

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

FEB 11 2010

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

Kevin

M

NICKNAME

LAST

SUFFIX

Janak

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5015 FM1685 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

1 / 01 / 10

THROUGH

Month Day Year

1 / 21 / 10

11 ELECTION

ELECTION DATE

Month Day Year

3 / 02 / 10

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Victoria Co. Commissioner, Pct. 2

13 OFFICE SOUGHT (if known)

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

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 7,075.00

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 384.74

CONTRIBUTION BALANCE

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

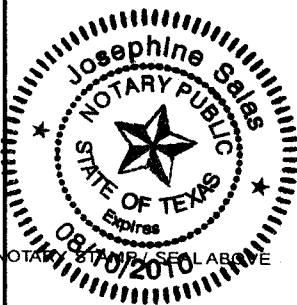
\$ 8,821.69

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



AFFIX NOTARY 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 11th day of February, 20 10, 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

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>4</u>		OFFICE USE ONLY Date Received	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR NICKNAME: <u>Mr.</u> FIRST: <u>Kevin</u> MI: <u>M.</u> LAST: <u>Janak</u> SUFFIX:			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year <u>1 / 01 / 10</u> THROUGH <u>1 / 21 / 10</u>		Receipt # Amount Legal Totals Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

On cover sheet form C/OH, Box 18, #2 'Total Political Contributions' should have read \$7,075.00 in lieu of \$4400.00, and, Box 18, #5 'Total Political Contributions Maintained as of the Last Day of the Reporting Period' should have read \$8,821.69 in lieu of \$6146.69. Three additional pages of Schedule A should have been attached.

7 AFFIDAVIT

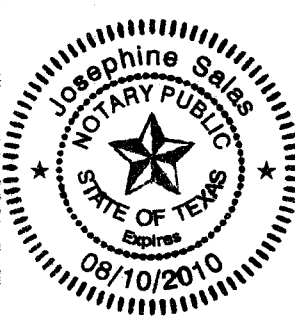
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Kevin M. Janak
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me by KEVIN M. JANAK this the 10th day of February, 2010 to certify which, witness 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME
Kevin M. Janak

3 ACCOUNT # (Ethics Commission filers)

4 Date: **1-20-10**
5 Full name of contributor: **Jay M. Easley**
6 Contributor address: **614 Basswood St., 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: **1-20-10**
Full name of contributor: **Pablo Garza, M.D.**
Contributor address: **P.O. Box 2644 Victoria, TX 77902**

Amount of contribution (\$): **\$50.00**
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Employer (See Instructions)

Date: **1-14-10**
Full name of contributor: **Arthur Buckert - Boardwalk Properties**
Contributor address: **414 Charleston Victoria TX 77901**

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: **James + Susan Neumann**
Contributor address: **301 Kingwood Forest 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: **1-13-10**
Full name of contributor: **Peter + Norma Riesz**
Contributor address: **6120 Country Club Drive Victoria, TX 77904**

Amount of contribution (\$): **\$25.00**
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.

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

**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 files)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

1-20-10

William + Anne Wagner

6 Contributor address; City; State; Zip Code

408 W. Goodwin Ave
Victoria, TX 77901

\$250.00

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)

1-18-10

B. Dean Mc Daniel P.O.P.A.

Contributor address; City; State; Zip Code

2700 Citizens Plaza, Suite 100
Victoria, TX 77901

\$500.00

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)

1-17-10

Mike Bludan

Contributor address; City; State; Zip Code

2186 Oliver Rd.
Victoria, TX 77904

\$100.00

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)

1-17-10

John + Maxine Smajstrla

Contributor address; City; State; Zip Code

225 Pickering Rd. West
Victoria, TX 77905

\$25.00

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)

1-19-10

M/M William A. Kyle Jr

Contributor address; City; State; Zip Code

PO Box 82
Nursery, TX 77976

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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

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

Fred + Dorothy Kubesch

6 Contributor address; City; State; Zip Code

122 Crawford Dr.
Victoria, TX 77904

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

1-13-10

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

M/M Jack Fitzgerald

Contributor address; City; State; Zip Code

33 Meadow View
Victoria, TX 77904

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

1-15-10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

McNeill Properties - Mark McNeill

Contributor address; City; State; Zip Code

102 Callie Ricardo
Victoria, TX 77904

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

1-15-10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

R. Boyd

Contributor address; City; State; Zip Code

510 Vista Cove
Victoria, TX 77904

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

1-14-10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Lineberger Goggan Blair + Sampson LLP

Contributor address; City; State; Zip Code

P.O. Box 17428
Austin, TX 78760

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

12-14-09

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.