

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: **5**

3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <p style="text-align: center; font-size: 1.5em;">Ted</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.5em;">Krenek</p>	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">Po. Bx 491 Pattison, TX 77466</p>	Date Received Date Hand-delivered or Date Postmarked <p style="font-size: 1.5em; text-align: center;">1-15-03 <i>laf</i></p>
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5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <p style="text-align: center; font-size: 1.5em;">Ted</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.5em;">Krenek</p>	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">2330 Vogel Ln. Pattison, TX 77463</p> <p style="font-size: 1.2em;">Po. Bx 491 Pattison, TX 77466</p>
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.5em;">(281) 934-2963</p>
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8 REPORT TYPE	<input checked="" 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 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)
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9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="font-size: 1.5em;">10 / 29 / 02 1 / 15 / 2003</p>
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10 ELECTION	ELECTION DATE Month Day Year <p style="font-size: 1.5em;">11 / 05 / 2002</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) <p style="font-size: 1.2em;">Alderman, City Pattison TX J. P. Pat & Waller Co</p>
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13 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 <input type="checkbox"/> additional pages
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Ted Krenak

15 ACCOUNT # (Ethics Commission only)

16 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 45.00

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

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 148.75

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 242.75

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ted Krenak this the 15th day of Jan. 20 03 to certify which, witness my hand and seal of office.

Helen Harwell
Signature of officer administering oath

Helen Harwell
Printed name of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Ted Krenck

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

11-12-02

The Katy Times

6 Payee address: City: State: Zip Code

5319 E. Fifth St. Katy, TX 77493

58.00

8 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

Newspaper Ad

Ted Krenck - JP

- Alderman

Date

Payee name

Amount
(\$)

11-25-02

The Times Tribune

Payee address: City: State: Zip Code

PO Box 1549 Brookshire, TX 77423

25.00

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Newspaper Ad

Ted Krenck - JP

- Alderman

Date

Payee name

Amount
(\$)

11-4-02

US Postal Service

Payee address: City: State: Zip Code

Patterson, TX 77466

23.00

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Stamps

Ted Krenck - JP - Alderman

Date

Payee name

Amount
(\$)

11-4-02

Katy Hardware

Payee address: City: State: Zip Code

813 Avenue B Katy, TX

42.75

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Advertising Stakes

Ted Krenck - JP - Alderman

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 2

2 FILER NAME Ted Krenek

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
10-30-02

7 Name of lender Ted Krenek out-of-state PAC (ID# _____)

9 Loan Amount (\$) 100.00

6 Is lender a financial institution?
Y N

8 Lender address: City: State: Zip Code
PO. Box 491 Pattison, TX 77466

10 Interest rate

11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan
11-12-02

Name of lender Ted Krenek out-of-state PAC (ID# _____)

Loan Amount (\$) 100.00

Is lender a financial institution?
Y N

Lender address: City: State: Zip Code
PO. Box 491, Pattison, TX 77466

Interest rate

Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E

2 of 2

2 FILER NAME

Ted Krenek

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: = = = = = =

\$

5 Date of loan

11-4-02

7 Name of lender

Ted Krenek

out-of-state PAC ID#

9 Loan Amount (\$)

42.75

6 Is lender a financial institution?

Y N

8 Lender address City State Zip Code

P.O. Box 491 Pattison, TX 77466

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address City State Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC ID#

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address City State Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address City State Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.