CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<u> </u>			
The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	Ms/MRs/MR FIRST Mr. Kevin	M	OFFICE USE ONLY
NAME	Mr. Kevin		Date Received
	Janak		PEQEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ctoria, Tx 77904	JAN 1 3 2016 BY: Mule
Change of Address			<i>ညီသေ^{တီ} အဲ</i> သော စခုခဲ့ရသို့ စေခဲ့ခဲ့ရသို့ စေ့ခဲ့ရသို့ စေ့ခဲ့ရသို့ စေ့ခဲ့ရသို့ စေ့ခဲ့ရသို့ စေ့ခဲ့ရသို့ စေ့ခဲ့ရသို့ -
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 576-5647	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Mr. Genald NICKNAME LAST	SUFFIX	Date Processed
	Bludau		Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STHEET ADDRESS (NO PO BOX PLEASE); APT / SU 506 Dunder, Victoria		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 5-18-2074	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 15	THROUGH 12/	Day Year 31 / 15
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Victoria County		
	Commissioner Pret. a		
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)
16 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	J		·
	GENERAL		
	<u> </u>	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ASSIESS	
į			
		COMMITTEE CAMPAION TOFACUEED NAME	<u></u>
		COMMITTEE CAMPAIGN TREASURER NAME	•
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			•
		·	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - O-
EXPENDITURE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,		
TOTALS		S ITEMIZED	\$ -0-
WWW.	4. TOTAL POLITICAL EXPENDITURES		\$ 1,568.00
CONTRIBUTION			· · · · · · · · · · · · · · · · · · ·
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 10,456.21
Di Ci (TOL			* 10,136,21
OUTSTANDING	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		-
LOAN TOTALS			\$ -0-
18 AFFIDAVIT			
IO AFFIDAVII			
	•	I swear, or affirm, under penalty of perj	• • • • •
•		true and correct and includes all inform	nation required to be reported by me
_	/\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	under Title 15, Election Code.	
}	MARCO	ETTAS HILL	
31	Notary Put	olic, State of Texas }	
}\	My Com	mission Expires: 3	
	a second	sh 22, 20)? Signature of Candid	ate or Officeholder
***	a ca da Caria Cari	Langua de a tras de algunia de a tras de	
AFFIX NOTARY STAME	P/SEALABOVE		· ·
		Kavin Daale	1340
Sworn to and subscri	ibed before me, b	by the said / EULI Jaranto	this the
day of Juliur 20 16, to certify which, witness my hand and seal of office.			
Villegethe Hill Notzry			
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Offi	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Kevin M. Janak		3 Filer ID (Ethics Commission Filers)
4 Date 08/26	5 Payee name Nursery Post Office		
6 Amount (\$)	7 Payee address; City; State; Zip Code 12686 Nursery Drive Nursery, TX 77976		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	Check if Austin	tside of Texas. Complete Schedule T. TX, officeholder living expense CE. Box Rent
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/26	Victoria West High Sc	Lool BOD.	sters
Amount (\$) 500 · 00	Payee address; City; State; Zip Code P. J. Box 7517 Victoria, TX 77903	1	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	1 1	ide of Texas, Camplete Schedule T, TX, officeholder living expense Advertising
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 08/26/15	Payee name Victoria East High s	chool Broste	. S
Amount (\$) \$ 500,00	Payee address; City; State; Zip Code 4103 & Mucking bird Victoria, TX 77903		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Check If Austin, 1	de of Texas. Complete Schedule T. TX, officeholder living expense Advertishing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	By Gift/Awards/Memorials Expense Prid	Illing Expense Travel In District Travel Out Of District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Gulde explains ho	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Kevin M. Janak	3 Filer ID (Ethics Commission Filers)	
4 Date 08/26/15	 	hool Athletics	
6 Amount (\$) \$ 500 - 00	7 Payee address; City; State; Zip Co 110 E. Red River Victoric, TX 77701	nde	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense	Political Advertising	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	. *	
Amount (\$)	Payee address; City; State; Zip Coo	de .	
	·		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
2 FILER NAME	Kevin M. Janak	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received Capital One		8 Amount (\$)
12-31-15	6 Address of person from whom amount is received; City; State;	Zip Code	4 4.66
	Victoria, Tx 77904 7 Purpose for which amount is received Check if	political contribution	returned to filer
	Interest on Sawings		
Date .	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
ا ا	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
-	Purpose for which amount is received Check if p	olitical contribution	returned to filer
		1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	•