# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST	МІ	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
		nek	Waller County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ison, Tx T1466	JAN 1 6 2018		
Change of Address			Received		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (SPI ) 9329052	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS MR FIRST	МІ	Receipt # Amount \$		
NAME	NICKNAME LAST	enek	Date Processed		
	Kre	ener	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE		
(Residence or Business)	Pattison, TX	77423			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (27) 930-905	EXTENSION 52			
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	07/01/2017	THROUGH 12	31/2017		
11 ELECTION	ELECTION DATE  Primary	ELECTION TYPE			
	Month Day Year General General	Description			
12 OFFICE	Pett Walley	13 OFFICE SOUGHT (if known)	Fallelon Fthe Frace		
	JUSTICE 91 THE 1 COM	- reserve b	1 1 4 1 1000		
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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
16 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 OF 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		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 375.00	
CONTRIBUTION BALANCE	TOTAL POLITICAL EXPENDITURES      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  OF REPORTING PERIOD		* \$ <b>b</b>	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 19.5.91			
18 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.  MARIA C. COBIO Notary Public, State of Texas ID #12623183-4 My Commission Expires 08/24/2019  Signature of Candidate or Officeholder				
Constitution of the same of th	200200200000000000000000000000000000000	Signature of Caridica	ato of Officeriologi	
Sworn to and subscribed before me, by the said led Krenek , this the 16				
Sworn to and subscribed before me, by the said, this the, to certify which, witness my hand and seal of office.				
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME Ted Krenck 20 Filer ID (Ethics Com	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 267.81
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 107.19
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Ted Krenek TOTAL OF UNITEMIZED LOANS Name of lender Date of loan out-of-state PAC (ID# 10 Interest rate Zip Code State; a financial Institution? 11 Maturity date 15 Check if personal funds were deposited into political account (See Instructions) 19 Amount Guaranteed (\$) 17 Name of guarantor **16** GUARANTOR INFORMATION Zip Code City; State; 18 Guarantor address; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: Interest rate Zip Code City; State; Is lender Lender address; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Zip Code Guarantor address; City: State: not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Pavee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City: State: Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held