

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

**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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Kevin M. NICKNAME LAST SUFFIX Janak	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked: JAN 30 2014 Receipt # Amount Date Processed Date Imaged	
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 PHONE NUMBER EXTENSION (361) 576-5647		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Gerald NICKNAME LAST SUFFIX Bludau		
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	<input type="checkbox"/> January 15 <input checked="" 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 01/01/14 THROUGH 01/23/14		
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

14 C/OH NAME

Kevin M. Janak

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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)

\$ 5,050.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 9,097.75

OUTSTANDING
LOAN TOTALS

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 30th day of January, 20 12, to certify which, witness my hand and seal of office.

Josephine Salas

Signature of officer administering oath

Notary Josephine Salas

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: 4	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-3-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell + Gail Janack 6 Contributor address; City; State; Zip Code 103 Tournament Drive Victoria, TX 77964 - 3347	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Ohrt Contributor address; City; State; Zip Code 2221 FM 237 Victoria, TX 77905	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth + Dorita Richter Contributor address; City; State; Zip Code P.O. Box 446 Inez, TX 77968 - 0446	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-6-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton + Ann Calhoun Contributor address; City; State; Zip Code 203 Willow Way Victoria, TX 77904 - 3850	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-6-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norvell + Mickey Schulte Contributor address; City; State; Zip Code 3150 FM 340 Hallettsville, TX 77964	Amount of contribution (\$) 250.00	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.

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2 FILER NAME Kevin M. Janak			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-3-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick H. Heard, DDS	6 Contributor address; City; State; Zip Code 5606 N. Navarro, Ste. 304 Victoria, TX 77904-1770	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 1-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Russell + Janet Russell	Contributor address; City; State; Zip Code P.O. Box 4848 Victoria, TX 77903	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 1-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrell Hester	Contributor address; City; State; Zip Code 1902 Houston Hwy. Victoria, TX 77901-5760	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 1-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph R. Gilster, III	Contributor address; City; State; Zip Code P.O. Box 400 Victoria, TX 77902-0406	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 1-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn D. O'Connor	Contributor address; City; State; Zip Code P.O. Box 400 Victoria, TX 77902-0400	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-8-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Wheeler 6 Contributor address; City; State; Zip Code 410 Roseland Avenue Victoria, TX 77901	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm Sumner Contributor address; City; State; Zip Code 603 Levi Sloan Victoria, TX 77904-4705	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary + Charlean Bay Contributor address; City; State; Zip Code 115 Weadren Dr. Victoria, TX 77904-9636	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry + Kim Followwill Contributor address; City; State; Zip Code 1065 Westparke Ave. Victoria, TX 77905	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-11-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V. Nadine Cattan Contributor address; City; State; Zip Code 501E. Larkspur, Apt. 2010 Victoria, TX 77904-1641	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-15-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Roberts	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 301 Champions Row Victoria, TX 77904-3315		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. + Mrs. Gary Harlan	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 502 Blyth Rd. Victoria, TX 77904-2824		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-23-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Klein	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 Ball Airport Rd. Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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