

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr.	Kevin Janak	M.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	42 Padre Ln., Victoria, TX 77905		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	576-5647	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr.	Gerald Bludau	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	506 Dundee, Victoria, TX 77904		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	578-2074	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	10	29	06
	THROUGH		Year
			12 / 31 / 06
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	11 / 07 / 06		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Victoria County Commissioner Prct. 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
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 filers)

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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ 200.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,660.32

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 2,834.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

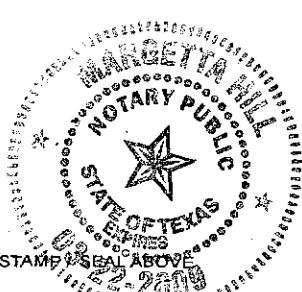
\$ 1,272.73

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

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 16th day of January, 20 07, to certify which, witness my hand and seal of office.

Margetta Hill

Signature of officer administering oath

Margetta Hill

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: <u>1</u>	
2 FILER NAME <u>Kevin M. Janak</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>11-18-06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Raymond V. Carter, Jr.</u> 6 Contributor address: City: State: Zip Code <u>601 W. Goodwin Ave. Victoria, TX 77901</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>11-18-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Gerald P. + Kathryn J. Bludau</u> Contributor address: City: State: Zip Code <u>506 Dundee Victoria, TX 77901</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-20-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Inovar Packaging Group</u> Contributor address: City: State: Zip Code <u>602 Magic Mile Arlington, TX 76011</u>	Amount of contribution (\$) <u>\$160.32</u>	In-kind contribution description (if applicable) <u>Campaign Signs</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)	
Date	Full name of contributor <input type="checkbox"/> 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 11-6-06	5 Payee name Victoria Advocate 6 Payee address; City; State; Zip Code PO Box 1518 Victoria, TX 77902	7 Amount (\$) \$800.00
8 Purpose of payment (See instructions regarding type of information required.) Advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-15-06	Payee name Victoria Advocate Payee address; City; State; Zip Code P.O. Box 1518 Victoria, TX 77902	Amount (\$) \$367.00
Purpose of payment (See instructions regarding type of information required.) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-4-06	Payee name Kevin Janak Payee address; City; State; Zip Code 42 Padre Ln. Victoria, TX 77905	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement of Out-of-Pocket Expense (Schedule G)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-4-06	Payee name Kevin Janak Payee address; City; State; Zip Code 42 Padre Ln. Victoria, TX 77905	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Pay-off balance of loan from self of 8-11-05		** 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: 1
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-8-06	5 Payee name Speedy Stop #3	8 Amount (\$) \$50.00
	6 Payee address; City: State; Zip Code Victoria, TX 77901	
7 Purpose of expenditure (See instructions regarding type of information required.) Fuel for personal vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12-8-06	Payee name Shell	Amount (\$) \$56.00
	Payee address; City: State; Zip Code 101 E. Rio Grande Victoria, TX 77901	
Purpose of expenditure (See instructions regarding type of information required.) Fuel for personal vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12-8-06	Payee name Speedy Stop	Amount (\$) \$61.00
	Payee address; City: State; Zip Code 6490 Hwy. 236 Victoria, TX 77901	
Purpose of expenditure (See instructions regarding type of information required.) Fuel for Personal Vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City: State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City: State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME **Kevin M. Janak**

3 ACCOUNT # (Ethics Commission filers)

4 Date 12-6-06	5 Payor name Inovar Packaging Group 6 Payor address; City; State; Zip Code 602 Magic Mile Arlington, TX 76011	8 Amount (\$) \$852.88
	7 Reason for credit Refund on faulty signage received	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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