CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY		
NAME	MR. Kevin	SUFFIX	Date Received		
4	Janak	OUTTA			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		SITY; STATE; ZIP CODE	JAN 1 3 2020 Wfile		
Change of Address	4		5 11 .		
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 576-5647	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$		
NAME	Mr. Gerald NICKNAME LAST SUFFIX		Date Processed		
	BINDAU		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)	506 Dunder	Victoria	TX 77904		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 578-2074	EXTENSION			
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH 12 /	Day Year / 31 / 19		
11 ELECTION	Month Day Year Primary General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)		
	Victoria County				
,	Commissioner Prct. 2				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Kern r	1. Janak	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			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		TO THE STATE OF THE POOR TO TH			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
47.00\ TDIDITION					
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED		\$ - O -		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-		
EXPENDITURE TOTALS			\$ -0-		
			\$ 676.00		
			DAY \$ 3,363.33		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$		
18 AFFIDAVIT					
M. M.	ARGETTA S. HILL	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is permation required to be reported by me		
Notary Public State of Texas My Comm. Exp. 3/22/2021 Notary ID 12524028-3 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Kevin M. Janak, this the					
day of January, 20 20 , to certify which, witness my hand and seal of office.					
Margette Him Margetta Hice Notary					
Signature of officer ad	dministering 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 By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME
KEVM M. Janak
Payee name
NWSery Post Office 2 FILER NAME 1 Total pages Schedule F1: 5 Payee name 4 Date 08/15/19 7 Payee address; Zip Code City; State: 6 Amount (\$) Nursery Drive 12686 Nusery. TX 77976 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Post Office Box Rental OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date St. Joseph High School Athletics

Payee address;

City; State;

Victoria TX 77901

Control of this school by school Athletics

Description 09/10/19 Zip Code Amount (\$) 600.00 **PURPOSE** Political Advertising Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zip Code State: City; Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 Schedu	Total pages Schedule K:		
2 FILER NAME Kevm M, Jangh			Commission Filers)		
4 Date	5 Name of person from whom amount is received Capital One		B Amount (\$)		
12-31-19	6 Address of person from whom amount is received; City; Sta 7607 N. Naukro VICTORG TX 77904	te; Zip Code	9.44		
	7 Purpose for which amount is received Check if political contribution re				
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	political contribution r	eturned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution r	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; S	tate; Zip Code			
	Purpose for which amount is received Check in	f political contribution	returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED			