

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: <div style="font-size: 2em; text-align: center;">8</div> | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Kevin M. NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Janak</div> | | <div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> Date Received <div style="text-align: center; font-size: 1.5em; opacity: 0.5;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; color: blue;">OCT 5 2006</div> <div style="text-align: center; font-size: 1.5em; color: blue; font-family: cursive;">Margaret Hill</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <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;">Date Imaged</td> </tr> </table> | Receipt # | Amount | Date Processed | Date Imaged | | | |
| 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 | MS / MRS / MR FIRST MI Mr. Gerald M. NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Bludau</div> | | | | | | | | | |
| 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 checked="" 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 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 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) |
| <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 7 / 1 / 06 9 / 28 / 06 | | | | | | | | | |
| 11 ELECTION | 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 | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Victoria County Commissioner Pct. 2 | | | | | | | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** 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 | | | | | | | | | |

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)

** 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. **

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|--------------------------------|---|---|
| 18 CONTRIBUTION TOTALS | 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) | \$ 2,275.00 <u>2,300.00</u> K |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ _____ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>4,859.59</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>1,136.85</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 Janak
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kevin Janak, this the 5th day of October, 2006, 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 8-28-06 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raymond V. Carter Jr. 6 Contributor address: City: State: Zip Code 601 W. Goodwin Ave., Victoria, TX 77901 | 7 Amount of contribution (\$) \$500 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 8-30-06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael G. Rutt Contributor address: City: State: Zip Code 1011 Westwood St., Victoria, TX 77901 | Amount of contribution (\$) \$400 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 9-5-06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don + Bernice Krueger Contributor address: City: State: Zip Code P.O. Box 3865, Victoria, TX 77903 | Amount of contribution (\$) \$750 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 9-5-06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwin Dentler Contributor address: City: State: Zip Code 23 Josephine Ln., Victoria, TX 77905 | Amount of contribution (\$) \$100 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 9-5-06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frances Wedemeier Contributor address: City: State: Zip Code 110 Masters Court, Victoria, TX 77904 | 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 9-1-06 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Dewhurst Committee 6 Contributor address; City; State; Zip Code P.O. Box 756, Austin, TX 78767 | 7 Amount of contribution (\$) \$ 25 | 8 In-kind contribution description (if applicable) CD Containing Contribution history of donors in Victoria County |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 9/20/06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Dewhurst Committee Contributor address; City; State; Zip Code P.O. Box 756, Austin, TX 78767 | Amount of contribution (\$) \$ 25 | In-kind contribution description (if applicable) Contribution history of donors in Victoria Co. |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> 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) | |
| Date | Full name of contributor <input type="checkbox"/> 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) | |
| Date | Full name of contributor <input type="checkbox"/> 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 7-26-06 | 5 Payee name Cuero High School 6 Payee address: City: State: Zip Code 920 E. Broadway, Cuero, TX 77954 | 7 Amount (\$) \$247.50 |
| 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 8-12-06 | Payee name St. Joseph High School P.T.C. Payee address: City: State: Zip Code 110 E. Red River, Victoria, TX 77901 | Amount (\$) \$600.00 |
| Purpose of payment (See instructions regarding type of information required.) Advertising | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 8-15-06 | Payee name U.S. Post Office - Nursery, TX Payee address: City: State: Zip Code Nursery Dr., Nursery, TX 77976 | Amount (\$) \$38.00 |
| Purpose of payment (See instructions regarding type of information required.) Post Office Box Rental | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 8-14-06 | Payee name Lowe's Home Center Payee address: City: State: Zip Code 8602 N. Navarro St, Victoria, TX 77904 | Amount (\$) \$84.18 |
| Purpose of payment (See instructions regarding type of information required.) Cabletics For Campaign Signs | | ** 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 8-18-06 | 5 Payee name Inovar Packaging Group 6 Payee address: City: State: Zip Code P.O. Box 951364, Dallas, TX 75395 | 7 Amount (\$) \$ 541.62 |
| 8 Purpose of payment (See instructions regarding type of information required.) Advertising -Magnetic Signs | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 8-31-06 | Payee name Memorial High School Football Payee address: City: State: Zip Code 1110 Sam Houston Dr., Victoria, TX 77901 | Amount (\$) \$ 687.50 |
| Purpose of payment (See instructions regarding type of information required.) Advertising | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 8-31-06 | Payee name Goliad High School Football Payee address: City: State: Zip Code 749 N. Church St., Goliad, TX 77963 | Amount (\$) \$ 150.00 |
| Purpose of payment (See instructions regarding type of information required.) Advertising | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 9-12-06 | Payee name The Victoria Advocate Payee address: City: State: Zip Code P.O. Box 1518, Victoria, TX 77902 | Amount (\$) \$ 2000.00 |
| Purpose of payment (See instructions regarding type of information required.) Advertising | | ** 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: 2 |
| 2 FILER NAME Kevin M. Janak | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 8-26-06 | 5 Payee name Office Max 6 Payee address: City: State: Zip Code 255 E. Basse Rd., San Antonio, TX 78209 | 8 Amount (\$) \$ 30.10 |
| 7 Purpose of expenditure (See instructions regarding type of information required.) Advertising Displays / Appt. Book | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 7-26-06 | Payee name Cimarron Junction Payee address: City: State: Zip Code 7104A. Navarro, Victoria, TX 77904 | Amount (\$) \$ 34.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Fuel For Personal Vehicle | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 8-10-06 | Payee name Shell Payee address: City: State: Zip Code 101 E. Rio Grande, Victoria, TX 77901 | Amount (\$) \$ 55.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Fuel For Personal Vehicle | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 8-15-06 | Payee name Shell Payee address: City: State: Zip Code 6098 SW. Moody, Victoria, TX 77905 | Amount (\$) \$ 78.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Fuel For Personal Vehicle | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 8-21-06 | Payee name Shell Payee address: City: State: Zip Code 101 E. Rio Grande, Victoria, TX 77901 | Amount (\$) \$ 80.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Fuel For Personal Vehicle | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

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

| | | |
|---|--|---|
| 4 Date 8-30-06 | 5 Payee name Cimarron Junction 6 Payee address: City: State: Zip Code 7104 A. Navarro, Victoria, TX 77904 | 8 Amount (\$) \$ 78.00 |
| 7 Purpose of expenditure (See instructions regarding type of information required.) Fuel For Personal Vehicle | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|--|---|
| Date 9-6-06 | Payee name Shell Payee address: City: State: Zip Code 101 E. Rio Grande, Victoria, TX 77901 | Amount (\$) \$ 70.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Fuel For Personal Vehicle | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|--|---|
| Date 9-15-06 | Payee name Shell Payee address: City: State: Zip Code 101 E. Rio Grande, Victoria, TX 77901 | Amount (\$) \$ 65.01 |
| Purpose of expenditure (See instructions regarding type of information required.) Fuel For Personal Vehicle | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|---|---|
| Date 9-21-06 | Payee name Speedy Stop 81 Payee address: City: State: Zip Code 6490 Hwy. 236, Victoria, TX 77905 | Amount (\$) \$ 20.68 |
| Purpose of expenditure (See instructions regarding type of information required.) Fuel For Personal Vehicle | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|--|--|
| Date | Payee name Payee address: City: State: Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED