

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Ted
NICKNAME LAST SUFFIX
Krenek

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Date Hand-delivered or Date Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Ted
NICKNAME LAST SUFFIX
Krenek

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Bx 491 Pattison, TX 77466

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 934-2963

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
(Oct 7)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)
(Oct 28)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
09/03/2002

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11/05/2002 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Alderman, City Pattison

12 OFFICE SOUGHT (if known)

*Justice of Peace, Prec 4
Waller County*

13 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

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 40.00

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

\$ 650.00

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 1385.39

OUTSTANDING LOAN TOTALS

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

\$ 809.13
~~\$ 750.00~~

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 Krensek

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

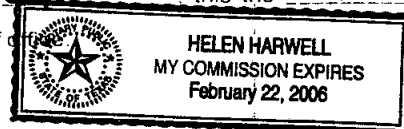
Sworn to and subscribed before me, by the said Ted Krensek this the 7 day of Oct., 2007 to certify which, witness my hand and seal of office

Helen Harwell

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Ted Krenek</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9-9-02</i>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#:) <i>Edna Krenek</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>HC 62 Bx 13 Danevang, TX 77432</i>			
9 Principal occupation (Optional) <i>Retired</i>		10 Employer (Optional)	
Date <i>9-5-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) <i>The Kitzman Campaign</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>Rt 1 Bx 92 Brookshire, TX 77443</i>			
Principal occupation (Optional) <i>Retired</i>		Employer (Optional)	
Date <i>9-17-02</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 77443</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9-4-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) <i>Royce Hopkins</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>35427 Pontiac Dr Brookshire, TX</i>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
Principal occupation (Optional)		Employer (Optional)	

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: 2
2 FILER NAME Ted Krenek		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-25-02	5 Payee name Walker Advertising Specialties	7 Amount (\$) 784.81
6 Payee address: City: State: Zip Code 505 Jewel St. Conroe, TX 77301		
8 Purpose of payment (See instructions regarding type of information required.) Campaign Signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Ted Krenek Office sought: J.P. Waller Co, Alderman Office held:
Date 10-7-02	Payee name Coyote Kingdom	Amount (\$) 74.38
Payee address: City: State: Zip Code Rt 1 Bx 87K Brookshire, TX 77423		
Purpose of payment (See instructions regarding type of information required.) Baseball Caps - Campaign		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Ted Krenek, J.P. Waller Co, Alderman Office sought: Office held:
Date 10-7-02	Payee name C.C. Printed Communication	Amount (\$) 467.07
Payee address: City: State: Zip Code PO. Bx 276 Brookshire, TX 77423		
Purpose of payment (See instructions regarding type of information required.) Campaign Materials		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Ted Krenek, J.P. Waller Co, Alderman Office sought: Office held:
Date 9-7-02	Payee name See What Develops	Amount (\$) 39.68
Payee address: City: State: Zip Code 2002 Fry Rd #130 Houston, TX 77084		
Purpose of payment (See instructions regarding type of information required.) Photos		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Ted Krenek Office sought: J.P. Waller Co, Alderman Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Ted Krenck

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

The Home Depot Depot

7

Amount (\$)

9-25-02

6 Payee address: City: State: Zip Code

1111 Fry Rd Katy, TX

19.45

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

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

Campaign Sign Stakes

Ted Krenck TP Walker Co, Alderman

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

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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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: ⇒ ⇐ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan 2-9-05	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Ted Krenek	9 Loan Amount (\$) 809.13 750.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code P.O. Box 491 B Pattison, TX	10 Interest rate _____
12 Description of Collateral <input checked="" type="checkbox"/> none		11 Maturity date N/A
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address: City: State: Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
Description of Collateral <input type="checkbox"/> none		Maturity date
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		