

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:

11

OFFICE USE ONLY

Date Received

RECEIVED

JAN 29 2010

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.
NICKNAME

Kevin
LAST

M.
SUFFIX

Janak

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5015 FM 1685 Victoria, TX 77905

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(361) 576-5647

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.
NICKNAME

Gerald
LAST

SUFFIX

Bludan

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

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
- July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

1 / 01 / 10 THROUGH 1 / 21 / 10

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

3 / 02 / 10

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Victoria Co. Commissioner, Pct. 2 Victoria Co. Commissioner, Pct. 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$	- 0 -
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,400.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	- 0 -
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4. TOTAL POLITICAL EXPENDITURES	\$	384.74
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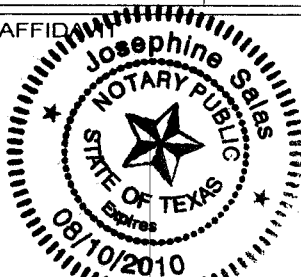
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	6,146.69
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,500.00
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19 AFFIDAVIT



AFFIX NOTARY SEAL / SEAL ABOVE

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

Sworn to and subscribed before me, by the said KEVIN M. JANAK, this the 29th day of JANUARY, 2010, to certify which, witness my hand and seal of office.

Josephine Salas

Signature of officer administering oath

JOSEPHINE SALAS

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: 7

2 FILER NAME Kevin M. Janak

3 ACCOUNT # (Ethics Commission filers)

4 Date 1-1-10
5 Full name of contributor out-of-state PAC (ID# _____)
Jon R. New
6 Contributor address; City; State; Zip Code
P.O. Box 1247, Victoria, TX 77902

7 Amount of contribution (\$) \$250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 1-6-10
Full name of contributor out-of-state PAC (ID# _____)
Charles L. Borchers
Contributor address; City; State; Zip Code
2401 N. Wheeler St., Victoria TX 77901

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1-6-10
Full name of contributor out-of-state PAC (ID# _____)
Richard Cisneros
Contributor address; City; State; Zip Code
1503 S. Laurent St., Victoria TX 77901

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1-6-10
Full name of contributor out-of-state PAC (ID# _____)
Paul E. Roeh
Contributor address; City; State; Zip Code
109 Professional Park Dr. Victoria, TX 77904

Amount of contribution (\$) \$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1-6-10
Full name of contributor out-of-state PAC (ID# _____)
Herbert + Martha Watts
Contributor address; City; State; Zip Code
108 Watermark Victoria, TX 77904

Amount of contribution (\$) \$100.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-7-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven C. Schnicker	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2710 Hospital Dr., Suite 110 Victoria, TX 77901			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-8-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. / Mrs. Richard Lenz	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 109 Summerwind Dr. Victoria, TX 77904			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-6-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan + Elaine Thurman	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 119 Yorkshire Victoria, TX 77904			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-6-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milton S. Greeson, Jr	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2509 Victoria, TX 77902			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-8-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Moscatelli	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4267 FM 1685 Victoria, TX 77905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-6-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfred Allen Kopecky 6 Contributor address; City; State; Zip Code 112 Hollywood Victoria, TX 77904	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-8-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay + Barbara Lack Contributor address; City; State; Zip Code 102 Creekside Dr. Victoria, TX 77904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-7-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Keeling + Carroll, LLP Contributor address; City; State; Zip Code 210 E. Constitution Victoria, TX 77902	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-6-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruschaupt + Son Contributor address; City; State; Zip Code 8444 Mission Valley Rd. Victoria, TX 77905	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-8-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis Schaar Contributor address; City; State; Zip Code 2306 N. Main St. Victoria, TX 77901	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form:		1 Total pages Schedule A:	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-9-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. + Mrs. R. G. Duncan 6 Contributor address; City; State; Zip Code 120 Kingwood Forest Victoria, TX 77904	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-9-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bobby J. Jacob Contributor address; City; State; Zip Code 6041 Country Club Dr. Victoria, TX 77904	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-11-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert C. McKay Contributor address; City; State; Zip Code 303 Leisure Ln. Victoria, TX 77904	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-6-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan Dunn O'Connor Contributor address; City; State; Zip Code P.O. Box 290 Victoria, TX 77902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-10-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth + Dorita Richter Contributor address; City; State; Zip Code P.O. Box 446 Inez, TX 77968	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-10-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Elmore 6 Contributor address: City: State: Zip Code 405 Roseland Ave. Victoria, TX 77901	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-10-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Winston Wheeler Contributor address: City: State: Zip Code 504 E. Santa Rosa St. Victoria, TX 77901	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-9-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Norrell + Mickey Schulte Contributor address: City: State: Zip Code 906 Mead Rd. Victoria, TX 77904	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-12-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry + Karen Friedel Contributor address: City: State: Zip Code 1593 Kolodzey Rd. Victoria, TX 77905	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-11-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Don + Bernice Krueger Contributor address: City: State: Zip Code P.O. Box 3865 Victoria, TX 77903	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-10-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lisa M. Bowen 6 Contributor address; City; State; Zip Code 502 N. Craig St. Victoria, TX 77901	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-9-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Ruddock Contributor address; City; State; Zip Code 121 Tradewind Dr. Victoria, TX 77904	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-12-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: M/M Gary Harlan Contributor address; City; State; Zip Code 502 Blyth Rd. Victoria, TX 77904	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-11-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert + Bernadette Seale Contributor address; City; State; Zip Code 1598 Kolodzey Rd. Victoria, TX 77905	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-12-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dennis + Sherry Shay Contributor address; City; State; Zip Code 108 Nottingham Dr. Victoria, TX 77904	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-13-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laddie + Paul Janda 6 Contributor address; City; State; Zip Code 474 FM 622 Victoria, TX 77905	7 Amount of contribution (\$) \$ 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-10-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy + Molly Summerlin Contributor address; City; State; Zip Code 210 Watermark Victoria, TX 77904	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-12-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra + Darrell Hester Contributor address; City; State; Zip Code 341 Hester Rd. Victoria, TX 77905	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-11-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary R. Wheeler Contributor address; City; State; Zip Code 410 Roseland Ave. Victoria, TX 77901	Amount of contribution (\$) \$ 100.00	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 1-5-10	5 Payee name Home Depot	7 Amount (\$) \$ 21.62
6 Payee address; City; State; Zip Code 6708 NE Zac Lentz Pkwy. Victoria, TX 77904		

8 Purpose of payment (See instructions regarding type of information required.) Signage Supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-5-10	Payee name Nursery Post Office	Amount (\$) \$ 239.44
Payee address; City; State; Zip Code Nursery Dr., Nursery, TX 77976		

Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-15-10	Payee name Kurtz Printing	Amount (\$) \$ 62.68
Payee address; City; State; Zip Code 102 Cozzi Circle Victoria, TX 77901		

Purpose of payment (See instructions regarding type of information required.) Printing / Envelopes	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** 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: <u>1</u>
2 FILER NAME <u>Kevin M. Janak</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1-20-10</u>	5 Payee name <u>Stripes</u> 6 Payee address; City: State; Zip Code <u>10408 Zach Lantz Pkwy. Victoria, TX 77904</u>	8 Amount (\$) <u>\$ 61.00</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel For Personal Vehicle-Campaigning</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City: State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City: State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City: State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City: State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

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