CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH Instruction this form.	N Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Kevin	M.	
	NICKNAME LAST	SUFFIX	Date Received
	Janak		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING		A _	
ADDRESS	42 Padre Ln., Vie	:70117 X T, P1705	Some of the state
Change of Address	,	•	M - III
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	N FEB 2 7 2006 쁘
OFFICEHOLDER	(361) 576-564	17	2/27/07
PHONE	(30()		Receipt # Amount 047/00
6 CAMPAIGN	MS/MRS/MR FIRST	Mi	Date Processed
TREASURER NAME	Mr Gerald	en e	Date Imaged
	NICKNAME LAST	SUFFIX	
	Bluday		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT /:	SUITE#; CITY; STATE;	ZIP CODE
ADDRESS	506 Dundee	Victoria, TX 77	904
(Residence or business)			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(361) 578-207	<u> </u>	
9 REPORTTYPE	January 15 30th day before elec	ction Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before elect	tion Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	1 /27 /06 ""	2 /25	06
11 ELECTION	ELECTION DATE ELECTION	TYPE	
	Month Day Year	FT - " FT	
	3/7/06	ary Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
		Victoria Count	y Commissioner Prit. 2
14 NOTICE	Disease and a second se	1 - 1 - 1 - 1 - 1 - 1	I
OF DIRECT CAMPAIGN	 Direct campaign expenditures are campaign ex Candidates are required to disclose this information 	rpenditures made by others without the can on only if they receive notification of the dire	oldate's prior consent or approval. ect campaign expenditure. ••
EXPENDITURE	No.		
BY OTHER INDIVIDUALS	Name		
INDIVIDUALS			
	Address / PO Box; Apt. / Suite #; City; State;	Zip Çode	
additional pages			
		 4	
	GO TO	PAGE 2	
		W-14.	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Kevin 1	M. Janak	16ACCOUNT # (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.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION 1. TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 950.00	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1883.57	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 1977.20	
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 1,000.00	
19 AFFIDAVIT				
		I swear, or affirm, under penalty of p		
	IOSEPHINE SALAS	is true and correct and includes all in me under Title 15, Election Code.	formation required to be reported by	
	Notary Public	The driver vice 15, Election Code.		
	State of Texas omm. Exp. 8-10-200			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Men fra		
AFFIX NOTARY STAM	P / SEALABOVE	/ Signature of Candid	date or Officeholder	
		Var tale	Date	
Sworn to and subscri	11	the said KEVIN JANAK tify which, witness my hand and seal of office.	, this the $3/4$ day	
	·	Ton C-	164	
Signature of officer ac	Iministering oath	SUSEPHINE SALAS  Printed name of officer administering oath  Title	le of officer administering oath	

1	nmission P.O. Box 12070 Austin CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850 SCHEDULE <b>A</b>
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAME	Kevin M. Janak		3 ACCOUNT# (Ed	nics 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)
2-13-06	Sherry H. Shay 6 contributor address: city: state: zip code 108 Nottingham Dr., Vict	oria TX	#150	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	L_ nstructions)	<u> </u>
Date	Full name of contributor   out-of-state PAC (ID#_ Doctor Paul E Roch		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-8-06	Doctor Paul E. Roeh contributor address; city; state; zip code 109 Professional Park D Victoria, TX 77904	۲,	# 250	<b> </b>   
Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)	
1-28-06	Full name of contributor out-of-state PAC (ID#_Bernice Krueger Contributor address; City; State; Zip Code P.O. Box 3865, Victoria, T		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 2-14-06	Full name of contributor out-or-state PAC (ID#:_Allen J: Rather II Contributor address: City: State; Zip Code II 65 Morris Town Rd. Victoria, TX 77902		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
2-16-06	Full name of contributor out-of-state PAC (ID#_Fred + Dorothy Kubesclontributor address; City; State; Zip Code 122 Crawford Dr., Victor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
		<del>.</del>		

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: Z
2 FILERNAME Kevin M. Janak	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Victoria Advocate 1-27-06 6 Payee address; City; State; Zip Code P.O. Box 1518, Victoria	1, 200,00
Purpose of payment (See instructions regarding type of Information required.)  Advortising	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee name U.S. Post Office 2-3-06 Payee address; City; State; Zip Code 2804 Sam Honston D Victoria, TX 77904	,.
Purpose of payment (See instructions regarding type of information required.)  Postage	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee name U.S. Post Office  2-2-06  Payee address; City: State; Zip Code  312 S. Main St.  Victoria, T x 77901	# 48.00
Purpose of payment (See instructions regarding type of information required.)  Postage	Complete if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held
Payee name  Kurtz Printing  Payee address; City; State; 2p Code  Z-3-06  102 Cozzi Circle, V	Amount (\$) ictoria, TX 77901 \$49.58
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 COPIE	ES OF THIS FORM AS NEEDED

P.O. Box 12070

# POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. FILER NAME 3 ACCOUNT # (Ethics Commission filers) 2-3-06 6 Payee address; City; State; Zip Code 557 Woodvicus Dr. · Complete if direct expenditure to benefit C/OH · · ndidate / Officeholder name Office held Telephone Campaign Date Amount Purpose of payment (See instructions regarding type of information required) 2-16-06 · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Postcard Printing City; State; Zip Code 8602 N. Navarro, Victoria, TX 77904 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/QH · · Candidate / Officeholder name Office held Hardware For Signs Amount 5201 N. Navarro, Victoria, TX 77904 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office held V.L. S. Parade Float Decor.

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

### SCHEDULE G

1-800-325-8506

The Instruction Guide explains how to complete this form.			nedule G:
FILER NAM	Kevin M. Janak	3 ACCOUNT # (E	Ethics Commission filers)
Date	5 Payee name  6 Payee address; City: State; Zip Code		8 Amount (\$)
1-18-06	520/ N. Nguarro, Xictoria, TX  7 Purpose of expenditure (see instructions regarding type of inter V.L.S. Parade Float Decor,	/ / /	Reimbursement from political contributions intended
Date	Payee name Nuvsevy Trading Post Payee address; City: State: Zip Code		Amount (\$)
2-15-06	13515 U.S. Hwy. 87N. Victoria, TX 17905		\$ 56.00
	Purpose of expenditure (See instructions regarding type of informations for Personal Uchicle		Reimbursement from political contributions intended
Date	Payee name Shell Payee address; City; State; Zip Code		Amount (\$)
2-10-06	101 E. Rio Grande, Victoria, T.	10975	# 60,00
	Purpose of expenditure (See instructions regarding type of information of the soline for Personal Vehic		Reimbursement from political contributions intended
Date	Payee name  Nuvsery Trading Post  Payee address; City: State, Zip Code		Amount (\$)
2-18-06	Victoria, TX 77905  Purpose of expenditure (See instructions regarding type of informations)	rection required )	# 53.00
	Gasoline For Personal Vehic		Reimbursement from political contributions intended
Date	Payee name Nurser, Trading Post Payee address; City; State; Zip Code		Amount (\$)
2-11-06	13515 U.S. Hwy. 87N Victoria, TX 77905		19.89
	Purpose of expenditure (See instructions regarding type of informations of the Coasoline for Personal Vel	nation required.)	Reimbursement from political contributions intended

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#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE G MADE FROM PERSONAL FUNDS Total pages Schedule G: The Instruction Guide explains how to complete this form. Z 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Kevin M. Janak Amount (2) 13515 U.S. Hwy, 87N. Victoria TX 77905 7 Purpose of expenditure (See instructions regarding type of information required.) 1-31-06 Reimbursement from political contributions intended Gasoline for Personal Payer name Shell Date Amount City: State; Zip Code Payee address; 101 E. Rio Grande \$58.01 2-22-06 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions Gasoline for Personal Vehicle Payee name Co. Elections Payee address; City: State; Zip Code Date **Amount** III N. Glass St., Victoria, TX 77901 2-22-06 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Public Information Payee name All. American Awards + Trophies Payee address; City; State; Zip Code Date Amount 2007 N. Navarro, Victoria, TX 77901

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Purpose of expenditure (See instructions regarding type of information required.)

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Name Tags

Payee name

Pavee address:

2-20-06

Date

Reimbursement

Amount (\$)

Reimbursement from political contributions intended

from political contributions intended

X