## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P. B. Bay 491 Fall	CITY: STATE: ZIP CODE	Waller Co. Elections JUL 1 4 2022			
Change of Address			RECEIVED			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (7/3) 932-9052	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MRS/FIRST	МІ	Receipt # Amount \$  Date Processed			
NAME	NICKNAME LAST,	ek	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2330 VogelLane	Pattison, 12 77	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	(713) 932-9052	EXTENSION				
9 REPORT TYPE	January 15 30th day befo	pre election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before	e election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month Day Year  Month Day Year  1 / 1 / 2022 THROUGH 6 / 30 / 2022				
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  Month Day Year Special Special					
12 OFFICE	Justice of the Peace, Pet 4 Justice of the Peace, Pet 4					
14 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					
Additional Pages COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN	TREASURER ADDRESS				
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Ted Krenek	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  \$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 1131.89				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY  \$ 1/31, 89  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 3/99.63					
	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information				
re	quired to be reported by me under Title 15, Election Code.					
	Signature of Candidate or Officeholder					
	Please complete either option below	<b>:</b>				
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by this the _	, day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on					
My name is	and my date of birth is	11-04-1952				
My address is Po7	2491 (2000 Vogellin) Pattison 1	x 7746 USA				
117-2		tate) (zip code) (country)				
Executed in						
	- person	rence				
	Signature of Candida	ate/Officeholder (Declarant)				