(512)463-5800 1-800-325-8506

## **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 / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE			
MAILING	42 Padrelin, Victo	via TX 77905	Date Hand delivered to the Transmission		
ADDRESS  Change of Address			DECETAR		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION			
OFFICEHOLDER PHONE	(361) 576-564	1	Receipt # Amount		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Processed		
TREASURER	Mr. Gerald		Date Imaged		
NAME	NICKNAME LAST	SUFFIX			
	Bludau	\			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SU		ZIP CODE		
ADDRESS (Residence or business)	506 Dundee, Victor	ia, TX, 77904	1		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(361) 578 - 2014	<del>\</del>			
9 REPORTTYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Bth day before election	n Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month Day	Year		
OOVE, NEB	01/01/07	O6/30	<b>/07</b>		
11 ELECTION	ELECTION DATE ELECTION TY Month Day Year	/PE			
	Primary Primary	y Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)		
	Victoria Co Commissioner	K:1.2	·		
14 NOTICE OF DIRECT	Direct campaign expenditures are campaign exper Candidates are required to disclose this information				
CAMPAIGN EXPENDITURE			· · ·		
BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code			
D additional con-					
additional pages					
GO TO PAGE 2					

(512)463-5800 1-800-325-8506

## 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 file	ers)  2 Total pages filed:			
3 CANDIDATE/	MS/MRS/MR FIRST MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	Mr. Kevin M.	Date Received			
	NICKNAME LAST SU	FFIX Bate Necessed			
	Janak				
4 CANDIDATE / OFFICEHOLDER		CODE			
MAILING	42 Padrelin, Victoria, TX 770	Date Hand-delivered or Page 25% frank-in			
ADDRESS Change of Address	42 radie Lvi., vie or rail	Day Farmed CETVE			
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION				
OFFICEHOLDER PHONE	(361) 576-5647	Receipt # Amount			
6 CAMPAIGN	MS/MPS/MR FIRST MI	Date Processed			
TREASURER	Mr. Gerald	Date Imaged			
NAME		FFIX			
	Bludan	ATE: ZIP CODE			
7 CAMPAIGN TREASURER		•			
ADDRESS (Residence or business)	506 Dundee, Victoria, TX, T	1709			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
PHONE	(361) 578-2074				
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 Sth day before election Exceeded \$50				
10 PERIOD COVERED	Month Day Year Month THROUGH	Day Year			
	01/01/07	30/07			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
	Primary Runoff	General Special			
12 OFFICE	OFFICE HELD (if any)	HT (if known)			
	Victoria Co Commissioner Prot. 2	· · · · · · · · · · · · · · · · · · ·			
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others with Candidates are required to disclose this information only if they receive notification.				
EXPENDITURE BY OTHER	Name				
INDIVIDUALS					
	Address / PO Box: Apt. / Suite #: City; State; Zip Code				
additional pages					
GO TO PAGE 2					

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	5		SCHEDULE A
The Instruction Guide explains how to complete this form.  2 FILER NAME Kevin M. Janak			1 Total pages Schedule A:	
		3 ACCOUNT # (Ethics Commission filers)		nics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
-2-07	Board of Realtors 6 contributor address: City: State: Zip Code 2906 E. Airline Victoria, TX 77901	,	\$500.00	
Principal occ	supation / Job title (See Instructions)	10 Employer (See In	l istructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			·  - 
Principal occ	supation / Job title (See Instructions)	Employer (See In	structions)	·
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	supation / Job title (See Instructions)	Employer (See In	structions)	
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 occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occ	upation / Job title (See Instructions)	Employer (See In	etructions)	~~~

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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