

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Kevin M. NICKNAME LAST SUFFIX	FIRST	MI
	Janak		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	5015 FM 1685, Victoria, TX 77905		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 576-5647	EXTENSION
	6 CAMPAIGN TREASURER NAME		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	MS / MRS / MR Mr. Gerald NICKNAME LAST SUFFIX	FIRST	MI
	Blndan		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	506 Dundee, Victoria, TX 77904		
9 REPORT TYPE	AREA CODE (361)	PHONE NUMBER 578-2074	EXTENSION
	<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 07/01/13	THROUGH	Month Day Year 12/31/13
11 ELECTION	ELECTION DATE Month Day Year 03/04/14	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 County Commissioner, Prct. 2	13 OFFICE SOUGHT (if known) Victoria County Commissioner, Prct. 2	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

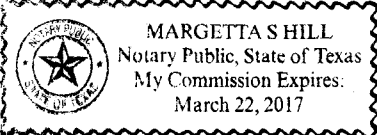
<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
---------------------	--

<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  _____
		<b>COMMITTEE ADDRESS</b>  _____
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>  _____
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  _____

<b>17 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)	\$ 3,280.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,406.81
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,047.75
<b>OUTSTANDING LOAN TOTALS</b>	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.



Kevin M. Janak

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin M. Janak, this the 13 day of January, 2014, to certify which, witness my hand and seal of office.

Margith Hill

Signature of officer administering oath

Margetta Hill

Printed name of officer administering oath

Notary

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: 7	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-30-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert E. Lee III 6 Contributor address; City; State; Zip Code 106 Professional Park Drive Victoria, TX 77904	7 Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laddie + Paul Janda Contributor address; City; State; Zip Code 474 FM 622 Victoria, TX 77905	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-27-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Ryan Contributor address; City; State; Zip Code 1501 N. Navarro Victoria, TX 77901	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-19-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Cisneras Contributor address; City; State; Zip Code 1503 S. Laurent St. Victoria, TX 77901	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christa Donoghue Contributor address; City; State; Zip Code P.O. Box 3790 Victoria, TX 77903-3790	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: 7	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-17-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. + Mrs. Alfred Kopecky 6 Contributor address; City; State; Zip Code 112 Hollywood Blvd. Victoria, TX 77904	7 Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay + Barbara Lack Contributor address; City; State; Zip Code 102 Creekside Dr. Victoria, TX 77904	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert McKay Contributor address; City; State; Zip Code 303 Leisure Ln. Victoria, TX 77904	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick Lykes MD Contributor address; City; State; Zip Code 303 E. Airline Rd., Ste. 1 Victoria, TX 77901	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan Dunn O'Connor Contributor address; City; State; Zip Code P.O. Box 290 Victoria, TX 77902	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <span style="font-size: 2em;">7</span>	
2 FILER NAME <span style="font-size: 1.5em;">Kevin M. Janale</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.2em;">12-19-13</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Ruschaupt + Son</span> 6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">8444 Lower Mission Valley Rd. Victoria, TX 77905</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">100.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">12-18-13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Arthur + Shirley Buckert</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">414 Charleston Dr. Victoria, TX 77904</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">50.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">12-18-13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Johnpat Investments LLC</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">310 Cherokee Ln. Victoria, TX 77901</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">100.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">12-18-13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Jon New</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">P.O. Box 1247 Victoria, TX 77902</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">250.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">12-18-13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">O.D. + Kathleen Edwards</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">P.O. Box 459 Sinton, TX 78387</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">100.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: 7	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-17-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. + Mrs. Mark Dierlam 6 Contributor address; City; State; Zip Code 207 N. Vine St. Victoria, TX 77901	7 Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston Wheeler Contributor address; City; State; Zip Code 504 E. Santa Rosa St. Victoria, TX 77901	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Jean Riesz Shelter Trust Contributor address; City; State; Zip Code 6120 Country Club Dr. Victoria, TX 77904	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Paul E. Roeh Contributor address; City; State; Zip Code 109 Professional Park Dr. Victoria, TX 77904	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-24-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George + Debra Boozalis Contributor address; City; State; Zip Code 810 Champions Row Victoria, TX 77904	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: **7**

2 FILER NAME

**Kevin M. Janak**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**12-25-13**

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

**Linda Elmore**

6 Contributor address; City; State; Zip Code

**405 Roseland Ave.  
Victoria, TX 77904**

7 Amount of contribution (\$)

**100.00**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**12-20-13**

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

**Mr. + Mrs. Richard Lenz**

Contributor address; City; State; Zip Code

**109 Summerwind Dr.  
Victoria, TX 77904**

Amount of contribution (\$)

**25.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12-20-13**

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

**Joe B. Bland**

Contributor address; City; State; Zip Code

**P.O. Box 338  
Victoria, TX 77902**

Amount of contribution (\$)

**100.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12-23-13**

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

**James + Susan Neumann**

Contributor address; City; State; Zip Code

**301 Kingwood Forest Dr.  
Victoria, TX 77904**

Amount of contribution (\$)

**100.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12-21-13**

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

**David + Carol McLarry**

Contributor address; City; State; Zip Code

**404 Masters Dr.  
Victoria, TX 77904**

Amount of contribution (\$)

**50.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: 7	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-22-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Shay 6 Contributor address; City; State; Zip Code 108 Nottingham Dr. Victoria, TX 77904	7 Amount of contribution (\$) 150.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. + Mrs. Kenneth Kickendahl Contributor address; City; State; Zip Code 1275 Tower Rd Victoria, TX 77963	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Schnicker, MD Contributor address; City; State; Zip Code 2710 Hospital Dr., Ste. 110 Victoria, TX 77901	Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark + Marilyn Hamilton Contributor address; City; State; Zip Code 271 Tower Rd. Goliad, TX 77963	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-19-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe + Mary Rieger Contributor address; City; State; Zip Code 314 Charleston Dr. Victoria, TX 77904	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <span style="font-size: 2em;">7</span>	
2 FILER NAME <span style="font-size: 1.5em;">Kevin M. Janak</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.5em;">12-21-13</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Mark + Laura Westerman</span> 6 Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">106 Nottingham Dr. Victoria, TX 77904</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">25.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.5em;">12-18-13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Herbert + Martha Watts</span> Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">108 Watermark Victoria, TX 77904</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">50.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em;">12-18-13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Gene + Henriette Rydell</span> Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">871 Albrecht Rd. Victoria, TX 77905</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">10.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em;">12-24-13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Godfred Jr + Virginia Berger</span> Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">6081 Lower Mission Valley Rd Victoria, TX 77905</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">50.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em;">12-18-13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Jan + Elaine Thurmman</span> Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">119 Yorkshire Ln. Victoria, TX 77904</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">20.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 9/1/13		5 Payee name Victoria West High School Football Boosters			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code PO Box 7517 Victoria, TX, 77903			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Political Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/1/13		Payee name Victoria East High School Football Boosters			
Amount (\$) 500.00		Payee address; City; State; Zip Code 4103 E. Mockingbird Victoria, TX 77901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Political Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/1/13		Payee name St. Joseph High School Athletics			
Amount (\$) 500.00		Payee address; City; State; Zip Code 110 E. Red River Victoria, TX 77901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Political Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/1/13		Payee name Nursery Post Office			
Amount (\$) 56.00		Payee address; City; State; Zip Code 12686 Nursery Drive Nursery, TX 77976			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Post Office Box Rental Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

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>12/19/13</b>	5 Payee name <b>Kurtz Printing</b>
---------------------------	---------------------------------------

6 Amount (\$) <b>123.46</b>	7 Payee address; City; State; Zip Code <b>102 Cozzi Circle Victoria, TX 77901</b>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Political Advertising</b>
--------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date <b>12/30/13</b>	Payee name <b>Chris Nicholson</b>
-------------------------	--------------------------------------

Amount (\$) <b>177.35</b>	Payee address; City; State; Zip Code <b>PO Box 2522 Victoria, TX 77902</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Envelopes + Postage</b>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Kevin M. Janak	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12-5-13	<b>5</b> Payee name Victoria Republican Party	
<b>6</b> Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 115 S. Main St. Victoria, TX 77901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Filing Fee

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> 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; State; Zip Code	
<input type="checkbox"/> 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; State; Zip Code	
<input type="checkbox"/> 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED