

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: Mr. NICKNAME
FIRST: Kevin LAST: Janak
MI: M. SUFFIX

OFFICE USE ONLY

Date Received
RECEIVED

OCT 30 2006

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
42 Padre Ln., Victoria, TX 77905

By: Margaret Hill

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (361) PHONE NUMBER: 576-5647 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. NICKNAME
FIRST: Gerald LAST: Bludau
MI: SUFFIX

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: (361) PHONE NUMBER: 578-2074 EXTENSION:

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
9 / 29 / 06 THROUGH 10 / 28 / 06

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 7 / 06
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Victoria County 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. ****

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 547.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2186.85
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.

Kevin M Janak
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Janak, this the 30th day of October, 2006, to certify which, witness my hand and seal of office.

Kay L Posey
Signature of officer administering oath

Kay L. Posey
Printed name of officer administering oath

Notary Public
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 filers)	
4 Date 9-29-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sandra + Darrell Hester	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 341 Hester Rd. Victoria, TX 77905			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-1-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David + Janice Ohrt	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2221 FM 237 Victoria, TX 77905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-6-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. + Mrs. Tom Henley, III	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12332 FM 236 Mission Valley, TX 77905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-3-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Charles Moscatelli	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4267 FM 1685 Victoria, TX 77905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Norrell + Mickey Schulte	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 906 Mead Rd. Victoria, TX 77904			
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 filers)	
4 Date 10-17-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herbert E. + Martha Watts	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 108 Watermark Victoria, TX 77904			
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: 1

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

4 Date <u>10-24-06</u>	5 Payee name <u>Win Your Race</u>	7 Amount (\$) <u>\$400.00</u>
6 Payee address, City, State, Zip Code <u>557 Woodview Dr. Longwood, Florida 32779</u>		

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

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

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Kevin M. Janak</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10-23-06</u>	5 Payee name <u>Cimarron Junction</u> 6 Payee address; City: State: Zip Code <u>7104 A. Navarro Victoria, TX 77904</u>	8 Amount (\$) <u>\$ 38.00</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel For Personal Vehicle</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>10-9-06</u>	Payee name <u>Shell</u> Payee address; City: State: Zip Code <u>101 E. Rio Grande Victoria, TX 77901</u>	Amount (\$) <u>\$ 53.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel For Personal Vehicle</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>10-3-06</u>	Payee name <u>Shell</u> Payee address; City: State: Zip Code <u>101 E. Rio Grande Victoria, TX 77901</u>	Amount (\$) <u>\$ 56.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel For Personal Vehicle</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

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

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