

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 **Teo** MI
NICKNAME LAST **Krenck** SUFFIX

OFFICE USE ONLY

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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Bx 491 Pittson, Texas 77141

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 934 2963

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR** FIRST **Teo** MI
NICKNAME LAST **Krenck** 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 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 THROUGH Month Day Year
10/26/04 1/15/05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/2/04

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 filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

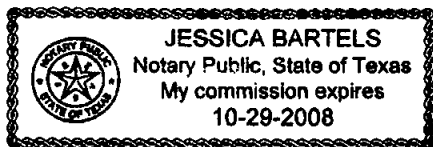
•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

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

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)	\$ <u>650.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>282.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>145.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - - -

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Ted Krenek
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ted Krenek, this the 18 day of January, 2008, to certify which, witness my hand and seal of office.

Jessica Bartels Jessica Bartels Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>one</i>	
2 FILER NAME <i>Ted Krennek</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-20-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas M. Garbett, III</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable) <i>Food and Drink</i>
6 Contributor address; City; State; Zip Code <i>Po. Box 395 Pattison, TX 77466</i>			
9 Principal occupation / Job title (See Instructions) <i>Self - Owner</i>		10 Employer (See Instructions) <i>Tom Garbett Catering</i>	
Date <i>10-28-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary K. Garbett</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Po. Box 395 Pattison, TX 77466</i>			
Principal occupation / Job title (See Instructions) <i>Real Estate Broker</i>		Employer (See Instructions) <i>Mary Garbett Realty</i>	
Date <i>11-20-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Sluize</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Po. Box 649 Pattison, TX 77466</i>			
Principal occupation / Job title (See Instructions) <i>Self</i>		Employer (See Instructions) <i>Rancher</i>	
Date <i>11-20-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Art & Ann Davis</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1015 Aster Katy, TX 77493</i>			
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Do Not Work !!!</i>	
Date <i>11-20-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Trimm</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable) <i>Beverages</i>
Contributor address; City; State; Zip Code <i>4319 Front St. Brookshire, TX 77433</i>			
Principal occupation / Job title (See Instructions) <i>Self</i>		Employer (See Instructions) <i>Trimm Construction</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor 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 Krenek

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-26-04

5 Payee name
The Katy Times

7 Amount (\$)
135.00

6 Payee address; City; State; Zip Code
5319 E. Fifth St. Katy, TX 77493

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

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name: Ted Krenek Office sought: JP4 Office held: JP4

Date
11-11-04

Payee name
The Katy Times

Amount (\$)
77.00

Payee address; City; State; Zip Code
5319 E. Fifth St. Katy, TX 77493

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

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name: Ted Krenek Office sought: JP4 Office held: JP4

Date
11-16-04

Payee name
The Times Tribune

Amount (\$)
70.00

Payee address; City; State; Zip Code
Bx 1599 Brookshire, TX 77423

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

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name: Ted Krenek Office sought: JP4 Office held: 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED