

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px dashed black;">Mr.</td> <td style="width:50%; border-bottom: 1px dashed black;">Kevin</td> <td style="width:25%; border-bottom: 1px dashed black;">M.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 10px;">Janak</td> </tr> </table>	Mr.	Kevin	M.	NICKNAME	LAST	SUFFIX	Janak			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">RECEIVED</div> Date Hand-Delivered or Date Postmarked JAN - 6 2012 </td> </tr> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		<div style="border: 1px solid black; padding: 2px; display: inline-block;">RECEIVED</div> Date Hand-Delivered or Date Postmarked JAN - 6 2012		Receipt #	Amount	Date Processed		Date Imaged	
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p style="font-size: small; margin: 0;">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> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100%; font-size: x-small;">Name</td> </tr> <tr> <td style="font-size: x-small;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</td> </tr> </table>			Name	Address / PO Box; Apt. / Suite #; City; State; Zip Code																			
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GO TO PAGE 2

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel in District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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 8-13-11	5 Payee name Nursery Post Office	
6 Amount (\$) 56.00	7 Payee address; City; State; Zip Code 12686 Nursery Dr. Nursery, TX 77976	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Post Office Box Rental Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-15-11	Payee name Cnero Booster Club	
Amount (\$) 230.00	Payee address; City; State; Zip Code 401 Park Heights Dr. Cnero, TX 77954	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-15-11	Payee name St. Joseph High School Athletics	
Amount (\$) 500.00	Payee address; City; State; Zip Code 110 E. Red River St. Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-17-11	Payee name Victoria West High School Football Boosters	
Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. Box 7517 Victoria, TX 77903	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
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4 Date 8-21-11	5 Payee name Victoria East High School Football Boosters
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 4103 E. Mockingbird Victoria, TX 77904
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-6-11	Payee name Cuero Record
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Amount (\$) 350.00	Payee address; City; State; Zip Code P.O. Box 351 Cuero, TX 77954
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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