

# 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:

10

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

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

42 Padre Ln., Victoria, TX 77905

Change of Address

RECEIVED  
APR 03 2006

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

576-5647

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Gerald

NICKNAME

LAST

SUFFIX

Blndan

BY: [Signature] 3:48 PM

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

2 / 26 / 06

4 / 1 / 06

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

4 / 11 / 06

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Victoria County Commissioner Prc. 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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Kevin M. Janak 16 ACCOUNT # (Ethics Commission files)

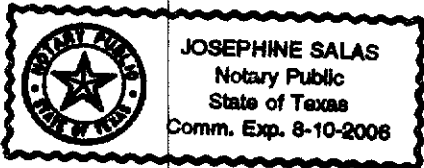
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. \*\*

<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	

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 105.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3755.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,021.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1682.86
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.

Kevin Janak  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KEVIN JANAK, this the 3rd day of APRIL, 2006, to certify which, witness my hand and seal of office.

Josephine Salas JOSEPHINE SALAS Notary  
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>4</b>	
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2-26-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jeffor Sherry Kyle</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 291, Nursery, TX 77976</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2-26-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linda Elmore</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>405 W. Roseland, Victoria, TX 77901</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-26-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William A. Schurtz</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>404 Woodway Dr., Victoria, TX 77904</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-9-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Terry + Karen Friedel</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1593 Kolodzey Rd., Victoria, TX 77905</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-9-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Norrell + Mickey Schulte</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>906 Mead Rd., Victoria, TX 77904</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-8-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr. + Mrs. Tom Henley, III</b>	7 Amount of contribution (\$) <b>\$200</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>12332 FM 236 Mission Valley, TX 77905</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3-10-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David + Carol M. Larry</b>	Amount of contribution (\$) <b>\$75</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>404 Masters Dr., Victoria, TX 77904</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-17-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ann W. Harithas</b>	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>P.O. Box 2549, Victoria, TX 77902</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-15-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>H. Jim Lucders, DVM + Patsy Lucders</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>604 Berwick St., Victoria, TX 77904</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-13-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William A. Jr., + Janette Kyle</b>	Amount of contribution (\$) <b>\$50</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)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-10-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mrs. Andre S. Morrison + Mrs. Jack Morrison, Sr.</b>	7 Amount of contribution (\$) <b>\$200</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>114 Berkshire, Victoria, TX 77904</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3-4-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>D.R. + J.A. Pakebush</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>703 N. Terrell, Cnervo, TX 77954</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-13-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ted C. + Lisa M. Bowen</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>502 N. Craig St., Victoria, TX 77901</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-16-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Craig + Karen Michelle Anderson</b>	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 2549, Victoria, TX 77902</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-16-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr + Mrs Michael S. Anderson</b>	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 2549, Victoria, TX 77902</b>			
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>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-20-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louise S. O'Connor</b>	7 Amount of contribution (\$) <b>\$ 300</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>106 W. Juan Linn St., Victoria, TX 77901</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3-10-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ralph R. Gilster, III</b>	Amount of contribution (\$) <b>\$ 300</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>One O'Connor Plaza, Suite 1100 Victoria, TX 77901</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-10-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. + Mrs. Donald R. Counts</b>	Amount of contribution (\$) <b>\$ 300</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>One O'Connor Plaza, Suite 1100 Victoria, TX 77901</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-26-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg Smith - G+A Electronic Svcs.</b>	Amount of contribution (\$) <b>\$ 350</b>	In-kind contribution description (if applicable) <b>Use of Booth Space During Victoria Livestock Show</b>
Contributor address; City; State; Zip Code <b>2521 N. Laurent 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)	

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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 **Kevin M. Janak** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2-27-06</b>	5 Payee name <b>Victoria Advocate</b>	7 Amount (\$) <b>\$ 250.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 1518, Victoria, TX 77901</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Advertising</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>3-2-06</b>	Payee name <b>Nursery Post Office</b>	Amount (\$) <b>\$ 168.72</b>
Payee address; City; State; Zip Code <b>Nursery Drive, Nursery, TX 77976</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Postage</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>3-13-06</b>	Payee name <b>Victoria Co. Elections</b>	Amount (\$) <b>\$ 26.93</b>
Payee address; City; State; Zip Code <b>111 N. Glass St., Victoria, TX 77901</b>		

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

Date <b>3-16-06</b>	Payee name <b>Win Your Race, LLC</b>	Amount (\$) <b>\$ 600.00</b>
Payee address; City; State; Zip Code <b>557 Woodview Dr. Longwood, Florida 32779</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Telephone Campaign</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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>2</b>
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3-21-06</b>	5 Payee name <b>Inovar Packaging</b> 6 Payee address; City; State; Zip Code <b>602 Magic mile Arlington, TX 76011</b>	7 Amount (\$) <b>\$ 381.70</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign Signs</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3-31-06</b>	Payee name <b>Sign Works</b> Payee address; City; State; Zip Code <b>105 E. Brazos, Victoria, TX 77901</b>	Amount (\$) <b>\$ 29.77</b>
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Sign</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3-31-06</b>	Payee name <b>Victoria Advocate</b> Payee address; City; State; Zip Code <b>P.O.Box 1518, Victoria, TX 77901</b>	Amount (\$) <b>\$ 2,000.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3-3-06</b>	Payee name <b>Citi Platinum Select Card</b> Payee address; City; State; Zip Code <b>P.O. Box 6000 The Lakes, NV 89163</b>	Amount (\$) <b>\$ 216.50</b>
Purpose of payment (See instructions regarding type of information required.) <b>To Reimburse Personal Expenditure to Bagwell Productions For Key chains Purchased 1/06</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		



**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>3-3-06</b>	5 Payee name <b>Cimarron Junction</b> 6 Payee address; City: State; Zip Code <b>7104 A. Navarro Victoria, TX 77904</b>	8 Amount (\$) <b>\$55.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline For Personal Vehicle</b>	
Date <b>3-9-06</b>	Payee name <b>Cimarron Junction</b> Payee address; City: State; Zip Code <b>7104 A. Navarro Victoria, TX 77904</b>	Amount (\$) <b>\$ 17.92</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline For Personal Vehicle</b>	
Date <b>3-1-06</b>	Payee name <b>Cimarron Junction</b> Payee address; City: State; Zip Code <b>7104 A. Navarro Victoria, TX 77904</b>	Amount (\$) <b>\$ 53.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline For Personal Vehicle</b>	
Date <b>3-3-06</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>\$ 2.40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Public Information</b>	
Date <b>3-13-06</b>	Payee name <b>Nursery Trading Post</b> Payee address; City: State; Zip Code <b>13515 U.S. Hwy. 87N Victoria, TX 77905</b>	Amount (\$) <b>\$ 57.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline For Personal Vehicle</b>	

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**POLITICAL EXPENDITURES** **SCHEDULE G**  
**MADE FROM PERSONAL FUNDS**

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

2 FILER NAME **Kevin M. Janak** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3-28-06</b>	5 Payee name <b>Nursery Trading Post</b> 6 Payee address: City: State: Zip Code <b>13515 U.S. Hwy. 87 N Victoria, TX 77905</b>	8 Amount (\$) <b>\$ 24.51</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>3-22-06</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>\$ 67.00</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>3-17-06</b>	Payee name <b>Cimarron Junction</b> Payee address: City: State: Zip Code <b>7104 A. Navarro Victoria, TX 77904</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>3-23-06</b>	Payee name <b>Nursery Post Office</b> Payee address: City: State: Zip Code <b>Nursery Dr., Nursery, TX 77976</b>	Amount (\$) <b>\$ 5.52</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Postage</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

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