

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

RECEIVED 4
OFFICE USE ONLY
Date Received
Original
7/16/04

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR *0* FIRST MI
Ted
NICKNAME LAST SUFFIX
Krenek

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE
P.O. Box 491 Pattison Texas 77666

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 934 2963

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR *0* FIRST MI
Ted
NICKNAME LAST SUFFIX
Krenek

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE
230 Vogel Ln. Brookshire Texas 77423

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 Month Day Year
3/2/2004 THROUGH *6/30/2004*

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11/02/2004 Primary Runoff General Special

12 OFFICE

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

14 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Ted Krenek

16 ACCOUNT # (Ethics Commission filers)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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)

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

529.71

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

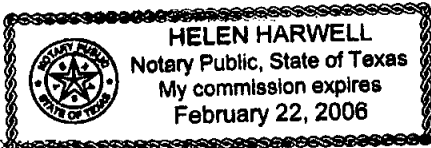
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

500.00

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.



AFFIDAVIT

Ted Krenek

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Ted Krenek*, this the *15th* day of *July*, 20 *04*, 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

Notary Public
Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E: 1

2 FILER NAME Ted Krenek 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: $\leftarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$ \$ 500.00

5 Date of loan: _____ 7 Name of lender Ted Krenek out-of-state PAC (ID#: _____) 9 Loan Amount (\$) 500.00

6 Is lender a financial institution? Y N 8 Lender address: City: State: Zip Code 2330 Vogel Ln Brookshire TX 77433 10 Interest rate _____
11 Maturity date _____

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION not applicable 16 Name of guarantor _____ 18 Amount Guaranteed (\$) _____
17 Guarantor address: City: State: Zip Code _____

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 _____ Amount Guaranteed (\$) _____
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.

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME Ted Kenek 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3-2-04</u>	5 Payee name <u>Walker Advertising Specialties</u>	7 Amount (\$) <u>499.71</u>
6 Payee address; City; State; Zip Code <u>Sandra Walker</u> <u>505 Jewel St. Conroe, TX 77301</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Campaign Signs</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <u>Ted Kenek</u> Office sought: <u>JPPCA</u> Office held: <u>JPPCA</u>
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Date <u>3-16-04</u>	Payee name <u>The Times Tribune</u>	Amount (\$) <u>30.00</u>
Payee address; City; State; Zip Code <u>P.O. Box 1549 Brookshire, TX 77423</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Newspaper ad</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <u>Ted Kenek</u> Office sought: <u>JPPCA</u> Office held: <u>JPPCA</u>
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED