

# 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:

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

Kevin

M

NICKNAME

LAST

SUFFIX

Janak

OFFICE USE ONLY

Date Received

RECEIVED

JUL 06 2010

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5015 FM 1685, Victoria, TX 77905

Change of Address

Date Hand-delivered or Date Postmarked

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

Receipt #

Amount

Date Processed

Date Imaged

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

02 / 21 / 10

06 / 30 / 10

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 02 / 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 files)

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

\$ - 0 -

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

\$ 4420.00

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 7248.03

CONTRIBUTION BALANCE

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

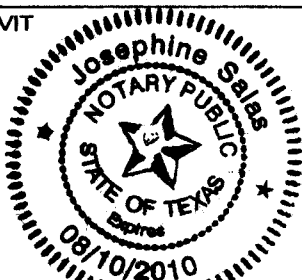
\$ 8093.19

OUTSTANDING LOAN TOTALS

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

\$ - 0 -

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE

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 6th day of July, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Kevin M. Janak</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-12-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Jasek</b>	7 Amount of contribution (\$) <b>\$20.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>205 Dundee Victoria, TX 77904</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3-12-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>L.A. Guerra</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>506 Masters Drive Victoria, TX 77904-3349</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-12-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Morris Roberts</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 Champions Row Victoria, TX 77904-3315</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-12-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David + Janice Ohrt</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2221 Fm 237 Victoria, TX 77905 - 2508</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-12-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Jones</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>201 Buena Vista Ave Victoria, TX 77901 - 4803</b>			
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: <b>5</b>	
2 FILER NAME <b>Kevin M. Janak</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-12-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kevin + Jean Cullen</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>P.O. Box 2938 Victoria, TX 77902-2938</b>				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <b>3-12-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kevin + Jean Cullen</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>P.O. Box 2938 Victoria, TX 77902-2938</b>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>3-12-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don + Bernice Krueger</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>P.O. Box 3865 Victoria, TX 77903-3865</b>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>3-12-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim + Jennifer Hartman</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>203 Wildrose Dr. Victoria, TX 77904-3370</b>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>3-12-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Gayle Braman</b>	Amount of contribution (\$) <b>275.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>One O'Connor Plaza, Suite 1100 Victoria, TX 77901-6549</b>				
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: 5	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3.12.10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas E. Braman 6 Contributor address; City; State; Zip Code One O'Connor Plaza, Suite 1100 Victoria, TX 77901	7 Amount of contribution (\$) / 275.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3.12.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. H. Braman III Contributor address; City; State; Zip Code One O'Connor Plaza, Ste 1100 Victoria, TX 77901	Amount of contribution (\$) / 275.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.12.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louise S. O'Connor Contributor address; City; State; Zip Code 106 W. Juan Linn St. Victoria, TX 77901-8022	Amount of contribution (\$) / 275.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.12.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.W. Braman Contributor address; City; State; Zip Code One O'Connor Plaza, Ste 1100 Victoria, TX 77901	Amount of contribution (\$) / 275.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.12.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jinnie Gilster Johnstone Contributor address; City; State; Zip Code One O'Connor Plaza, Ste 1100 Victoria, TX 77901	Amount of contribution (\$) / 275.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></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: <b>5</b>	
2 FILER NAME <b>Kevin M. Janak</b>			3 ACCOUNT # (Ethics Commission filers)		
4 Date <b>3.12.10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathryn C. Gilster Dnnam</b>	7 Amount of contribution (\$) <b>\$ 275.00</b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <b>One O'Connor Plaza, Ste. 1100 Victoria, TX 77901</b>					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>3.12.10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ralph R. Gilster III</b>	Amount of contribution (\$) <b>275.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>One O'Connor Plaza, Ste 1100 Victoria, TX 77901</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>3.12.10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathry D. O'Connor</b>	Amount of contribution (\$) <b>275.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>One O'Connor Plaza, Ste. 1100 Victoria, TX 77901</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>3.12.10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ann W. Harithas</b>	Amount of contribution (\$) <b>275.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>P.O. Box 2549 Victoria, TX 77902</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>3.12.10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael S. Anderson</b>	Amount of contribution (\$) <b>275.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>P.O. Box 2549 Victoria, TX 77901</b>					
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: <span style="font-size: 24px; margin-left: 20px;">5</span>	
2 FILER NAME <span style="font-size: 24px; margin-left: 20px;">Kevin M. Janak</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 24px; margin-left: 20px;">3.12.10</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 24px; margin-left: 20px;">Steven + Karen Anderson</span>	7 Amount of contribution (\$) <span style="font-size: 24px; margin-left: 20px;">275.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 24px; margin-left: 20px;">PO Box 2549 Victoria, TX 77902</span>			
9 Principal occupation / Job title (See Instructions)		10 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)	
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)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 2

2 FILER NAME Kevin M. Janak 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2/24/10</u>	5 Payee name <u>The Victoria Advocate</u> 6 Payee address; City; State; Zip Code <u>311 E. Constitution Victoria, TX 77901</u>	7 Amount (\$) <u>\$ 938.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <u>3/8/10</u>	Payee name <u>The Victoria Advocate</u> Payee address; City; State; Zip Code <u>311 E. Constitution Victoria, TX 77901</u>	Amount (\$) <u>\$ 469.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date <u>3-9-10</u>	Payee name <u>Kevin Janak</u> Payee address; City; State; Zip Code <u>5015 FM 1685 Victoria, TX 77905</u>	Amount (\$) <u>\$ 151.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Reimbursement to self for campaign expenditures from personal funds</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date <u>3-9-10</u>	Payee name <u>Kevin Janak</u> Payee address; City; State; Zip Code <u>5015 FM 1685 Victoria, TX 77905</u>	Amount (\$) <u>\$ 5500.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Reimbursement to self for loans made from personal funds</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **Kevin M. Janak** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3-25-10</b>	5 Payee name <b>Kurtz Printing</b> 6 Payee address; City; State; Zip Code <b>102 Cozzi Circle Victoria, TX 77901</b>	7 Amount (\$) <b>67.75</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>Printing/Advertising</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name ..... Payee address;      City;      State;      Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name ..... Payee address;      City;      State;      Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name ..... Payee address;      City;      State;      Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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 <u>3/15/10</u>	5 Payee name <u>PCC</u> 6 Payee address; City; State; Zip Code <u>1704 SW Moody Victoria, TX 77905</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel For Vehicle</u>	8 Amount (\$) <u>\$ 58.28</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>3/15/10</u>	Payee name <u>B+D General Store</u> Payee address; City; State; Zip Code <u>9765 US Hwy 87 Victoria, TX 77904</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel For Vehicle</u>	Amount (\$) <u>\$ 64.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

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

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**