

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 1.5em; color: blue;">2</span>														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <span style="font-size: 1.2em; color: blue;">Mr.</span> FIRST: <span style="font-size: 1.2em; color: blue;">Kenneth</span> MI: <span style="font-size: 1.2em; color: blue;">E.</span> NICKNAME: _____ LAST: <span style="font-size: 1.2em; color: blue;">Easley</span> SUFFIX: <span style="font-size: 1.2em; color: blue;">Jr.</span>	<div style="text-align: center; font-weight: bold; font-size: 0.8em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                     Date Received  <div style="text-align: center; font-size: 1.5em; font-weight: bold; color: red; border: 1px solid black; padding: 2px;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold; color: red; margin-top: 5px;">JUL 15 2016</div> <div style="text-align: center; margin-top: 5px;">                         BY: <span style="font-family: cursive; font-size: 1.2em; color: blue;">[Signature]</span> </div> </div> <div style="margin-top: 5px;">                     Date Hand-delivered or Date Postmarked                 </div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged									
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Date Processed																	
Date Imaged																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">5459 Fleming Prairie Rd. Victoria TX 77905</span>																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; color: blue;">( 361 ) 550-9521</span>																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <span style="font-size: 1.2em; color: blue;">Mr.</span> FIRST: <span style="font-size: 1.2em; color: blue;">Kenneth</span> MI: <span style="font-size: 1.2em; color: blue;">E.</span> NICKNAME: _____ LAST: <span style="font-size: 1.2em; color: blue;">Easley</span> SUFFIX: <span style="font-size: 1.2em; color: blue;">Jr.</span>	Receipt # Amount \$ Date Processed Date Imaged															
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">5459 Fleming Prairie Rd. Victoria TX 77905</span>																
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em; color: blue;">1</td> <td style="text-align: center; font-size: 1.2em; color: blue;">/ 1</td> <td style="text-align: center; font-size: 1.2em; color: blue;">/ 2016</td> <td></td> <td style="text-align: center; font-size: 1.2em; color: blue;">7</td> <td style="text-align: center; font-size: 1.2em; color: blue;">/ 1</td> <td style="text-align: center; font-size: 1.2em; color: blue;">/ 2016</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/ 1	/ 2016		7	/ 1	/ 2016
Month	Day	Year	THROUGH	Month	Day	Year											
1	/ 1	/ 2016		7	/ 1	/ 2016											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">                     ELECTION DATE                      Month Day Year  <span style="font-size: 1.2em; color: blue;">11 / 8 / 2016</span> </td> <td style="width:40%;">                     ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month Day Year <span style="font-size: 1.2em; color: blue;">11 / 8 / 2016</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special												
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12 OFFICE	OFFICE HELD (if any) <span style="font-size: 1.2em; color: blue;">Victoria County Constable Pct 3</span>	13 OFFICE SOUGHT (if known) <span style="font-size: 1.2em; color: blue;">Victoria County Constable Pct 3</span>															

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14** C/OH NAME Mr. Kenneth E. Easley Jr. **15** Filer ID (Ethics Commission Filers)

**16** 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  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kenneth Easley Jr, this the 15th day of July, 2016, to certify which, witness my hand and seal of office.

Kay L. Posey  
Signature of officer administering oath

Kay L. Posey  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath