

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)

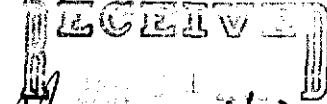
2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. NICKNAME
FIRST: Kevin LAST
MI: M. SUFFIX

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5015 FM 1685 Victoria TX 77905

Date Hand-Delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(361) 576-5647

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. NICKNAME
FIRST: Gerald LAST
MI: SUFFIX

Gerald Bludan

Date Processed

Date Imaged

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

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 07 THROUGH 12 / 31 / 07

11 ELECTION

ELECTION DATE: Month / Day / Year
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Victoria Co. Commissioner Prct. 2

13 OFFICE SOUGHT (if known)

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

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)

** 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 TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 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)

\$ - 0 -

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 1252.00

CONTRIBUTION BALANCE

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

\$ 520.73

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 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.



AFFIX NOTARY STAMP (SEAL) ABOVE

Kevin M Janak

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kevin M. Janak, this the 4th day of January 20 08, to certify which, witness my hand and seal of office.

Margette Hill

Signature of officer administering oath

Margette Hill

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Kevin M. Janak</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>7-21-07</u>	5 Payee name <u>Memorial High School Football</u> 6 Payee address; City; State; Zip Code <u>1110 Sam Houston Dr, Victoria, TX 77901</u>	7 Amount (\$) <u>\$ 700.00</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <u>7-29-07</u>	Payee name <u>St. Joseph High School P.T.C.</u> Payee address; City; State; Zip Code <u>110 E. Red River, Victoria, TX 77901</u>	Amount (\$) <u>\$ 500.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <u>9/1/07</u>	Payee name <u>U.S. Post Office - Nursery, TX</u> Payee address; City; State; Zip Code <u>Nursery Dr, Nursery, TX 77976</u>	Amount (\$) <u>\$ 52.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>Post Office Box Rental</u>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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.)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED