

# 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: <b>13</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Kevin</b>	MI <b>M.</b>
	NICKNAME	LAST <b>Janak</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>42 Padre Ln., Victoria, TX 77905</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>576-5647</b>	EXTENSION
	Date Received		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Gerald</b>	MI
	NICKNAME	LAST <b>Bludau</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>506 Dundee Victoria, TX 77904</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>578-2074</b>	EXTENSION
	Date Hand-delivered or Date Postmarked <b>1/11/06 3:50 PM</b>		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	Receipt #    Amount		
10 PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year
	<b>8 / 3 / 05</b>		
11 ELECTION	ELECTION DATE Month    Day    Year	ELECTION TYPE	
	<b>3 / 7 / 06</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<b>Victoria County Commissioner Precinct 2</b>	
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		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Kevin M. Janak

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

\$ 50.00

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

\$ 7700.00

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 8260.83

CONTRIBUTION BALANCE

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

\$ 738.04

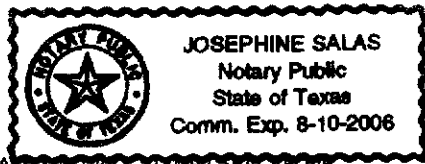
OUTSTANDING LOAN TOTALS

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

\$ 1,000.00

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.



APPLY NOTARY STAMP / SEAL ABOVE

Kevin M Janak

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said KEVIN M. JANAK, this the 11th day of January, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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>5</b>	
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12-7-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sandra + Darrell Hester</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>341 Hester Rd., Victoria, TX 77905</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12-8-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr + Mrs Tom Henley, III</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12332 FM 236, Mission Valley, TX 77905</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12-23-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Zamora</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>413 Twelve Oaks, Inez, TX 77968</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12-15-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William A. Jr., and Janette Kyle</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 82, Nursery, TX 77976</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12-20-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott A. Kloesel</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1202 Mallette Dr., Apt. 1401 Victoria, TX 77904</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 INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Kevin M. Janak</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>8-11-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jon R. New</b>	7 Amount of contribution (\$) <b>\$ 500</b>	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code <b>P.O. Box 1247, Victoria, TX 77902-1247</b>				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <b>8-8-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia A. Pachta</b>	Amount of contribution (\$) <b>\$ 250</b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>4702 N. Laurent St., Suite A Victoria, TX 77904-2158</b>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>8-11-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Korczynski's Photo Lab + Studio</b>	Amount of contribution (\$) <b>\$ 125</b>	In-kind contribution description (if applicable) <b>Campaign Photos</b>	
Contributor address: City: State: Zip Code <b>3501 N. Navarro St., Victoria, TX 77901</b>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: State: Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: State: Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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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: **5**

2 FILER NAME

**Kevin M. Janak**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**8-15-05**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Greg Richter**

6 Contributor address; City; State; Zip Code

**278 Cinco Oaks, Victoria, TX 77905**

7 Amount of contribution (\$)

**\$ 100**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**8-19-05**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Mr. + Mrs. Milton S. Greeson, Jr.**

Contributor address; City; State; Zip Code

**P.O. Box 2509, Victoria, TX 77902**

Amount of contribution (\$)

**\$ 500**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8-11-05**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Jay + Vicki A. Ohrt**

Contributor address; City; State; Zip Code

**13 Arnold Rd., Victoria, TX 77905**

Amount of contribution (\$)

**\$ 200**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8-10-05**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Craig + Robbie J. Langer**

Contributor address; City; State; Zip Code

**P.O. Box 2146, Victoria, TX 77902-2146**

Amount of contribution (\$)

**\$ 500**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8-10-05**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Mary Ann Ohrt**

Contributor address; City; State; Zip Code

**4398 FM 1685, Victoria, TX 77905-3756**

Amount of contribution (\$)

**\$ 100**

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: **5**

2 FILER NAME **Kevin M. Janak**

3 ACCOUNT # (Ethics Commission filers)

4 Date **9-12-05**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Donald + Lucy Ohrt**  
 6 Contributor address: City: State: Zip Code  
**11590 FM 236, Victoria, TX 77905-2600**

7 Amount of contribution (\$)  
**\$ 400**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **9-1-05**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Donald + Lucy Ohrt**  
 Contributor address: City: State: Zip Code  
**11590 FM 236, Victoria, TX 77905-2600**

Amount of contribution (\$)  
**\$ 500**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9-8-05**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**David + Janice Ohrt**  
 Contributor address: City: State: Zip Code  
**2221 FM 237, Victoria, TX 77905**

Amount of contribution (\$)  
**\$ 1,000**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10-8-05**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Paul T. + Sandra K. Post**  
 Contributor address: City: State: Zip Code  
**3075 FM 2987, Victoria, TX 77905-3022**

Amount of contribution (\$)  
**\$ 300**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **8-19-05**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Douglas Richter**  
 Contributor address: City: State: Zip Code  
**585 Ocelot Dr., Inez, TX 77968**

Amount of contribution (\$)  
**\$ 100**

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>5</b>	
2 FILER NAME <b>Kevin M. Janak</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10-24-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Norrell + Mickey Schulte</b>	7 Amount of contribution (\$) <b>\$1,000</b>		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>906 Mead Rd., Victoria, TX 77904</b>				
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <b>10-20-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michael G. Rutt</b>	Amount of contribution (\$) <b>\$400</b>		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>708 D. Rosewood Dr., Victoria, TX 77901</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>10-27-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ruschhaupt + Son</b>	Amount of contribution (\$) <b>\$250</b>		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8971 Lower Mission Valley Rd. Victoria, TX 77905-2713</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>10-19-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sherry H. Shay</b>	Amount of contribution (\$) <b>\$150</b>		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>108 Nottingham Dr., Victoria, TX 77904</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>11-9-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr. + Mrs. Jan Thurman</b>	Amount of contribution (\$) <b>\$50</b>		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>119 Yorkshire, Victoria, TX 77904-2245</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.

**LOANS**

**SCHEDULE E**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule E: <div style="text-align: center; font-size: 2em;">1</div>
<b>2</b> FILER NAME <div style="font-size: 1.5em; text-align: center;">Kevin M. Janak</div>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
<b>5</b> Date of loan 8-11-05	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin + Tammy Janak	<b>9</b> Loan Amount (\$) \$ 1,000
<b>6</b> Is lender a financial Institution? Y <input checked="" type="radio"/> N	<b>8</b> Lender address;    City;    State;    Zip Code 42 Padre Lane, Victoria, TX 77905-2638	<b>10</b> Interest rate 0.0
<b>12</b> Principal occupation / Job title (See Instructions)		<b>11</b> Maturity date 12-31-06
<b>13</b> Employer (See Instructions)		
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor ..... <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y    N	Lender address;    City;    State;    Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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: <span style="font-size: 2em; margin-left: 20px;">4</span>
2 FILER NAME <span style="font-size: 1.5em; margin-left: 10px;">Kevin M. Janak</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em;">8-11-05</span>	5 Payee name <span style="font-size: 1.2em;">Hibernia Bank</span> 6 Payee address; City; State; Zip Code <span style="font-size: 1.1em;">7602 N. Navarro, Victoria, TX 77904</span>	7 Amount (\$) <span style="font-size: 1.5em;">\$ 18.00</span>
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">Check Order for Campaign Acct.</span>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em;">8-15-05</span>	Payee name <span style="font-size: 1.2em;">Cuero High School</span> Payee address; City; State; Zip Code <span style="font-size: 1.1em;">401 Park Heights Dr., Cuero, TX 77954</span>	Amount (\$) <span style="font-size: 1.5em;">\$ 247.50</span>
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">Ad in Athletic Program</span>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em;">8-16-05</span>	Payee name <span style="font-size: 1.2em;">Goliad High School</span> Payee address; City; State; Zip Code <span style="font-size: 1.1em;">749 N. Church St., Goliad, TX 77963</span>	Amount (\$) <span style="font-size: 1.5em;">\$ 100.00</span>
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">Ad in Athletic Program</span>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em;">8-24-05</span>	Payee name <span style="font-size: 1.2em;">Memorial H.S. Football</span> Payee address; City; State; Zip Code <span style="font-size: 1.1em;">1110 Sam Houston Dr., Victoria, TX 77901</span>	Amount (\$) <span style="font-size: 1.5em;">\$ 600.00</span>
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">Ad in Athletic Program</span>		<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**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9-19-05</b>	5 Payee name <b>St. Joseph High School Parent-Teacher Club</b> 6 Payee address; City; State; Zip Code <b>110 E. Red River St., Victoria, TX 77901</b>	7 Amount (\$) <b>\$ 500.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Silver Sponsor - 2005 Football Season - Full Page Ad in Athletic Program</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>10-13-05</b>	Payee name <b>Kurtz Printing Co.</b> Payee address; City; State; Zip Code <b>102 Cozzi Circle, Victoria, TX 77901</b>	Amount (\$) <b>\$ 99.37</b>
Purpose of payment (See instructions regarding type of information required.) <b>1000 B+W Postcards</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11-4-05</b>	Payee name <b>Kurtz Printing Co.</b> Payee address; City; State; Zip Code <b>102 Cozzi Circle, Victoria, TX 77901</b>	Amount (\$) <b>\$ 91.80</b>
Purpose of payment (See instructions regarding type of information required.) <b>1000 B+W Postcards</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11-15-05</b>	Payee name <b>Victoria Co. Elections</b> Payee address; City; State; Zip Code <b>111 N. Glass St., Victoria, TX 77901</b>	Amount (\$) <b>\$ 25.47</b>
Purpose of payment (See instructions regarding type of information required.) <b>Public Information</b>		<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**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **Kevin M. Janak**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>11-27-05</b>	5 Payee name <b>Inovar Packaging</b>	7 Amount (\$) <b>\$ 3000,00</b>
6 Payee address; City; State; Zip Code <b>602 Magic Mile Arlington, TX 76011-5108</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Corogated Signs, Magnetic Signs, frisbees, pens, nail files</b>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12-8-05</b>	Payee name <b>Inovar Packaging</b>	Amount (\$) <b>\$ 1860.56</b>
Payee address; City; State; Zip Code <b>602 Magic Mile Arlington, TX 76011-5108</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Corogated Signs, Magnetic Signs, frisbees, pens, naiffiles</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12-13-05</b>	Payee name <b>Kurtz Printing Co.</b>	Amount (\$) <b>\$ 140.29</b>
Payee address; City; State; Zip Code <b>102 Cozzi Circle, Victoria, TX 77901</b>		

Purpose of payment (See instructions regarding type of information required.) <b>2,000 B+W Postcards</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12-13-05</b>	Payee name <b>Sav-On Office + School Supply</b>	Amount (\$) <b>\$ 15.13</b>
Payee address; City; State; Zip Code <b>4003 N. Navarro, Ste. B, Victoria, TX 77901</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Mailing Labels</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12-27-05</b>	5 Payee name <b>Victoria Advocate</b> 6 Payee address; City; State; Zip Code <b>P.O. Box 1518, Victoria, TX 77901</b>	7 Amount (\$) <b>\$ 367.20</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Advertising (January)</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11-4-05</b>	Payee name <b>Best Buy</b> Payee address; City; State; Zip Code <b>7802 N. Navarro St., Victoria, TX 77901</b>	Amount (\$) <b>\$ 21.64</b>
Purpose of payment (See instructions regarding type of information required.) <b>128 MB USB 2.0 Flash Drive</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>12-27-05</b>	Payee name <b>Victoria Republican Party</b> Payee address; City; State; Zip Code <b>308 Leisure Ln., Victoria, TX 77904</b>	Amount (\$) <b>\$ 750.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Filing Fee - Victoria Co. Commissioner, Precinct 2</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<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**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>2</b>
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9-8-05</b>	5 Payee name <b>Speedy Stop 81</b> 6 Payee address; City; State; Zip Code <b>Upper Mission Valley Rd. w Weber Rd. Victoria, TX 77905</b>	8 Amount (\$) <b>\$ 63.30</b>
7 Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for personal vehicle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>9-26-05</b>	Payee name <b>Cimarron Junction</b> Payee address; City; State; Zip Code <b>7104 N. Navarro Victoria, TX 77904</b>	Amount (\$) <b>\$ 80.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for personal vehicle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>10-25-05</b>	Payee name <b>Shell</b> Payee address; City; State; Zip Code <b>101 E. Rio Grande Victoria, TX 77901</b>	Amount (\$) <b>\$ 76.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for personal vehicle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>11-25-05</b>	Payee name <b>Nursery Trading Post</b> Payee address; City; State; Zip Code <b>13515 U.S. Hwy. 87 N Victoria, TX 77905</b>	Amount (\$) <b>\$ 65.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for personal vehicle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>12-27-05</b>	Payee name <b>Shell</b> Payee address; City; State; Zip Code <b>101 E. Rio Grande Victoria, TX 77901</b>	Amount (\$) <b>\$ 57.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for personal vehicle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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# 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:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Kevin M.  
NICKNAME LAST SUFFIX  
Janak

### OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
42 Padre Ln., Victoria, TX 77905

Date Hand-delivered or Date Postmarked

1/11/06 3:50 PM  
*JJ*

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 576-5647

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Gerald  
NICKNAME LAST SUFFIX  
Bludau

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
506 Dundee Victoria, TX 77904

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 578-2074

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
8 / 3 / 05 THROUGH 12 / 31 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
3 / 7 / 06  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Victoria County Commissioner Precinct 2

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

additional pages

GO TO PAGE 2

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>2</b>
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <b>Office Max</b> 6 Payee address: City: State; Zip Code <b>7708 NE Zac Lentz Pkwy., Victoria, TX 77904</b>	8 Amount (\$) <b>\$ 8.55</b>
<b>11-8-05</b>	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Holders For Campaign Postcards</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>Nursery Post Office</b> Payee address: City: State; Zip Code <b>Nursery Dr., Nursery, TX 77976</b>	Amount (\$) <b>\$ 2.00</b>
<b>8-10-05</b>	Purpose of expenditure (See instructions regarding type of information required.) <b>Keys for Post Office Box</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>Nursery Post Office</b> Payee address: City: State; Zip Code <b>Nursery Dr., Nursery, TX 77976</b>	Amount (\$) <b>\$ 36.00</b>
<b>8-10-05</b>	Purpose of expenditure (See instructions regarding type of information required.) <b>Rental Fee for Post Office Box</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>Office Max</b> Payee address: City: State; Zip Code <b>7708 NE Zac Lentz Pkwy., Victoria TX 77904</b>	Amount (\$) <b>\$ 28.99</b>
<b>10-26-05</b>	Purpose of expenditure (See instructions regarding type of information required.) <b>Weekly Keeper + Campaign Card Holder</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>All-American Awards + Trophies</b> Payee address: City: State; Zip Code <b>2007 N. Navarro, Victoria, TX 77901</b>	Amount (\$) <b>\$ 7.03</b>
<b>9-30-05</b>	Purpose of expenditure (See instructions regarding type of information required.) <b>Name Tag</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		