

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: 5		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr.	FIRST Kevin	MI m.	Date Received	
		NICKNAME Janak	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input 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			Receipt #	Amount
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Legal	Totals
		4 / 2 / 06		6 / 30 / 06	Date Processed	Date Imaged

6 EXPLANATION OF CORRECTION

Section 18, #2 - 'Total Political Contributions' on page 2 of Cover Sheet (form C/OH) should have read \$2,425.00 in lieu of \$1,525.00.

Attached Schedule A forms (Political Contributions), totaled \$2,425.00.

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 15 day of August, 2006 to certify which, witness my hand and seal of office.

Margetta Hill Margetta Hill Notary
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

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr.	Kevin Janak	M.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	42 Padre Ln., Victoria, TX 77905		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	576-5647	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr.	Gerald Bludau	
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	4	2	06
	THROUGH		Year
			6 / 30 / 06
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	7	06
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Victoria County Commissioner Prct. 2
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		
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 Use)

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	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

\$ —

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

\$ 1,525.00

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 1027.77

CONTRIBUTION BALANCE

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

\$ 3235.65

OUTSTANDING LOAN TOTALS

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

\$ 1,000.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

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: 2	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission Here)	
4 Date 4-6-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Hawes Braman, Jr. 6 Contributor address: City: State: Zip Code One O'Connor Plaza, Suite 1100 Victoria, TX 77901-6549	7 Amount of contribution (\$) \$300	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-19-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Andre S. Morrison + Mrs. Jack Morrison, Sr. Contributor address: City: State: Zip Code 114 Berkshire, Victoria, TX 77904	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-19-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. + Mrs. Laddie Janda Contributor address: City: State: Zip Code 474 FM 622, Victoria, TX 77905	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-19-06	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 (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-19-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David + Janice Ohr + Contributor address: City: State: Zip Code 2221 FM 237, Victoria, TX 77905	Amount of contribution (\$) \$500	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	
2 FILER NAME Kevin M. Janak		3 ACCOUNT # (Ethics Commission files)	
4 Date 4-19-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Ryan	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 10341 Nursery Dr., Victoria, TX 77904			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-23-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arlon C. + Patricia M. Zamzow	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 364 Adcock Rd., Victoria, TX 77905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-23-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott A. Kloesel	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1202 Malette Dr., Apt. 1401 Victoria, TX 77904			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-23-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruschhaupt + Son	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8444 Lower Mission Valley Rd. Victoria, TX 77905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)	

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