

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:

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr

Kevin

M.

NICKNAME

LAST

SUFFIX

Janak

OFFICE USE ONLY

Date Received

FEB 22 2010

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

5015 FM 1685 Victoria, TX 77905

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

576-5647

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

Gerald

NICKNAME

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 / 22 / 10

2 / 20 / 10

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

3 / 2 / 10

- Primary
 Runoff
 General
 Special

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 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2790.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 902.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,798.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,500.00

19 AFFIDAVIT

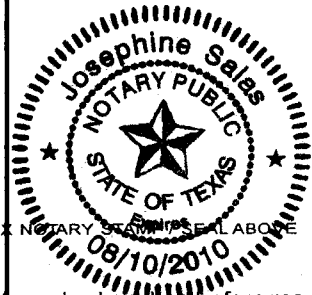
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kevin M. Janak
Signature of Candidate or Officeholder

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said KEVIN M. JANAK, this the 22nd day of February, 2010, to certify which, with my hand and seal of office.

Josephine Salas JOSEPHINE SALAS *Notary Public*
Signature of officer administering oath Printed name of officer administering oath 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: 4	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-16-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas + Tami Burdge 6 Contributor address; City; State; Zip Code 101 Willow Way, Victoria, TX 77904	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 1-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elton + Ann Calhoun Contributor address; City; State; Zip Code 203 Willow Way, Victoria TX 77904	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-27-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S.L. + Janie Hebert Contributor address; City; State; Zip Code 206 Blyth Rd., Victoria, TX 77904	Amount of contribution (\$) 75 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-26-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bennie + Diana Galvan Contributor address; City; State; Zip Code 309 Willow Way, Victoria, TX 77904	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-24-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Monroe + Mary Rieger Contributor address; City; State; Zip Code 314 Charleston, Victoria, TX 77904	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 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:

4

2 FILER NAME

Kevin M. Janak

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-24-10

5 Full name of contributor out-of-state PAC (ID# _____)

Royce + Terry Krueger

6 Contributor address; City; State; Zip Code

116 Lancaster St.
Victoria, TX 77904

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-23-10

Full name of contributor out-of-state PAC (ID# _____)

Edwin Dentler

Contributor address; City; State; Zip Code

23 Josephine Ln.
Victoria, TX 77905

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-10

Full name of contributor out-of-state PAC (ID# _____)

Don + Pat Plowman

Contributor address; City; State; Zip Code

307 Leisure Lane
Victoria, TX 77904

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-10

Full name of contributor out-of-state PAC (ID# _____)

Gene Migura

Contributor address; City; State; Zip Code

105 Kreeview Dr.
Victoria, TX 77904

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-10

Full name of contributor out-of-state PAC (ID# _____)

Honston Sterne

Contributor address; City; State; Zip Code

3839 FM 1685
Victoria, TX 77905

Amount of contribution (\$)

50⁰⁰

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: 4	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-3-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry + Kathy Tomanek 6 Contributor address; City; State; Zip Code 202 E. Hiller St. Victoria, TX 77901	7 Amount of contribution (\$) 1,000⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-8-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Schurtz Contributor address; City; State; Zip Code 404 Woodway Dr. Victoria, TX 77904	Amount of contribution (\$) 40⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-9-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dan R. Coleman Contributor address; City; State; Zip Code P O Box 1477 Victoria, TX 77902	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-29-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Association of Realtors Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-3-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John McNeill, D.O., P.A. Contributor address; City; State; Zip Code P O Box 4348 Victoria, TX 77903	Amount of contribution (\$) 100⁰⁰	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: **4**

2 FILER NAME **Kevin M. Janak**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1-25-10** 5 Full name of contributor out-of-state PAC (ID# _____) **Dr. Marshall Wiener**

7 Amount of contribution (\$) **2500** 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**2700 Citizens Plaza, Ste. 307
Victoria, TX 77901**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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 **2-15-10**
 5 Payee name **Lowes Home Center**
 6 Payee address; City; State; Zip Code
**8602 N. Navarro
 Victoria, TX 77904**

7 Amount (\$)
\$23.75

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

Date **2-15-10**
 Payee name **The Victoria Advocate**
 Payee address; City; State; Zip Code
**311 E. Constitution
 Victoria, TX 77901**

Amount (\$)
\$469.00

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 **2-18-10**
 Payee name **The Victoria Advocate**
 Payee address; City; State; Zip Code
**311 E. Constitution
 Victoria, TX 77901**

Amount (\$)
\$320.00

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
 Payee name
 Payee address; City; State; Zip Code

Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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 2-5-10	5 Payee name Stripes	8 Amount (\$) \$ 49.00
	6 Payee address; City; State; Zip Code 10408 Zac Lentz Pkwy. Victoria, TX 77904	
7 Purpose of expenditure (See instructions regarding type of information required.) Fuel For Vehicle - Campaigning		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-17-10	Payee name Shell	Amount (\$) \$ 41.00
	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 Vehicle - Campaigning		<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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED