CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	/ to complete	this form.	1 File	er ID (Ethics Comm	nission Filers)	2 To	tal pages file	ed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FI KEV	IRST IN		M	и И		OFFICE	SOMY	
NAME	NICKNAME	JAN	ast IAK		S	UFFIX	Date R	E		1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 5015 FM 168 Victoria, TX 7	35	r / SUITE #; C	CITY;	STATE; ZI	IP CODE	Z			ZO)
Change of Address	<u> </u>					A	13	MIYO	FYILE	7/
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	576-5			EXTENSION		Date Ha	AND THE	Par Redstro	fked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR		rst RALD		M	-	Receipt Date Pr	# JUL	Amount \$	1
IVAIVIL	NICKNAME		AST JDAU		SI	UFFIX _	Date In	180 ed	4	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 506 Dundee Victoria, TX		EASE); APT / SL	UITE #;	CITY;	<u> </u>	6	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NU 578-2			EXTENSION					
9 REPORT TYPE	January 15		30th day before el	lection	Runoff		Outral House Cha	15th day afte treasurer app (Officeholder	pointment	
	July 15	E CONTRACTOR CONTRACTO	8th day before elec	ction	Exceeded Reporting	d Modified g Limit			(Attach C/OH - F	[:] R)
10 PERIOD COVERED	Month	Day	Year			Month	Day			
	5	/ 15 /		TH	ROUGH	6 /	′ 30	/ 22		
11 ELECTION	ELECTION DA	TE			ELE	CTION TYPE				
	Month Day	Year	Primary	F		Other Description				
* ,			General	\$	Special					3
12 OFFICE	OFFICE HELD (if any)		iesioner P	1	13 OFFICE SOUG	HT (if known)		*		
14 NOTICE FROM	Victoria County Commissioner., Prct 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT									
POLITICAL COMMITTEE(S)	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.									
CONTINIT TEE(S)	COMMITTEE TYPE COMMITTEE NAME									
Additional Pages	GENERAL	COMMITTEE	ADDRESS				-			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME									
COMMITTEE CAMPAIGN TREASURER ADDRESS										
GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	16 Filer ID (Ethics Commission Filers)						
TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$						
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$						
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$						
4. TOTAL POLITICAL EXPENDITURES	\$ 4,097.72						
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 4,759.78						
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 17000.00						
	and correct and includes all information						
V 0							
	didate or Officeholder						
Please complete either ontion below:							
r icase complete entire option below.							
(1) Affidavit							
	, day of,						
20, to certify which, witness my hand and seal of office.							
ing oath Printed name of officer administering oath	Title of officer administering oath						
OR							
	12/1/2						
My name is <u>Levi W M Javall</u> , and my date of birth is <u>J2/31/59</u> . My address is <u>50/5 Fm /685</u> Victoria +x 27905 Victoria							
(street) (city) (sta	te) (zip code) (country)						
Executed in Villa County, State of 12 kgs, on the 11 day of 14 day of 2022.							
1Cm =	-						
	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD wear, or affirm, under penalty of perjury, that the accompanying report is true puired to be reported by me under Title 15, Election Code. Please complete either option below: Please complete either option below: This the which, witness my hand and seal of office. Printed name of officer administering oath OR OR (street) (city) (street)						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

196	9 FILER NAME KEVIN M. JANAK			mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	· SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	. SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			4,097.72	
6.	S. SCHEDULE F2: UNPAļD INCURRED OBLIGATIONS			/-	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.06	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 KEVIN M. JANAK 4 Date 5 Payee name 05/16/2022 VICTORIA RADIO WORKS LTD. 6 Amount (\$) 7 Payee address; City; State; Zip Code 293.25 3613 N. MAIN ST. VICTORIA TX 77901 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** ADVERTISING EXPENSE POLITCAL ADVERTISING OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 05/19/2022 **RAPID PRINTING & DESIGNS** Amount (\$) Payee address; City; State; Zip Code 488.98 1708 N. NAVARRO **VICTORIA** TX 77901 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE POLITICAL SIGNS OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 05/19/2022 VICTORIA RADIO WORKS LTD. Amount (\$) Payee address; City; State; Zip Code 3613 N. MAIN ST. **VICTORIA** TX 77901 374.00 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVERTISING EXPENSE POLITCAL ADVERTISING OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME KEVIN M. JANAK		3 Filer ID (Ethic	cs Commission Filers)		
4 Date 05/23/2022	5 Payee name THE UPS STORE #5474		,			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
2,941.49	2,941.49 8806 N. NAVARRO, SUITE 600		A TX	77904		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	MAIL OUTS				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		Office held		
Date _.	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	1 Total pages Schedule K:			
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)			
KEVIN M.	JANAK					
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	CAPITAL ONE					
06/30/2022	6 Address of person from whom amount is received; City; Stat 7607 N. NAVARRO VICTORIA TX 77904	ite; Zip Code	0.06			
	7 Purpose for which amount is received Check if p INTEREST ON SAVINGS	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code				
	Purpose for which amount is received Check if p	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	te; Zip Code				
	Purpose for which amount is received Check if p	political contribution i	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Stat	te; Zip Code				
	Purpose for which amount is received Check if p	oolitical contribution r	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						