

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: **4**

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
10.26.04
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 934 2963

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO-BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2330 Vogel Ln Brookshire, TX 77466

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
10/01/04 THROUGH **11/25/04**

11 ELECTION

ELECTION DATE: Month Day Year **11/08/04**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Justice of the Peace

13 OFFICE SOUGHT (if known)
Justice 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 files)

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)

\$

181.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

209.00

CONTRIBUTION BALANCE

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

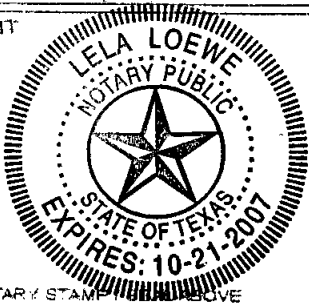
\$

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP

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 Krenek

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said TED KRENEK this the 26th day of Oct. 20 04 to certify which, witness my hand and seal of office.

Lela Loewe

Signature of officer administering oath

LELA LOEWE

Printed name of officer administering oath

ELECTIONS Admin.

Title 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 files)

4 Date

10-20-04

5 Payee name

The Tunic Tribune

7 Amount (\$)

128.10

6 Payee address; City; State; Zip Code

Box 1549 Brookshire, TX 77423

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

newspaper Campaign ad.

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Ted Krenck JP4 JP4

Date

10-20-04

Payee name

US Postal Service

Amount (\$)

8.00

Payee address; City; State; Zip Code

Houston, TX

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

to send out early voting notice

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Ted Krenck JP4 JP4

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1

2 FILER NAME
Ted Krueck

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-20-04

5 Full name of contributor out-of-state PAC (ID#:
Mikel Left
6 Contributor address: City, State; Zip Code
735 Vogel Ln Brookshire TX 77466

7 Amount of contribution (\$)
\$1.00

8 In-kind contribution description (if applicable)
post card stamps

9 Principal occupation / Job title (See Instructions)
Pro Fess. encl

10 Employer (See Instructions)
unk

Date
10-20-04

Full name of contributor out-of-state PAC (ID#:
B.K. Watson
Contributor address; City, State; Zip Code
2000 S. Daisy Ashford Houston TX 77077

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
unk

Date

Full name of contributor out-of-state PAC (ID#:
Contributor address; City, State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:
Contributor address; City, State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:
Contributor address; City, State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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.