

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: none;">MS / MRS / MR</td> <td style="width:40%; border-bottom: none;">FIRST</td> <td style="width:20%; border-bottom: none;">MI</td> <td style="width:20%; border-bottom: none;"></td> </tr> <tr> <td style="border-top: none;">Mr.</td> <td style="border-top: none;">Kevin</td> <td style="border-top: none;">M.</td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-bottom: none;">NICKNAME</td> <td style="border-bottom: none;">LAST</td> <td style="border-bottom: none;">SUFFIX</td> <td style="border-bottom: none;"></td> </tr> <tr> <td style="border-top: none;"></td> <td style="border-top: none;">Janak</td> <td style="border-top: none;"></td> <td style="border-top: none;"></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Mr.	Kevin	M.		NICKNAME	LAST	SUFFIX			Janak			<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> RECEIVED JUL 10 2006 <i>M. Margith Hill</i> </div> Date Received Date Hand-Delivered or Date Postmarked <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Imaged</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> </div>	Receipt #	Amount	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																							
Mr.	Kevin	M.																							
NICKNAME	LAST	SUFFIX																							
	Janak																								
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 42 Padre Ln., Victoria, TX 77905																								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 576-5647																								
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: none;">MS / MRS / MR</td> <td style="width:40%; border-bottom: none;">FIRST</td> <td style="width:20%; border-bottom: none;">MI</td> <td style="width:20%; border-bottom: none;"></td> </tr> <tr> <td style="border-top: none;">Mr.</td> <td style="border-top: none;">Gerald</td> <td style="border-top: none;"></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-bottom: none;">NICKNAME</td> <td style="border-bottom: none;">LAST</td> <td style="border-bottom: none;">SUFFIX</td> <td style="border-bottom: none;"></td> </tr> <tr> <td style="border-top: none;"></td> <td style="border-top: none;">Bludau</td> <td style="border-top: none;"></td> <td style="border-top: none;"></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Mr.	Gerald			NICKNAME	LAST	SUFFIX			Bludau									
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	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>		<input 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 checked="" 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)															
<input 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 checked="" 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 4 / 2 / 06 THROUGH 6 / 30 / 06																								
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: none;">ELECTION DATE</td> <td style="width:70%; border-bottom: none;">ELECTION TYPE</td> </tr> <tr> <td style="border-top: none;">Month Day Year</td> <td style="border-top: none;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td style="border-bottom: none;">11 / 7 / 06</td> <td style="border-bottom: none;"></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11 / 7 / 06																		
ELECTION DATE	ELECTION TYPE																								
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																								
11 / 7 / 06																									
12 OFFICE	13 OFFICE SOUGHT (if known)																								
OFFICE HELD (if any)	Victoria County Commissioner Prct. 2																								
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box, Apt / Suite #, City, State, Zip Code <input type="checkbox"/> additional pages																								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Kevin M. Janak 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

** 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. **

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,525.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1027.77</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3235.65</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000.00</u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Kevin Janak, this the 10th day of July, 20 06, to certify which, witness my hand and seal of office.

Margetta Hill Margetta Hill Notary
Signature of officer administering oath 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: 2	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-6-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Hawes Braman, Jr. 6 Contributor address; City; State; Zip Code One O'Connor Plaza, Suite 1100 Victoria, TX 77901-6549	7 Amount of contribution (\$) \$300	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-19-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Andre S. Morrisent + Mrs. Jack Morrison, Sr. Contributor address; City; State; Zip Code 114 Berkshire, Victoria, TX 77904	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-19-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. + Mrs. Laddie Janda Contributor address; City; State; Zip Code 474 FM 622, Victoria, TX 77905	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-19-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S.L. + Janie Hebert Contributor address; City; State; Zip Code 206 Blyth Rd., Victoria, TX 77904	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-19-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David + Janice Ohr + Contributor address; City; State; Zip Code 2221 FM 237, Victoria, TX 77905	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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:

2

2 FILER NAME

Kevin M. Janak

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-19-06

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

Bruce Ryan

6 Contributor address; City; State; Zip Code

10341 Nursery Dr., Victoria, TX 77904

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-23-06

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

Arlon C. + Patricia M. Zamzow

Contributor address; City; State; Zip Code

364 Adcock Rd., Victoria, TX 77905

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-23-06

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

Scott A. Kloesel

Contributor address; City; State; Zip Code

1202 Malette Dr, Apt. 1401
Victoria, TX 77904

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-23-06

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

Ruschhaupt + Son

Contributor address; City; State; Zip Code

8444 Lower Mission Valley Rd.
Victoria, TX 77905

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: **2**

2 FILER NAME **Kevin M. Janak** 3 ACCOUNT # (Ethics Commission filers)

4 Date 4-3-06	5 Payee name Northside Ranch, Pet, + Garden Center 6 Payee address; City; State; Zip Code 5705 N. Main Victoria, TX 77904	7 Amount (\$) \$ 64.79
-------------------------	--	----------------------------------

8 Purpose of payment (See instructions regarding type of information required.) T Posts For Campaign Signs	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 4-7-06	Payee name Nursery Post Office Payee address; City; State; Zip Code Nursery Drive, Nursery, TX 77976	Amount (\$) \$ 403.20
-----------------------	---	---------------------------------

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
---	--

Date 4-7-06	Payee name Kurtz Printing Co. Payee address; City; State; Zip Code 102 Cozzi Circle Victoria, TX 77901	Amount (\$) \$ 99.37
-----------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Campaign Postcards	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 4-17-06	Payee name Victoria Co. Elections Payee address; City; State; Zip Code 111 N. Glass St., Victoria, TX 77901	Amount (\$) \$ 51.35
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Public Information	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 4-24-06	5 Payee name Victoria Advocate 6 Payee address; City; State; Zip Code P.O. Box 1518, Victoria, TX 77901	7 Amount (\$) \$253.50
--------------------------	--	----------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Advertising	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-7-06	5 Payee name H.E.B. 6 Payee address: City: State: Zip Code 5201 N. Navarro St. Victoria, TX 77904	8 Amount (\$) \$ 2.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Balloons For Campaign Signs	
Date 4-8-06	Payee name Walmart Payee address: City: State: Zip Code 9002 N. Navarro, Victoria, TX 77904	Amount (\$) \$ 3.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Cable Ties For Signs	
Date 5-5-06	Payee name U.S. Post Office Payee address: City: State: Zip Code 312 S. Main St., Victoria, TX 77901	Amount (\$) \$ 4.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Postage	
Date 5-2-06	Payee name Nursery Trading Post Payee address: City: State: Zip Code 13515 US Hwy. 87 N Victoria, TX 77905	Amount (\$) \$ 71.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline For Personal Vehicle	
Date 5-2-06	Payee name Shell Payee address: City: State: Zip Code 101 E. Rio Grande Victoria, TX 77901	Amount (\$) \$ 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline For Personal Vehicle	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED