

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 O FIRST Ted MI NICKNAME LAST Krenek SUFFIX	OFFICE USE ONLY Date Received 11/19/07 FILED CHERYL PETERS, COUNTY CLERK WALLER COUNTY, TEXAS BY [Signature] DEPUTY Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 491 Pattison, TX 77466		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 934-2963		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR O 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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11/1/06 1/15/2007		
11 ELECTION	ELECTION DATE Month Day Year 11/7/06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> 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 Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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

additional pages

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

\$ 60.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) - -

\$.

EXPENDITURE TOTALS

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

\$ 60.00

4. TOTAL POLITICAL EXPENDITURES

\$ 60.00

CONTRIBUTION BALANCE

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

\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 410.00

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.

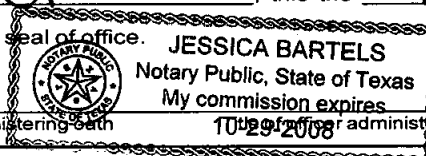
Ted Krenex
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ted Krenex, this the 18 day of Jan, 2007, to certify which, witness my hand and seal of office.

Jessica Bartels
Signature of officer administering oath

Printed name of officer administering oath



Signature of officer administering oath

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: $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$ \$ *60.00*

5 Date of loan *11-02-07* 7 Name of lender *Ted Krenek* out-of-state PAC (ID#: _____) 9 Loan Amount (\$) *30.00*

6 Is lender a financial Institution? *Y* N 8 Lender address; City; State; Zip Code *P.O. Bx 491 Pattison, TX* 10 Interest rate *—*

11 Maturity date *—*

12 Principal occupation / Job title (See Instructions) *Judge* 13 Employer (See Instructions) *Waller Co.*

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 *11-16-07* Name of lender *Ted Krenek* out-of-state PAC (ID#: _____) Loan Amount (\$) *30.00*

Is lender a financial Institution? *Y* N Lender address; City; State; Zip Code *P.O. Bx 491 Pattison, TX* Interest rate *—*

Maturity date *—*

Principal occupation / Job title (See Instructions) *Judge* Employer (See Instructions) *Waller Co.*

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 Krenck</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/20/06</i>	5 Payee name <i>The Times Tribune</i>	7 Amount (\$) <i>30.00</i>
6 Payee address; City; State; Zip Code <i>Box 1549 Brookhurst TX 77423</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Political Ad</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: <i>Ted Krenck</i> Office sought: <i>JPA</i> Office held: <i>JPA</i>
Date <i>11-16-06</i>	Payee name <i>The Times Tribune</i>	Amount (\$) <i>30.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Political Ad</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: <i>Ted Krenck</i> Office sought: <i>JPA</i> Office held: <i>JPA</i>
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>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED