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 Communication)			2 Total pages filed	i:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	OFFICE USE ONLY				
NAME	NICKNAME LAST	Date Received				
	Janak					
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZIP CODE	Date Mand-delivered b	2 12 21 1		
ADDRESS Change of Address	1 2012 1 14 160 %, 412 161 16	4,17 1100	JAN -	6 2012		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt #	Amount		
OFFICEHOLDER PHONE	(361) 576-5647		Date Processed			
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged			
NAME	Mr. Gerald					
	NICKNAME LAST	SUFFIA				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE			
TREASURER ADDRESS (Residence or Business)	506 Dundee, Victoria, T	X77904				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION				
PHONE	(361) 578-2074					
9 REPORTTYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)					
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attac	ch C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year			
	67/01/11	12/31/	/			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year					
	Primary	Runoff	General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)			
	Victoria Co. Commissioner, Pret, Z	.				
14 NOTICE OF DIRECT CAMPAIGN	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.					
EXPENDITURE BY OTHER	Name					
INDIVIDUALS						
	Address / PO Box; Apt. / Suite #; City; State; Zip Code					
additional pages	5	•	•	.* .		
	1					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512) 463-5800

15 C/OH NAME	į	1	6 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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(S)	COMMITTEE TYPE					
	SPECIFIC	COMMITTEE ADDRESS	E ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED					
	\$ _ 0 _					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$		xed \$○			
<i>,</i>	4. TOTAL	\$ 2136.00				
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	* 3980.56				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
	Josephine Salas htary Public, State of T	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by			
My Commission Expires August 10, 2014 Signature of Candidate or Officeholder						
AFFIX NOTARY STAME		Karry sa dan	215			
Sworn to and subs	cribed before r of <u>JANUA</u>					
Josephin	u Delas	JOSEPHINE SALAS	notary Public			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Travel In District Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The instruction Guide	explains how to co	mplete this form.	S. ACCOUNT # (Fibles Commission Files)	
1 Total pages Schedule F:	2 FILER NAME Kevin M	Taral		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	. Juna 1c			
8-13-11	Nursery Post C	Sffice.			
6 Amount (\$)	7 Payee address; City; Stat	s; Zip Code			
(1)	12686 Nursery Dr	•			
56.00	Nursery, TX 77	976			
8 PURPOSE	(a) Category (See categories listed at the top of	f this schedule) (I	Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Other	(Post Offic	e Box Rental Fee	
9 Complete ONLY if direct					
Date	Payee name (<u> </u>			
8-15-11	Chero Booster	<u> Ulnb</u>			
Amount (\$)	Payee address; City; Stat				
230.00	401 Park Height	ts Dr. 154			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Advertising	f this schedule)	Description (If tra-	vel outside of Texas, complete Schedule T)	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name	(())	1.1.1		
8.15-11	St. Joseph His	gh School	Athlet	105	
Amount (\$)	0 . 0	Zip Code			
500.00	110 E. Red River Victoria, TX 779	St.			
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If trans	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder-fame		Office sought	Office held	
Date	Payee name				
8.17-11	Victoria West +	tial Scho	al Footl	pall Boosters	
Amount (\$)	Payee address; City; State				
	P.O. Box 7517				
500.00	Victoria, TX 770	103			
PURPOSE	Category (See categories listed at the top or	(this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	. te ja			
Complete ONLY if direct	Candidate / Officeholder pame		Office sought	Office held	
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

				 	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out O District Office Overhead/F	ontract Labor ising Expense crict tental Expense	Contributions/Donat Candidate/Office OTHER (enter a car	pment & Related Expense
	The Instruction Guid	e explains now to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME KEVIN N	1. Janal	14	3 ACCOUNT	F (Ethics Commission Filers)
4 Date	5 Payee name				
8-21-11	Victoria East H	igh School	1 Footbo	Il Boos	Tevs
6 Amount (\$)	7 Payee address; City; St. 4103 E. Mockin	tate; Zip Code			
500,00	Victoria TX	17904			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Advertisina			·	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
Date	Payee name	<u></u>			
9-6-11					
	Luero Kecord	7:- 0:-4:-			
Amount (\$)	Payee address; City; S	tate; Zip Code			
350.00	Carelo, 1	154			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Advertising				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
	·				
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description (If travel outside of Texas,	complete Schedule T)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF	Category (See categories listed at the top	o of this schedule)	Description (I	if travel outside of Texas,	complete Schedule T)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS N	IEEDED	