

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr.

FIRST

Kevin

MI

M

NICKNAME

LAST

Janak

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

5015

APT / SUITE #;

Fm 1685

CITY;

Victoria Tx

STATE;

ZIP CODE

77905

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(361)

PHONE NUMBER

576-5647

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr

FIRST

Gerard

MI

NICKNAME

1

LAST

Bludau

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

506

Dundee

CITY;

Victoria

STATE;

Tx

ZIP CODE

77904

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

(361)

PHONE NUMBER

578-2074

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 01 / 21

THROUGH

Month

Day

Year

12 / 31 / 21

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 01 / 22

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Victoria Co. Commissioner, Prec. 2

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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 TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

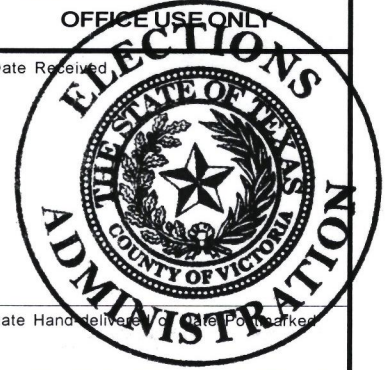
SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2



Date Received

Date Hand Delivered or Date Postmarked

Receipt # Amount \$

Date Processed

JAN 18 2022

Date Imaged

KGS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|--|---|---|
| 15 C/OH NAME <u>Kevin M. Janak</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>- 0 -</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>100.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>- 0 -</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>2,597.63</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>7,191.00</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>7,000.00</u> |

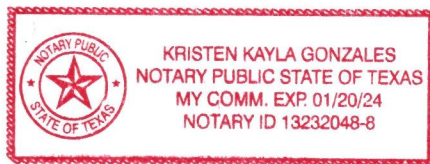
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kevin M. Janak

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kevin Janak this the 18th day of January, 2022, to certify which, witness my hand and seal of office.

Kristen Gonzales
Signature of officer administering oath

Kristen Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Kevin M. Janak

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 100.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS | \$ 7,000.00 |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,597.63 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$.60 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Schedule A1: **1**

2 FILER NAME **Kevin M. Janek**

3 Filer ID (Ethics Commission Filers)

4 Date **12/21/21** 5 Full name of contributor out-of-state PAC (ID#: _____) **Moonlight Entertainment LLC**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code **482 Champlain Dr. Victoria Tx 77905**

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MOONLIGHT ENTERTAINMENT LLC
482 CHAMPLAIN DR
VICTORIA, TX 77905

1251

88-328/1149

12/21/21

DATE

CHECK ARMOR
PAY BY DEPOSIT

PAY TO THE
ORDER OF

Kevin Janak Campaign

\$ 100.00/100

One Hundred & xx/100

DOLLARS



Photo
Safe
Deposit
Details on back



800-257-8316
www.americanbank.com

American Bank

FOR

Donation

Patricia Shoemake

⑆ 114903284⑆ 1251⑆ 1500002399⑆

Harland Clarke

LOANS

SCHEDULE E

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 Schedule E: 1 |
| 2 FILER NAME Kevin M. Janak | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 12/01/21 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin & Tammy Janak | 9 Loan Amount (\$) 7,000.00 |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code 5015 FM 1685 Victoria TX 77905 | 10 Interest rate 0.0 |
| | | 11 Maturity date 12/31/2026 |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |

| | | |
|--|--|---|
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

KEVIN JANAK
 TAMMY JANAK
 PH. 361-676-5647
 5016 FM 1885
 VICTORIA, TX 77905

3851
 00-22851131-28

12/1/21
 Date

Pay to the Order of Kevin Janak Campaign \$ 7000.00
Seven thousand ⁰⁰/₁₀₀ Dollars

PROSPERITY BANK
 VICTORIA BANKING CENTER
 101 S MAIN • VICTORIA, TX 77901
 361-676-5627 www.prospertybank.com

For loan KJ

⑆113122655⑆ 570003624⑆ 3851

12/2/2021 570003624 \$7,000.00 3851 113122655
2000341717 1

DEPOSIT ONLY
 CAPITAL ONE NA
 0084718126 12012021
 RICHMOND, VA 042 21
 360 RDG Deposit 3801558827

>021407912<

CHECK ONLY FOR MOBILE/REMOTE DEPOSIT
 WITH NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

ENDORSE HERE

12/2/2021 570003624 \$7,000.00 3851 113122655
2000341717 1

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: <i>2</i> | 2 FILER NAME <i>Kevin M. Janak</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>08/06/21</i> | 5 Payee name <i>St. Joseph High School Athletics</i> | |
| 6 Amount (\$) <i>600.00</i> | 7 Payee address; City; State; Zip Code <i>110 E. Red River Victoria TX 77901</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Political Advertising</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | | | |
|-------------------------------|---|--|--|
| Date <i>08/17/21</i> | Payee name <i>Nursery Post Office</i> | | |
| Amount (\$) <i>76.00</i> | Payee address; City; State; Zip Code <i>12686 Nursery Drive Nursery TX 77976</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Other</i> | Description <i>Post Office Box Rental</i> | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|--------------------------------|---|-----------------------------|--|
| Date <i>12/09/21</i> | Payee name <i>Rapid Printing LLC</i> | | |
| Amount (\$) <i>1,136.63</i> | Payee address; City; State; Zip Code <i>1708 N. Navarro Suite 300 Victoria TX 77901</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>Signs</i> | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: <p style="text-align:center">2</p> | 2 FILER NAME <p style="text-align:center">Kevin M Janak</p> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p style="text-align:center">12/15/21</p> | 5 Payee name <p style="text-align:center">Victoria Republican Party</p> | |
| 6 Amount (\$) <p style="text-align:center">750.00</p> | 7 Payee address; City; State; Zip Code <p style="text-align:center">115 S. Main St Victoria TX 77901</p> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Filing Fee - Victoria Co. Commissioner, Pct 2</p> | (b) Description <p style="text-align:center">Filing Fee</p> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | | |
|--|---|---|-------------|
| Date <p style="text-align:center">12/28/21</p> | Payee name <p style="text-align:center">The UPS Store #5474</p> | | |
| Amount (\$) <p style="text-align:center">35.00</p> | Payee address; City; State; Zip Code <p style="text-align:center">8806 N. Navarro St. Suite 600 Victoria Tx 77904</p> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p> | Description <p style="text-align:center">Invitations</p> | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> 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 | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The UPS Store #5474

8806 N Navarro St Ste 600
Victoria, TX 77904-1564
361-576-6411

Terminal....: POS5474A Date.: 12/28/2021
Employee....: 178927 Time.: 02:40 PM
Customer No.: CU00080254
Cust. Name...: Certified Training & Safety Inc

| ITEM NAME | QTY | PRICE | TOTAL |
|-------------|-----|---------|---------|
| Invitations | | | \$35.00 |
| | 1 @ | \$35.00 | |
| Tax | | | \$0.00 |

| | | | |
|------------------------|--|--|---------|
| Subtotal | | | \$35.00 |
| Shipping/Other Charges | | | \$0.00 |
| Total tax | | | \$0.00 |

| | | | |
|-------|--|--|---------|
| Total | | | \$35.00 |
|-------|--|--|---------|

Printing

check \$35.00

Items Designated NR are NOT eligible
for Returns, Refunds or Exchanges.

US Postal Rates Are Subject to Surcharge.



1 2 1 1 2 2 8 5 4 7 4 A 0 1 3 6 2 9

View The UPS Store, Inc.'s privacy notice at
<https://www.theupsstore.com/privacy-policy>

Rapid Printing LLC
 1708 N Navarro Suite 300
 Victoria, TX 77901
 (361) 703-5168
 orders@rapidpds.com

Invoice



| |
|----------------|
| BILL TO |
| Kevin Janak |

| INVOICE # | DATE | TOTAL DUE | DUE DATE | TERMS | ENCLOSED |
|-----------|------------|-----------|------------|--------|----------|
| 12464 | 12/09/2021 | \$0.00 | 12/19/2021 | Net 10 | |

| ACTIVITY | QTY | RATE | AMOUNT |
|---|-----|-------|---------|
| Coroplast Wholesale 24x48 Double sided coroplast Sign | 50 | 14.00 | 700.00T |
| Coroplast Wholesale 12x24 Double Sided Coroplast Sign | 100 | 3.50 | 350.00T |

PAID

| | |
|--------------------|---------------|
| SUBTOTAL | 1,050.00 |
| TAX (8.25%) | 86.63 |
| TOTAL | 1,136.63 |
| PAYMENT | 1,136.63 |
| BALANCE DUE | \$0.00 |

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 Schedule K: 1 |
| 2 FILER NAME Kevin M. Janak | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/31/21 | 5 Name of person from whom amount is received Capital One | 8 Amount (\$) .60 |
| | 6 Address of person from whom amount is received; City; State; Zip Code 7607 N. Navarro Victoria TX 77914 | |
| | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on Savings | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED