions regarding type of information  9	direct expenditure to benef or name Office sou	
C) 3 W	Payee name American Legion Hall Payee address; City; State; Zip Code 1402 E. Ganta Rosa, Victoria, TY 17901		Amount (\$)
required.)	yment (See instructions regarding type of information  " Complete if Candidate / Officeholde	direct expenditure to benef r name Office sou	
9/11/01/	Payee name Sum's Club Payee address: City: State: Zip Code  7202 N. Navarro, Victoria, TY - 1'1904		96'19 (\$)
геquired.)	yment (See instructions regarding type of information  "Complete if Candidate / Officeholde	direct expenditure to benef ir name Office sou	
Pluloy	Payee name  Sam's Ciub  Payee address; City; State: Zip Code  9202 N. Navarro, Victoria, TY T904	9	Amount (\$)
Purpose of nav	vment (See instructions regarding type of information	direct expenditure to benef	: C(O))

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

Supplied products for fundraiser

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Office held

Texas Ethics Commis	ssion P.O. Box 12070	Austin, Texas	78711	2070	(512) 46	3-5800	1-800-325-8506
LOANS						SCH	EDULE <b>E</b>
The Instruction Guil	DE explains how to complete thi	s form.			1 Total pages Sche	dule E:	
2 FILER NAME					3 ACCOUNT # (Eth	ics Commission	filers)
4 ТОТА	L OF UNITEMIZED LOA	.NS: ⇔	⇔	<b>\$</b>	<b>t</b>	\$	
5 Date of loan	7 Name of lender		ut-of-state i	PAC (ID#:	)	9 Loan Ar	nount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip	Code			10 Interest	rate
Y N					· ·	11 Maturity	date
12 Principal occupatio	n / Job title (See Instructions)	T	13 🖹	mployer (See In:	structions)		
14 Description of Collat	eral			· · · · · · · · · · · · · · · · · · ·			
15 GUARANTOR INFORMATION	16 Name of guarantor					18 Amount	Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip	 Code				
19 Principal Occupation		20	Employ	er			
Date of loan	Name of lender	П	ut-of-state	PAC (ID#:	)	Loan An	nount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip	Code			Interest	rate
Y N						Maturity	date
Principal occupation	n / Job title (See Instructions)	<del></del>	Employ	er (See Instructi	ons)		
Description of Collat	eral			<u></u>			
GUARANTOR INFORMATION	Name of guarantor					Amount	Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zíp	Code		.,		
Principal Occupation			Employe	er			
If lender is	ATTACH ADDITIO out-of-state PAC, please s					quiremen	ts.

POLITIC	CAL EXPENDITURES		·	SCHEDULE F	
The Instruction	GUIDE explains how to complete this form.		1 Total pages Schedule F: 2		
Mr. Kenneyn E. Easly Jr.			3 ACCOUNT	Ethics Commission filers)	
4 Date	5 Payee name		·.	7 Amount (\$)	
9/7/04	P.F.Q. 6 Payee address; City; State: Zip Code	cr 1900		1,006.81	
	P.O.Box 1219, Victoria, TX	THOS			
required.)	ment (See instructions regarding type of information ducks for fundy wiser	9 - Complete if di Candidate / Officeholder t	•	to benefit C/OH Office sought Office held	
Date	Payee name Martin Printing			Amount (\$)	
9/24/04	Payee address: City; State; Zip Code			464 61	
	2407 N. Lawrent, Victoria, T	1090T			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if d Candidate / Officeholder	,	to benefit C/OH •• Office sought Office held	
Door	hangers		<u></u>		
Date	Payee hame (hris Nicholson			Amount (\$)	
A SE OH	Payee address: City, State; Zip Code			237.05	
	P.O.Box 2522, Victoria, TX	77902		<i>&amp;</i> 0 11	
Purpose of pay required.)	ment (See instructions regarding type of information	<ul> <li>Gomplete if d Candidate / Officeholder</li> </ul>		to benefit C/OH •• Office sought Office held	
Newspop	er ads/posters		·····		
Date	Payee name			Amount (\$)	
·	Payee address; City: State; Zip Code				
Purpose of pay required.)	rment (See instructions regarding type of information	•• Complete if d Candidate / Officeholder		to benefit C/OH ** Office sought Office held	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED		

Texas Ethics Commission

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G		
The Instruction	Guide explains how to complete this form.	1 Total pages Sched	ule G:		
2 FILER NAME	TILER NAME  Mr. Kennern E. Easley, Jr.  3 ACCOUNT # (BI)				
4 Date	5 Payee name Victoria City County Health Departme 6 Payee address: City; State; Zip Code 2805 N. Navarro, Victoria, TX T7901 7 Purpose of expenditure (See instructions regarding type of information req Special event permit for fundrais	Reimbursement from political contributions intended			
9/94/04	Payee name Pizazz Payee address: City; State; Zip Code  2914 N. Lawent, Victoria, TY 77901  Purpose of expenditure (Sea instructions regarding type of Information red  donations for auctions: 4-4 mas-TKB, Columnia Information Regarding type of Information red  donations for auctions: 4-4 mas-TKB, Columnia Information Regarding type of Information red	uirod.) Lither ne Chlieth	Reimbursement from political contributions intended		
Date	Payee name Payee address: City; State; Zip Code		Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information rec	uired.)	Reimbursement from political contributions intended		
Date	Payee name  Payee address: City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information re	quired.)	Amount (\$)  Reimbursement from political contributions intended		
Date	Payee name  Payee address; City; State; Zip Code		Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information red  ATTACH ADDITIONAL COPIES OF THIS FORM		Reimbursement from political contributions intended		