

# 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:**

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR *Mr* **FIRST** *Ted* **MI**  
*Krenek*  
**NICKNAME** *Krenek* **LAST** **SUFFIX**

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 Change of Address

**ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE**  
*PO Box 491 Pattison, TX 77466*

**5 CANDIDATE / OFFICEHOLDER PHONE**

**AREA CODE PHONE NUMBER EXTENSION**  
*(281) 932-9052*

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR *Mr* **FIRST** *Ted* **MI**  
*Krenek*  
**NICKNAME** *Krenek* **LAST** **SUFFIX**

**7 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

**STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE**  
*2330 Vogel Ln Pattison, TX 77483*

**8 CAMPAIGN TREASURER PHONE**

**AREA CODE PHONE NUMBER EXTENSION**  
*(281) 934-2963*

**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  
*1 / 1 / 10* *1 / 31 / 10*

**11 ELECTION**

**ELECTION DATE** Month Day Year **ELECTION TYPE**  
*3 / 2 / 10*  Primary  Runoff  General  Special

**12 OFFICE**

**OFFICE HELD (if any)** *Justice of the Peace, PTA* **OFFICE SOUGHT (if known)** *Justice of the Peace, PTA*

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 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** *N/A*  
**Address / PO Box; Apt. / Suite #; City; State; Zip Code**

**OFFICE USE ONLY**

Date Received *2010 FEB - 1 11:41*

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED  
WALLER COUNTY CLERK  
ELECTIONS DIVISION

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** Ted Krenck **16 ACCOUNT # (Ethics Commission Filers)**

**17 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. \*\*

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 300.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1141.69
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 151.72
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1210.00

**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.

Ted Krenck  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ted Krenck, this the 1 day of Feb, 2010, to certify which, witness my hand and seal of office.

Jessica Bartels  
Signature of officer administering oath

**JESSICA BARTELS**  
Notary Public, State of Texas  
My Commission Expires 10/29/2012

Printed name of officer administering oath: Jessica Bartels  
Title of officer administering oath: Notary Public, State of Texas  
My Commission Expires 10/29/2012

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ted Krenek</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1.7.09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>K.W. Fricke</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable) _____
6 Contributor address; City; State; Zip Code <i>Box 845 Brookshire TX 77423</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1.20.10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fet Dorothea Dumas</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) _____
Contributor address; City; State; Zip Code <i>Box 1046 Brookshire TX 77423</i>		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME *Ted Krenek*

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan  
*1.4.10*

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
*Ted Krenek*

9 Loan Amount (\$)  
*400.00*

6 Is lender a financial Institution?  
Y  N

8 Lender address; City; State; Zip Code  
*Bx 491 Paffison, TX 77466*

10 Interest rate  
\_\_\_\_\_

11 Maturity date  
\_\_\_\_\_

12 Principal occupation / Job title (See Instructions)  
*Justice of the Peace*

13 Employer (See Instructions)  
*County of Waller*

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION  
 not applicable

16 Name of guarantor  
  
17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan  
*1.19.10*

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
*Ted Krenek*

Loan Amount (\$)  
*400.00*

Is lender a financial Institution?  
Y  N

Lender address; City; State; Zip Code  
*Bx 491 Paffison, TX 77466*

Interest rate  
\_\_\_\_\_

Maturity date  
\_\_\_\_\_

Principal occupation / Job title (See Instructions)  
*Justice of the Peace*

Employer (See Instructions)  
*County of Waller, Texas*

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 FILER NAME

*Ted Krenek*

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

*1.22.10*

7 Name of lender

*Ted Krenek*     out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

*100.00*  
~~*1.00*~~

6 Is lender a financial institution?

Y     N

8 Lender address;    City;    State;    Zip Code

*Bx 491 Pattison, TX 77466*

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

*Justice of the Peace*

13 Employer (See Instructions)

*Justice of the Peace*

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address;    City;    State;    Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Ted Krenek</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1.4.10</i>	5 Payee name <i>Republican Party of Waller County</i>	7 Amount (\$) <i>375.00</i>
6 Payee address; City; State; Zip Code <i>1015 Aster Katy, TX 77493</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Filing Fee</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held <i>Ted Krenek Just. court, PCH</i>	
Date <i>1.18.10</i>	Payee name <i>OFT and Associates LLC</i>	Amount (\$) <i>355.68</i>
Payee address; City; State; Zip Code <i>Px 800126 Houston, TX 77280-0126</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Materials</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held <i>Ted Krenek Judicial court, PCH</i> //	
Date <i>1.22.10</i>	Payee name <i>OFT &amp; Associates, LLC</i>	Amount (\$) <i>411.01</i>
Payee address; City; State; Zip Code <i>Px 800126 Houston, TX 77280</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Materials</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held <i>Ted Krenek Just. court, PCH</i> 4	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**