

# 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: <div style="font-size: 2em; text-align: center;">3</div>																												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> </tr> <tr> <td>Mr.</td> <td>Kevin</td> <td>M</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td>Janak</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Kevin	M	NICKNAME	LAST	SUFFIX		Janak		<div style="text-align: center; font-weight: bold; font-size: 10px;">OFFICE USE ONLY</div> <hr/> <p style="font-size: 8px;">Date Received</p> <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JUL 14 2017</div> <p style="font-size: 8px;">BY: <i>[Signature]</i></p> <hr/> <p style="font-size: 8px;">Date Hand-delivered or Date Postmarked</p>																	
MS / MRS / MR	FIRST	MI																													
Mr.	Kevin	M																													
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	Janak																														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: 8px;">APT / SUITE #;</td> <td style="width:25%; font-size: 8px;">CITY;</td> <td style="width:25%; font-size: 8px;">STATE;</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td>5015 FM 1685</td> <td>Victoria</td> <td>Tx</td> <td></td> <td>77905</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5015 FM 1685	Victoria	Tx		77905																				
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Month	Day	Year	THROUGH	Month	Day	Year																									
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12 OFFICE	OFFICE HELD (if any) Victoria County Commissioner Prec 2	13 OFFICE SOUGHT (if known)																													

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

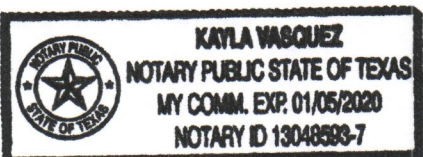
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,853.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / 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.

*Kayla Vasquez*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kayla Vasquez, this the 14<sup>th</sup> day of July, 2017, to certify which, witness my hand and seal of office.

*Kyle Vear*

Signature of officer administering oath

Kayla Vasquez

Printed name of officer administering oath

Deputy Election Admin.

Title of officer administering oath

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>1</b>
2 FILER NAME <b>Kevin M. Janak</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/30/17</b>	5 Name of person from whom amount is received <b>Capital One</b>	8 Amount (\$) <b>\$ 4.29</b>
	6 Address of person from whom amount is received; City; State; Zip Code <b>7602 N. Navarro Victoria TX 77904</b>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <b>Interest on Savings</b>		
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		
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**