CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (1 Filer ID (Ethics Commission Filers) Guide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	ms/mrs/mr First MI Mr. Kevin M	OFFICE USE ONLY Date Received
	NICKNAME LAST , SUFFIX Janak	n ecelven
4 CANDIDATE/- OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5015 FM 1685, Victoria Tx, 7790\$	DECEIVED JAN 1 3 2010 7 J
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 576-5647	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MV. Gerald NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed
	Bludon	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 566 Dunder, Victoria TX, 77904	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 578-2074	
9 REPORT TYPE	July 15 Sth day before election Runoff Bunoff Bunoff Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Day Year 31 / 16
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (If any) V: Ct Onia County Commissioner Prct. 2	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		iler ID (Ethics Commission Filers)
SUPPORT THE CAND KNOWLEDGE OR CO	DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO	T THE CANDIDATE'S OR OFFICEHOLDER'S
COMMITTEE TYPE	COMMITTEE NAME	
GENERAL		
	COMMITTEE ADDRESS	
SPECIFIC		
		5.3
	COMMITTEE CAMPAIGN TREASURER NAME	
i	COMMITTEE CAMPAIGN TREASURER ADDRESS	
1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		\$ - 0-
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ - 0-
4. TOTAL	POLITICAL EXPENDITURES	\$ 1,616.00
		\$ 1,616.00
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ - 0 -		
votery ID # 126583 My Commission Exp	ires final	tion required to be reported by me
/ SÉALABOVÉ	Signature of Candidate	e or Officeholder
had hafara ma k	by the said	this the 15
		And Manage
	SUPPORT THE CANE KNOWLEDGE OR CO OF SUCH EXPENDITI COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL F PLEDGE 2. TOTAL (OTHER 3. TOTAL F UNLESS 4. TOTAL 5. TOTAL F OF REP 6. TOTAL F LAST D SERTHA ANN MART HOTAL F LAST D SERTHA B SERTHA ANN MART HOTAL F LAST D SERTHA B SERTHA ANN MART HOTAL F LAST D SERTHA B SERTHA	GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED, 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD I swear, or affirm, under penalty of perfur true and correct and includes all informat under Title 15, Election Code. I swear, or affirm of Candidate of Candi

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Event Expense Event Expense Counting Expense Fees Food/Beverage Expense Food/Beverage Expe		EXPENDITURE CATEGORIES F		- Evponse
Total pages Schedule F1: 2 FILER NAME Kevin M. Janak	counting/Banking nsulting Expense intributions/Donations Made By andidate/Officeholder/Political C	Event Expense Loan Repay Fees Office Overt Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repay Office Overt Polling Expense Printing Expense Salaries/We	ment/Reimbursement nead/Rental Expense ense sense ges/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
S Payse name				3 Filer ID (Ethics Commission Filers)
Amount (\$) Payee address City: State: Complete ONLY if direct expenditure to benefit C/OH Payee address City: State: City: Stat		Kev. N 111 - Junior		
Amount (\$) # 66.00 Argue address: Candidate / Officeholder name Complete ONLY If direct expenditure Candidate / Officeholder name Candidate / Off	B8/17	Nursery Post Office		
Check if rawed outside of Texas. Complete Schedule 1. Check if Travel outside of Texas. Complete Schedul	\$ 66.00	7 Payee address; City; State, 219 555 12686 Nursery Drive Nursery Tx 77976		
Complete ONLY if direct expenditure to benefit O/OH Date OB 16 V: Ctoria West Itigh School Boosters Amount (5) Payee address; City: State; Zip Code P-0. Box 7577 V: ctoria Tx 77903 PURPOSE OF EXPENDITURE Candidate / Officeholder name OB 16 V: Ctoria Tx 77903 Category (See Categories listed at the top of this schedule) Description Concent it austin, Tx, officeholder living expense Political Aductising Office sought Office sought Office held Office held Payee name Office sought Office held Date Payee name Office sought Office held Payee name Office sought Office held Payee name Office sought Office held Payee name Office held Date Payee name Office held Office held Candidate / Officeholder name Office held Office held Complete ONLY if direct Office held Office held Office held Office held Office held	(a) Category (See Categories listed at the top of the Check if travel outside of Texa			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name V: (tvria, Wtst Itigh, SChool, Boosters) Amount (\$) Payee address; City: State; Zip Code P-0. Box 7577 V: ctvria, Tx 77903 Category (See Categories listed at the top of this schedule) Payee name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Office sought Office sought Office sought Office held Payee address; City: State; Zip Code P-0. Box 7577 V: ctvria, Tx 77903 Category (See Categories listed at the top of this schedule) Purpose of expenditure to benefit C/OH Date Payee name Office sought Office sought Office held Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Payee saddress; City: State; Zip Code V: ctoria, Cast High School Busters Amount (\$) Payee address; City: State; Zip Code V: ctoria, Cast High School Busters Amount (\$) Payee address; City: State; Zip Code V: ctoria, Cast High School Busters Amount (\$) Payee address: City: State; Zip Code V: ctoria, Cast High School Busters Amount (\$) Payee address: City: State; Zip Code V: ctoria, Cast High School Busters Amount (\$) Payee address: City: State; Zip Code V: ctoria, Cast High School Busters Amount (\$) Payee address: City: State; Zip Code V: ctoria, Cast High School Busters Office sought Office school of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Polinical Advertising Complete ONLY if direct Camplete Only if direct Category (See Categories listed at the top of this schedule) Complete Only if	OF	Other	Post	
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Amount (\$) Payee address; City; State; Zip Code Po. Box 7517 V: ctoria Tx 77903 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Address State: Zip Code Political Address Complete Schedule T. Check if Austin, Tx, officeholder living expense Political Address Office held Candidate / Officeholder name Office sought Office held Payee name Office held Payee address; City; State; Zip Code ### 103 E. Mocking bird V: ctoria Tx 77903 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code ### 103 E. Mocking bird V: ctoria Tx 77903 Category (See Categories listed at the top of this schedule) Poscription Check if Austin, Tx, officeholder Texas. Complete Schedule T. Check if Austin, Tx, officeholder living expense Political Advertising Check if Austin, Tx, officeholder living expense Political Advertising Check if Austin, Tx, officeholder living expense Political Advertising Complete ONLY if direct Complete ONL	Date	Payee name		
PURPOSE EXPENDITURE Payee name OBILLO Amount (\$) Payee address; Complete Suppose Action Tx 77903 Category (See Categories listed at the top of this schedule) Purpose Expenditure to benefit C/OH Payee name OSILLO Amount (\$) Payee address; City: State; Zip Code 4103 C. Mocking bird Victoria Tx 77903 Category (See Categories listed at the top of this schedule) Payee name Ositic Sought Office sought Office held Description Office held Description Payee address; City: State; Zip Code 4103 C. Mocking bird Victoria Tx 77903 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held Office held	08/16	V.((0114 0000	School Bo	asters
PURPOSE OF EXPENDITURE Advertism (Xenc Political Advertism) Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Payee name Victoria Cast High School Busters Amount (\$) Payee address: City; State; Zip Code 4103 E. Mocking bind Victoria, Tx 77903 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Advertising Capense Candidate / Officeholder name Office sought Office held	₹ J	P.O. BOX 7517		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	OF		Check if trav	ustin, TX, officeholder living expense Advirbsing
OSII6 Victoria (ast High School Busters Payee address; City; State; Zip Code 4103 & Mocking bird Victoria tx 77907 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held	Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office neid
Amount (\$) Payee address; City; State; Zip Code 4103 E. Mocking bird Victoria, Tx 77907 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name City; State; Zip Code Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Advertising Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date			
PURPOSE OF EXPENDITURE Advitising Cxpense Candidate / Officeholder name 4103 E. Mocking bird Wictory, tx 77903 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Advertising Complete ONLY if direct Candidate / Officeholder name Office sought Office held	08/16	7:0-4-	ool Busters	
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Complete ONLY if direct	OF		Check if tra	
Complete ONLY if direct Candidate / Officeholder name Office sought	EXPENDITURE	Advertising Expense	Polio	
	Complete ONLY if direct	Candidate / Officeholder name	Office sough	office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orthogony not listed above)

Candidate/Officeholder/Politic		xpense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1	2 FILER NAME Kevin M Janak	3 Filer ID (Ethics Commission Filers
Date O 8 / 14	5 Payee name St Juseph High School	Athletics
Amount (\$) 550.00	7 Payee address; City; State; Zip Code	
220.00	Victoria Tx TAOI	
}	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	A	Check if Austin, TX, officeholder living expense
	Advertising Expense	Political Advertising
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
, , , , , , , , , , , , , , , , , , ,	,,	•
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
expenditure to benefit 0/0/	1	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL CODIES OF THE	OUEDINE ACAPETED
	ATTACH ADDITIONAL COPIES OF THIS S	OCUEDATE VO MEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Scho	edule K:
2 FILER NAME	Kevin M. Janak	3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Name of person from whom amount is received Cap, +al One 6 Address of person from whom amount is received; City; State; 1602 N Navans Victoria TX 790%	Zip Code	8 Amount (\$)
		political contribution	returned to filer
	Interest on Savings	· 	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	, Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received	7	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 G/OH NAME		15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
			e Notes
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
·		•	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED,		\$ - 0-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,616.00
CONTRIBUTION BALANCE	ł	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	\$ 8,848.86
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0-
18 AFFIDAVIT			
	BERTHA ANN MARTI Notary ID # 126583 My Commission Expi July 8, 2020	sor A	nation required to be reported by me
AFFIX NOTARY STAM	P/SÉÁLABOVE		
Sworn to and subsc	ribed before me, b	y the said	, this the
day of Jankian		o certify which, witness my hand and seal of office.	
Buth	g Marti	Beithy Ann Martinez	Avea Manage
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath