# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

-W				
The C/OH instruction	Guide 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	Mr. Kevin	M	Date Received	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Janak		JAN 1 3 2014	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Mul	
ADDRESS	SOISFM 1685, Victoria	1.TX 77905	Date Hand-delivered or Postmarked	
change of address		,	Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(361) 576-5647		Date Processed	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER NAME	Mr. Gerald			
	NICKNAME LAST	SUFFIX		
	Bludan			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS				
(residence or business)	506 Dundee, Victori	a, 1 X 1790	P4	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(361) 518-2074			
I HONE				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment	
	July 15 8th day before election	Exceeded \$500	(officeholder only)	
	Land and the control of the control	limit	Final report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	67.61./13 THROUGH	12/31/	13	
	0.70(7.15		•	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year			
	Primary	Runoff	General Special	
	03/04/14			
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)		
	Victoria County Commissioner, Pret. 2	Victoria Ci	ner, Prct. Z	
	Commissioner Pret, 2	Commission	ner, Prct. 2	
	Confinitias Forter)		)	
	GO TO PAG	SE 2		
GOTOFAGEZ				

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

# FORM C/OH COVER SHEET PG 2

			· · · · · · · · · · · · · · · · · · ·
14 C/OH NAME		15 A	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
*		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,280,00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,406.81
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 4,047.75
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -0-
18 AFFIDAVIT			
;~~~~	·····	I swear, or affirm, under penalty of perjing is true and correct and includes all informe under Title 15, Election Code.	
Notar	ARGETTA S HILL y Public, State of Texa Commission Expires: March 22, 2017	Kem m J	
· · · · · · · · · · · · · · · · · · ·		Signature of Candidat	e or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE	<i>V</i> –	
Sworn to and subs	scribed before	ne, by the said Kevin M. Jana	k, this the
	of Janua	cry, 20 14 , to certify which, witness my h	and and seal of office.
Marati	. Nice	Mar H. Iti	11.
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering cath

Texas Ethics Com	mission P.O. Box 12070 Austin, Text	as /8/11-20/0	(512) 463-5800	(TDD 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A:
2 FILER NAME	Kevin M. Janak		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-30-13	6 Contributor address; City; State; Zip Code	ive	50.00	of Tours complete Schadule Ti
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_Laddie+ Panl Janda		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-36-13	Contributor address; City; State; Zip Code		50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor  out-of-state PAC (ID#;		Amount of contribution (\$)	in-kind contribution description (if applicable)
12-27-13	1501 N. Navarro		100.00	1
Principal occu	Unitoria, TX 77961  upation / Job title (See Instructions)	Employer (See	<del></del>	of Texas, complete Schedule T)
Date	Eull name of contributor   out-of-state PAC (ID#) Richard Cisners		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-19-13	Contributor address; City; State; Zip Code 1503 S. Laurent St.	<b>3</b>	100.00	!   
Principal occ	Unitoria TX 77901 upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-18-13	contributor address; City; State; Zip Cod		100.00	1
	Victoria, TX 77903-			of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	mstructions)	<u> </u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

www.ethics.state.tx.us

Revised 04/19/2013

P.O. Box 12070

#### SCHEDULE A

The I	nstruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
2 FILER NAME	Kevin M. Janale		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Dr.+Mrs. Affred Kopeck 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	In-kind contribution description (if applicable)
12-17-13	112 Hollywood Blud.		50,00	
9 Principal occup	Victoria TX 77904 ation / Job title (See Instructions)	10 Employer (See	<del></del>	of Texas, complete Schedule T)
Date /	Full name of contributor out-of-state PAC (ID#_ Jay + Barbara Lack		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-26-13	contributor address; City; State; Zip Code		100.00	 
Principal occur	Victoria, TX 77904 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#_  Robert McKay  Contributor address; City; State; Zip Code	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-20:13	303 Leisure Ln.		100.00	 
	Victoria, TX 77904		<u> </u>	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#)  Frederick Lykes MD  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-20-13	303 E. AirlineRd. St.		250,00	!   
Principal occu	Victoria, TX 77961 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#:  Morgan Dunn O'Connor  Contributor address; City, State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-18-13	P.O. Box 290	-	100.00	
Principal occu	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	

P.O. Box 12070

#### SCHEDULE A

			1 Total pages Scho	edule A:
The	Instruction Guide explains how to complete this	form.		7
2 FILER NAME	Kevin M. Janale		3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributor U out-of-state PAC (ID#		7 Amount of contribution (\$)	In-kind contribution description (if applicable)
12-19.13	6 Contributor address; City; State; Zip Code 8444 Lower Mission Val	lay Rd.	00001	
	Victoria, TX 77905			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Av thur + Shirley Buck  Contributor address; City; State; Zip Code	ert	Amount of contribution (\$)	In-kind contribution description (if applicable)
154843	414 Charleston Dr.		50,00	
	Victoria, TX 77904		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See İnstructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-18-13	310 Cherokee Ln.		100.00	 
	Victoria, TX 77901		<del> </del>	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-18-13	Contributor address; City; State; Zip Code		250,06	! 
<u> </u>	Victoria, TX 77902	Employer (See		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (388	mou douono)	
Date	Full name of contributor out-of-state PAC (ID#:  O.D. + Kotthleen Edwards  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-18-13	P.O. Box459 Sinton, TX 78387		100.00	
Principal occu	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
			-	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

#### SCHEDULE A

The I	nstruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
2 FILER NAME	Kevin M. Janak		3 ACCOUNT # (Et	hics Commission Filers)
	5 Full name of contributorout-of-state PAC (ID#	~	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-17-13	6 Contributor address; City; State; Zip Code 201 N. Wine St.		50.00	
	ation / Job title (See Instructions)	10 Employer (See i	<del></del>	of Texas, complete Schedule T)
Date	Full name of contributor uut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
15-18-13	Winston Wheeler contributor address; City; State; Zip Code 504 E. Santa Rosa St		50.00	
Principal occup	Victoria TX 77901 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Norma Jean Riesz Shelter Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-26-13	6120 Country Club D Victoria, TX 77904	<b>Y</b> •	50,00	! 
	Victoria, TX 71904		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Dv. Paul E. Roek  Contributor address; City; State; Zip Code		Amount of contribution (\$)	in-kind contribution description (if applicable)
112-17-13	109 Professional Park	Dr.	Z50.00	
	Victoria, TX 77904			of Texas, complete Schedule T)
Principal occu	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)
12-24-13	Contributor address; City; State; Zip Code 810 Champions Row Victoria, TX 77964	•	250.00	
	Victoria, TX 77964	T		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
	ATTACH ADDITIONAL CODIES	OF THIS SCHED!!!	E AS NEEDED	

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Austin, Texas 78711-2070

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

#### SCHEDULE A

The I	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Ko	evin M. Squak				
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
17-25-13	Linda Elmorc 6 Contributor address; City; State; Zip Code 405 Roscland Ave.			of Texas, complete Schedule T)	
	Victoria, TX 77904			or lexas, complete scriedule 1)	
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor ut-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Mr + Mrs Kichard Lenz Contributor address; City; State; Zip Code				
12-20-13	109 Summerwind Dr.		25,00	i i 1	
	Victoria, TX 77964		(If travel exiteids	 of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)	
Principal occup	ation / Job title (See Instructions)	Employer (Gee )	nou dodono)		
Date	Full name of contributor  ut-of-state PAC (ID#_		Amount of	In-kind contribution	
	Joe B. Bland		contribution (\$)	description (if applicable)	
	JOE D' DIGNER			1	
12-20-13	Contributor address; City; State; Zip Code		10000	1	
12 20 10	P.O. Box 338		100,00	1	
			/If topical autoida	of Texas, complete Schedule T)	
	Victoria, TX 77902	Employer (See		or texas, complete scredule 1)	
Principal occur	pation / Job title (See Instructions)	Employer (See	risu dedoris)		
Date	Full name of contributor  ut-of-state PAC (ID#_		Amount of	In-kind contribution	
	T	_	contribution (\$)	description (if applicable)	
	Tames + Susan Neumann Contributor address; City; State; Zip Code	?		I	
12-23-13			100.00	· 	
	301 Kingwood Forest Dr	•	100,00	i I	
	Victoria, TX 77904		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
			Amount of	In-kind contribution	
Date	Full name of contributor out-of-state PAC (ID#:_		contribution (\$)	description (if applicable)	
	David+ Carol McLarry			1	
12 21.12	Contributor address; City; State; Zip Code			1	
12-21-13	404 Masters Dr.		50.00		
	Victoria, TX 77904		(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Scho	edule A:
2 FILER NAME	Kevin M. Janale		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-22-13	Sherry Shay 6 contributor address; city; state; zip code 108 Noffing ham Dr. Victoria, Tx 77904		SO OO	    of Texas, complete Schedule T)
9 Principal occup		0 Employer (See I		
Date	Full name of contributor out-of-state PAC (10#  M.+Mrs. Kenneth Kickendo Contributor address; City; State; Zip Code	ź/v/[	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-26-13	1275 Tower Rd		100.00	
	Victoria, TX 77963		(if travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
15-18-13	2710 Hospital Dr., Stc. 11	6	50.00	1 L
	Victoria, TX 77901			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-18-13	271 Tower Rd.		100.00	,   
	Goliad, TX 7763		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-oi-state PAC (ID#:  Monyot + May Rieger  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-19-13	314 Charleston Dr.		100.00	
Principal occuj	pation / Job title (See Instructions)	Employer (See I		I of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruc			requirements.

#### SCHEDULE A

(512) 463-5800

· · · · · · · · · · · · · · · · · · ·				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	V - \		3 ACCOUNT # (E	thics Commission Filers)
	Kevin M. Janak			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Mark+ Laura Westerm	au	GOTHI DUGOTT (#)	description (ii applicable)
12-21-13	6 Contributor address; City; State; Zip Code		75 6 6	
10-21 13	Mark+ Laura Westerme 6 Contributor address; City; State; Zip Code 106 NoHimham Dr.		25.00	
	Victoria, TX 77904		(If travel outside	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (dee Instructions)	10 Employer (See I		
D-i-				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Herbert Martha Watts Contributor address; City; State; Zip Code		<b>(,,</b>	,, ( upp)
12-18-13	Contributor address; City; State; Zip Code	:		
	108 Watermark		50.00	-
	Vittoria, TX 77904		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		The state of the s
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Gene+ Henriette Rydel Contributor address; City; State; Zip Code	٠ الم		, , , , , , , , , , , , , , , , , , ,
12-18-13	Contributor address; City; State; Zip Code 871 Albrech+RJ.		10.00	<u> </u> 
	• • •		(0/0,0	
	Victoria, TX 77905			of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	Confrol Tx + Vivainia 12	OVARI	∞ntribution (\$)	description (if applicable)
12 27 42	Contributor address; City; State; Zip Code	eid er		
12-24-13	6081 Lower Mission Valle	L P I	50.00	
	Victoria, TX 77905	7 100	05.	l <u> </u>
Principal occuj	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
	Jan + Elaine Thurmann		Contribution (\$)	description (if applicable)
12-18-13	Contributor address; City; State; Zip Code			
15 18.13	119 Yorkshire Ln.		00.05	]
	Victoria, TX 77904		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Total Total Control of the Control o
•				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Travel Out Of District Office Overhead/Rental Expense	
	• ,	explains how to complete this	,
1 Total pages Schedule F:	2 FILER NAME	- \	3 ACCOUNT # (Ethics Commission Filers)
	Kevin M.	Janak	
4 Date 9/1/13	Payee name Victoria Wrst His	igh School Foot	ball Boosters
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
300.00	Victoria ITX, 7	17903	
8 PURPOSE	(a) Category (See categories listed at the top	·	tion (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	1 1 1 1 E	ense Poli-	tical Advertisim
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	
Date	Payee name		
9/1/13	Victoria East		Football Boosters
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
500.06	4103 E. Mocki	nabird	
700.00	Victoria. TX7	7904	
PURPOSE OF	Category (See categories listed at the top	of this schedule) Descripti	ion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Exp	iense Palit	tical Advertising
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	
Date	Payee name	1	
9/1/13	St. Joseph H	tigh School	Athletics
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
	110 E. Red Rive	×.~	
500,00	Victoria. TX 7	7901	
PURPOSE	Category (See categories listed at the top	of this schedule) Descripti	tiOn (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Ex	pense Polit	tical Advertising
Complete ONLY if direct	Candidate / Officeholder name	Office sou	
expenditure to benefit C/C			
Date	Payee name		
9/1/13	Nursery Post	Office	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
-1	12686 Nursery [	Drive	
56,00	Mursery TX -	17976	
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	ion (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other	llost 0	Africa Box Rental Fee
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sou	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	AS NEEDED
			ı

# **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/d Legal Services Solicitation/Fund	Contract Labor Loan Repayment/Reimbursement raising Expense Transportation Equipment & Related Expense
Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead	Contribution Donations Made by
	The Instruction Guide explains how to	• • • • • • • • • • • • • • • • • • • •
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Kevin M. Janale	
4 Date	5 Payee name	
12/19/13	Kurtz Printing	
6 Amount (\$)	7 Payee address; City; State; Lip Code	
123,46	102 Cozzi Circle	
1201.0	Victoria, TX 77901	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Expense	Political Advertising
9 Complete ONLY if direct	Candidate 7 Officeholder name	Office sought Office held
expenditure to benefit C/O	р <b>н</b>	- · · · · ·
Date	Payee name	
12/30/13	Chris Nicholson	
Amount (\$)	Payee address; City; State; Zip Code	
· _	PO Box 2522	
177,35	11-6	
DUDDOCE	Category (See categories listed at the top of this schedule)	Description (files) and the files
PURPOSE OF	Category (see categories lister at the tob of fills scateding)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Havertising Expense	Envelopes + Postage
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/O		Office sought Office field
<b>D</b> _44_		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Amount (4)	Payee address, Oity, Gate, Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro e explains how to co	trict tental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.
1 Total pages Schedule G:	2 FILER NAME Kevin M. Jan	1		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	10111		_1
12-5-13	Victoria Ropubl	lican Part	tv	
6 Amount (\$) * 750.00		pate; Zip Code	7	
Reimbursement from political contributions intended	Victoria, TX 779	101		
8 PURPOSE " OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees		Filing	Fee
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (I	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Stat	ate; Zip Code		
Reimbursement from political contributions intended	·	. ———————		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If	if travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				