



# 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 NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	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>950.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>      </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1883.57</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1977.20</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000.00</u>

**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 Janak  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KEVIN JANAK, this the 27th 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:

1

2 FILER NAME

Kevin M. Janak

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-13-06

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

Sherry H. Shay

6 Contributor address: City: State: Zip Code

108 Nottingham Dr., Victoria TX  
77904

7 Amount of contribution (\$)

#150

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-8-06

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

Doctor Paul E. Roeh

Contributor address: City: State: Zip Code

109 Professional Park Dr.  
Victoria, TX 77904

Amount of contribution (\$)

#250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-06

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

Bernice Krueger

Contributor address: City: State: Zip Code

P.O. Box 3865, Victoria, TX 77903

Amount of contribution (\$)

#200

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-14-06

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

Allen J. Rather II

Contributor address: City: State: Zip Code

1165 Morris Town Rd.  
Victoria, TX 77902

Amount of contribution (\$)

#300

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-06

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

Fred + Dorothy Kubesch

Contributor address: City: State: Zip Code

122 Crawford Dr., Victoria TX  
77904

Amount of contribution (\$)

#50

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: <b>2</b>
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1-27-06</b>	5 Payee name <b>Victoria Advocate</b> 6 Payee address; City; State; Zip Code <b>P.O. Box 1518, Victoria, TX 77901</b>	7 Amount (\$) <b>\$ 500.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>2-3-06</b>	Payee name <b>U.S. Post Office</b> Payee address; City; State; Zip Code <b>2804 Sam Houston Dr. Victoria, TX 77904</b>	Amount (\$) <b>\$ 4.55</b>
Purpose of payment (See instructions regarding type of information required.) <b>Postage</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>2-2-06</b>	Payee name <b>U.S. Post Office</b> Payee address; City; State; Zip Code <b>312 S. main st. Victoria, TX 77901</b>	Amount (\$) <b>\$ 48.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Postage</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>2-3-06</b>	Payee name <b>Kurtz Printing</b> Payee address; City; State; Zip Code <b>102 Cozzi Circle, Victoria, TX 77901</b>	Amount (\$) <b>\$ 49.58</b>
Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>		** 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 <b>2-3-06</b>	5 Payee name <b>Win Your Race LLC</b>	7 Amount (\$) <b>\$750.00</b>
6 Payee address; City; State; Zip Code <b>557 Woodview Dr. Longwood, Florida 32779</b>		

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

Date <b>2-16-06</b>	Payee name <b>Kurtz Printing</b>	Amount (\$) <b>\$140.29</b>
Payee address; City; State; Zip Code <b>102 Cozzi Circle Victoria, TX 77901</b>		

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

Date <b>2-17-06</b>	Payee name <b>Lowe's</b>	Amount (\$) <b>\$19.42</b>
Payee address; City; State; Zip Code <b>8602 N. Navarro, Victoria, TX 77904</b>		

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

Date <b>2-18-06</b>	Payee name <b>H. E. B.</b>	Amount (\$) <b>\$25.72</b>
Payee address; City; State; Zip Code <b>5201 N. Navarro, Victoria, TX 77904</b>		

Purpose of payment (See instructions regarding type of information required.) <b>V.L.S. Parade Float Decor.</b>	** 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 <b>2-18-06</b>	5 Payee name <b>H.E.B.</b> 6 Payee address: City: State: Zip Code <b>5201 N. Navarro, Victoria, TX 77904</b>	8 Amount (\$) <b>\$ 25.72</b>
7 Purpose of expenditure (See instructions regarding type of information required.) <b>V.L.S. Parade Float Decor.</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>2-15-06</b>	Payee name <b>Nursery Trading Post</b> Payee address: City: State: Zip Code <b>13515 U.S. Hwy. 87N. Victoria, TX 77905</b>	Amount (\$) <b>\$ 56.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for Personal Vehicle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>2-10-06</b>	Payee name <b>Shell</b> Payee address: City: State: Zip Code <b>101 E. Rio Grande, Victoria, TX 77901</b>	Amount (\$) <b>\$ 60.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for Personal Vehicle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>2-18-06</b>	Payee name <b>Nursery Trading Post</b> Payee address: City: State: Zip Code <b>13515 U.S. Hwy. 87N Victoria, TX 77905</b>	Amount (\$) <b>\$ 53.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for Personal Vehicle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>2-11-06</b>	Payee name <b>Nursery Trading Post</b> Payee address: City: State: Zip Code <b>13515 U.S. Hwy. 87N Victoria, TX 77905</b>	Amount (\$) <b>\$ 19.89</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for Personal Vehicle</b>		<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: <b>2</b>
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1-31-06</b>	5 Payee name <b>Nursery Trading Post</b> 6 Payee address: City: State: Zip Code <b>13515 U.S. Hwy. 87N. Victoria, TX 77905</b>	8 Amount (\$) <b>\$ 66.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for Personal Vehicle</b>	
Date <b>2-22-06</b>	Payee name <b>Shell</b> Payee address: City: State: Zip Code <b>101 E. Rio Grande Victoria, TX 77901</b>	Amount (\$) <b>\$ 58.01</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Gasoline for Personal Vehicle</b>	
Date <b>2-22-06</b>	Payee name <b>Victoria Co. Elections</b> Payee address: City: State: Zip Code <b>111 N. Glass St., Victoria, TX 77901</b>	Amount (\$) <b>\$ 2.80</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Public Information</b>	
Date <b>2-20-06</b>	Payee name <b>All American Awards + Trophies</b> Payee address: City: State: Zip Code <b>2007 N. Navarro, Victoria, TX 77901</b>	Amount (\$) <b>\$ 30.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Name Tags</b>	
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.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED