CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	mr. Kenneih	ϵ			
	NICKNAME LAST	SUFFIX	Date Received		
	Easley	2r.	□ OCT 8 7 Z008 J		
4 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #; C	CITY; STATE; ZIP CODE	BY:		
OFFICEHOLDER MAILING	5459 Fleming Prairie Rd	1. Victoria, TXT1905	Date Hand-delivered or Date Postmarked		
ADDRESS Change of Address)	•			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	<u>'</u>		
OFFICEHOLDER PHONE	(341) 572-0924		Receipt # Amount		
	MS/MRS/MR FIRST ,	MI	Date Processed		
TREASURER	ms. Heidi	Ë.	Date Imaged		
NAME	nickname Last Easley	SUFFIX	·		
	<u> </u>				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); ĀPT / SU		ZIP CODE 11905		
ADDRESS (Residence or business)	5459 Fleming Prairie	Row, Victoria. TY	* 1 700		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(341) 572-0924				
9 REPORTTYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	n Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	9/26/08	ID at	∕ 0 8		
11 ELECTION	ELECTION DATE ELECTION TY Month Day Year	/PE			
	11 /4 /08	Runoff	General Special		
12 OFFICE	OFFICE HELD (If any) Victoria Court	13 OFFICE SOUGHT (if know	"Victoria County		
	Constable, Pat 3	tonstabl	"Victoria County L, Pct3		
14 NOTICE OF DIRECT	 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. 				
CAMPAIGN EXPENDITURE	Name		der v		
BY OTHER INDIVIDUALS					
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	<u>.</u>		
additional pages					
,					
	go то	PAGE 2	n.a.		
1					

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

		<u></u>	
15 C/OH NAME	r. Kennett	E. Easley, Jr.	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / dfficehole	otice of political contributions accepted or political expenditures made der. These expenditures may have been made without the candidate's eholders are required to report this information only if they receive not	or officeholder's knowledge or consent.
COMMITTEL	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPE¢IFIC	•	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 55.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 355.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 21.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 1,757. ⁷⁹
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* D
19 AFFIDAVIT	A STATE OF TER		perjury, that the accompanying report information required to be reported by
	・ グン・ファ カ原V	Signature of Can	ildate or Officeholder
Sword to and subscrit	ped before me, by		., this the $27th$ day
Vargi	the fill	tify which, witness my hand and seal of office. Margetta Hice	Notary
Signature of officer ad	ministering oath	Printed name of officer administering oath	itle of officer administering oath

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instructi	on Guide explains how to complete this form.		1 Total pages Scho	edule A:
2 FILER NAME Mr. Kenneth E. Easley Jr.		3 ACCOUNT# (Ett	nics Commission filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-13-08	6 Contributor address; City; State; Zip Code		\$ 100.00	
	8747 Hwy 87 North, Victoria, TX			of Texas, complete Schedule T)
	upation / 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)
10-9008	Contributor address; City; State; Zip Code 304 Sovern Rd., Victoria, TY	77904	№ 1001 ∞	
	,			 of Texas, complete Schedule T)
· -	upation / Job title (See Instructions) Dentist	Employer (See Suf	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1099-08	Contributor address; City; State; Zip Code		æ100.	
	P.O. Box 1878 Victoria, TX	M902	(If travel outside	। of Texas, complete Schedule T)
Principal occi	pation / 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 occi	upation / Job title (See Instructions)	Employer (See		 of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			(if travel outside	 of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		• •		
lf a	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instr			requirements.
. *! \$	The state of the s			-

P.O. Box 12070

nplete this form.		1 Total pages this S		
			1 Total pages this Schedule B:	
		3 ACCOUNT# (Eth	ics Commission filers)	
GES: ⇔	⇒ ⇒ ⇒		\$	
xut-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
; State; Zip Code	3 ·			
			of Texas, complete Schedule T)	
	11 Employer (See I	Instructions)		
out-of-state PAC (ID#		Amount of	In-kind description	
		pledge (\$)	(if applicable)	
, State, Zip Code	•			
		(If travel outside o	i of Texas, complete Schedule T)	
	Employer (See			
out-of-state PAC (ID#:	}	Amount of	In-kind description	
		pledge (\$)	(if applicable)	
	Employer (See	<u> </u>	of Texas, complete Schedule T)	
	Limpley of (See	mistra dellorità y		
out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
; State; Zip Code	•	`	 	
		(if travel outside o	 of Texas, complete Schedule T)	
	Employer (See	Instructions)	*****	
out-of-state PAC (ID#:	1	Amount of	In-kind description	
	• • • • • • • • •	pledge (\$)	(if applicable)	
	Γ-		of Texas, complete Schedule T	
·	Employer (See	Instructions)		
	State; Zip Code State; Zip Code Dut-of-state PAC (ID#:	State; Zip Code	pledge (\$)	

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction Guide explains how to complete this form. 1 Total pages Sched		dule G:	
2 FILER NAME	Mr. Kenneth E. Elisley, Tr.	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	Fayee name PITATI Payee address; City; State; Zip Code ANH N. Laurent, Victoria, TX T1901 Purpose of expenditure (See instructions regarding type of information requirements) (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 8 Q 49 Reimbursement from political contributions intended	
10-24-0K	Payee name Pi ZOZZ Payee address; City; State; Zip Code AIH N. Laurent, Victoria, TV TIGOI Purpose of expenditure (See instructions regarding type of information requirements) (If travel outside of Texas, complete Schedule T)	uiređ.)	Amount (\$) Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information requirements) (If travel outside of Texas, complete Schedule T)	uired.)	Amount (\$) Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information req (If travel outside of Texas, complete Schedule T)	uired.)	Amount (\$) Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information requ	uired.)	Amount (\$) Reimbursement from political
	(If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	contributions intended