

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;">6</div>																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td style="text-align: center;">Kevin</td> <td style="text-align: center;">M.</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Janak</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	Kevin	M.	NICKNAME	LAST	SUFFIX		Janak		OFFICE USE ONLY								
MS / MRS / MR	FIRST	MI																					
Mr.	Kevin	M.																					
NICKNAME	LAST	SUFFIX																					
	Janak																						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">ADDRESS / PO BOX:</td> <td style="width:15%; font-size: x-small;">APT / SUITE #:</td> <td style="width:15%; font-size: x-small;">CITY:</td> <td style="width:15%; font-size: x-small;">STATE:</td> <td style="width:20%; font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">42 Padre Ln., Victoria, TX 77905</td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	42 Padre Ln., Victoria, TX 77905					Date Received Date Hand-delivered or Date Postmarked 2/3/06 1:40pm 										
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE																			
42 Padre Ln., Victoria, TX 77905																							
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: x-small;">AREA CODE</td> <td style="width:35%; font-size: x-small;">PHONE NUMBER</td> <td style="width:15%; font-size: x-small;">EXTENSION</td> </tr> <tr> <td>(361)</td> <td>576-5647</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(361)	576-5647		Receipt # Amount														
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	Bludau																						
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">ELECTION DATE</td> <td style="width:25%; font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month Day Year</td> <td style="font-size: x-small;"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>3 / 7 / 06</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	3 / 7 / 06																
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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	<p style="font-size: x-small;">** 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. **</p> <p style="font-size: x-small;">Name</p> <p style="font-size: x-small;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>																						

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 files)**

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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1825.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 498.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,539.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.

Kevin M Janak
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KEVIN M. JANAK, this the 3rd day of FEBRUARY, 2006, to certify which, witness my hand and seal of office.

Josephine Salas
Signature of officer administering oath

JOSEPHINE SALAS
Printed name of officer administering oath

Notary
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

1-20-06

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

Mary R. Wheeler

6 Contributor address; City; State; Zip Code

410 Roseland Ave., Victoria, TX 77901

7 Amount of contribution (\$)

\$ 100

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-21-06

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

Mr. and Mrs. Gary E. Harlan

Contributor address; City; State; Zip Code

502 Blyth Rd., Victoria, TX 77904

Amount of contribution (\$)

\$ 50

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-20-06

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

S.L. + Janie Hebert

Contributor address; City; State; Zip Code

206 Blyth Rd., Victoria, TX 77904

Amount of contribution (\$)

\$ 50

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-18-06

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

Herbert E. + Martha Watts

Contributor address; City; State; Zip Code

108 Watermark, Victoria, TX 77904

Amount of contribution (\$)

\$ 300

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: **1**

2 FILER NAME **Kevin M. Janak**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-25-06

5 Payee name
Victoria Co. Elections

7 Amount (\$)
\$20.00

6 Payee address; City; State; Zip Code
111 N. Glass St, Victoria, TX 77901

8 Purpose of payment (See instructions regarding type of information required.)
City + County Maps

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
1-25-06

Payee name
Victoria Co. Elections

Amount (\$)
\$4.00

Payee address; City; State; Zip Code
111 N. Glass St, Victoria, TX 77901

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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**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 1-3-06	5 Payee name Lowe's 6 Payee address; City: State; Zip Code 8602 N. Navarro, Victoria, TX 77904	8 Amount (\$) \$ 18.37
7 Purpose of expenditure (See instructions regarding type of information required.) Hardware for Signs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-24-06	Payee name Lowe's Payee address; City: State; Zip Code 8602 N. Navarro, Victoria, TX 77904	Amount (\$) \$ 8.97
Purpose of expenditure (See instructions regarding type of information required.) Hardware for Signs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-20-06	Payee name Cimarron Junction Payee address; City: State; Zip Code 7104 A. Navarro Victoria, TX 77904	Amount (\$) \$ 50.00
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for Personal Vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-17-06	Payee name Nursery Trading Post Payee address; City: State; Zip Code 13515 U.S. Hwy. 81 N Victoria, TX 77905	Amount (\$) \$ 62.00
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for Personal Vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-25-06	Payee name Nursery Trading Post Payee address; City: State; Zip Code 13515 U.S. Hwy. 81N Victoria, TX 77905	Amount (\$) \$ 63.00
Purpose of expenditure (See instructions regarding type of information required.) Gasoline 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 1-20-06	5 Payee name Bagwell Productions 6 Payee address; City; State; Zip Code 13211 Deer Run Trail Dallas, TX 75243	8 Amount (\$) \$ 215.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Keychains - Advertising		
Date 1-26-06	Payee name Nursery Trading Post Payee address; City; State; Zip Code 13515 US Hwy. 87 N Victoria, TX 77905	Amount (\$) \$ 57.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for Personal Vehicle		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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