

# 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:  5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Kevin LAST	MI M. SUFFIX
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5015 FM 1685 Victoria, TX 77905			<b>OFFICE USE ONLY</b>  Date Received  <b>JAN 08 2010</b>  Date Hand-delivered or Date Postmarked  Receipt #   Amount  Date Processed  Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 576-5647	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Gerald LAST	
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 (361)	PHONE NUMBER 578-2074	EXTENSION
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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01/09    THROUGH    12/31/09		
11 ELECTION	ELECTION DATE Month Day Year 03/02/10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Victoria Co. Commissioner, Pct. 2	13 OFFICE SOUGHT (if known)	
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		
<input type="checkbox"/> additional pages			

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# 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)**

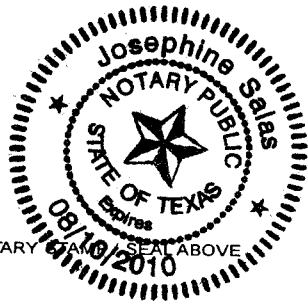
•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

additional pages

<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ — 0 —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22.10
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ — 0 —
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,671.30
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,070.43
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,500.00

**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 M. Janak  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said KEVIN M. JANAK, this the 8th day of JANUARY, 2010, 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>1</b>	
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>12-31-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Victoria Office Equipment, Inc</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 1877 Victoria, TX 77902</b>	7 Amount of contribution (\$) <b>\$22.10</b>	8 In-kind contribution description (if applicable) <b>Copy Paper and Labels</b>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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 EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: right; font-size: 1.5em;">2</div>
2 FILER NAME <div style="font-size: 1.2em;">Kevin M. Janak</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 1.2em;">7-31-09</div>	5 Payee name <div style="font-size: 1.2em;">Nursery Post Office</div>	7 Amount (\$) <div style="font-size: 1.5em;">\$56.00</div>
6 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Nursery Dr., Nursery, TX 77976</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Post Office Box Rental</div>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <div style="font-size: 1.2em;">8-13-09</div>	Payee name <div style="font-size: 1.2em;">St. Joseph High School P.T.C.</div>	Amount (\$) <div style="font-size: 1.5em;">\$500.00</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">110 E. Red River St., Victoria, TX 77901</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Advertising</div>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <div style="font-size: 1.2em;">8-27-09</div>	Payee name <div style="font-size: 1.2em;">Cuero High School Football Booster</div>	Amount (\$) <div style="font-size: 1.5em;">\$200.00</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">401 Park Dr., Cuero, TX 77954</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Advertising</div>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <div style="font-size: 1.2em;">8-27-09</div>	Payee name <div style="font-size: 1.2em;">Memorial High School Football Booster</div>	Amount (\$) <div style="font-size: 1.5em;">\$700.00</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Box 5334, Victoria, TX 77903</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Advertising</div>		<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**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Kevin M. Janak

3 ACCOUNT # (Ethics Commission filers)

4 Date  
9-9-09

5 Payee name  
Cuero Record

7 Amount (\$)  
\$ 300.00

6 Payee address; City; State; Zip Code  
119 E. Main, Cuero, TX

8 Purpose of payment (See instructions regarding type of information required.)  
Advertising

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12-8-09

Payee name  
Victoria Republican Party

Amount (\$)  
\$ 750.00

Payee address; City; State; Zip Code  
308 Leisure Ln., Victoria, TX 77904

Purpose of payment (See instructions regarding type of information required.)  
Filing Fee

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12-31-09

Payee name  
Kurtz Printing Co.

Amount (\$)  
\$ 165.30

Payee address; City; State; Zip Code  
102 Cozzi Circle, Victoria, TX 77901

Purpose of payment (See instructions regarding type of information required.)  
Print Postcards / Envelopes

\*\* Complete if direct expenditure to benefit C/OH \*\*  
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.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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