## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |  | i,   |
|---|---|--|--|
| The C/OH Instruction this form.                               | ON GUIDE explains how to complete   | 1 ACCOUNT#<br>(Ethics Commission filers) | 2 Total pages filed:   |
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS/MRS/MR FIRST   | ME                                       | OFFICE USE ONLY  |
| NAME  | NICKNAME EAST,  Signal | SUFFIX.                                  | Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | P.O. Box 491 Patis  | Son 1 & 17466                            | Date Hand-delivered of Date Postmarker   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE PHONE NUMBER  . DSI) 934-296  | EXTENSION 3                              | Receipt:# Amount   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS/MRS/MR FIRST  NICKNAME  LAST  LAST  LAST   | SUFFIX                                   | Date Processed  Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or business  | STREET ADDRESS (NO PO BOX PLEASE); APT/SU 2330 Voge/Ln Z  | Srookshire,                              | 77423  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER (28/) 934 29   | 63 Extension                             | 77- 33-  |
| 9 REPORTTYPE  | January 15 30th day before election  July 15 8th day before election  |  | 15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month Day Year THRO   | DUGH / 15                                | Year / OY  |
| 11 ELECTION   | Month Day Year ELECTION TY  |  | General Special  |
| 12 OFFICE   | Tustocest the feac  | C, C+4 TP                                | n).  |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | Direct campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures.  Name  Address / PO Box; Apt. / Suite #; City; State;   |  |  |
| additional pages  |   |  |  |
| _   | go то   | PAGE 2                                   |  |

| LOANS                              |                                       | معتبيت                      | SCHEDULE E                  |
|------------------------------------|---------------------------------------|-----------------------------|-----------------------------|
| The Instruction Guid               | e explains how to complete this form. | 1 Total pages S             | chedule E:                  |
| FILER NAME                         | EdKrenek                              | 3 ACCOUNT#                  | (Ethics Commission filers). |
| ТОТА                               | L OF UNITEMIZED LOANS:                | <del>+</del> + + + + +      | \$                          |
| Date of loan  12-3-03              | 7 Name of lender<br>Teak ene          | Out-of-state PAC (ID#:)     | y Loan Amount (S) 400.00    |
| Is lender a financial Institution? | 8 Lender address: City; State;        | Zip Code                    | 10 Interest rate            |
| Y N                                | 7/Job title (See Instructions)        | In Brookshive, J            | 11 Maturity date            |
| -Tustoc                            | of the Peace                          | Makerlo.                    |                             |
| 4 Description of Collate           | ा तम्                                 |                             |                             |
| GUARANTOR<br>INFORMATION           | 16 Name of guarantor                  |                             | 18 Amount Guaranteed (\$)   |
| not applicable                     | 17 Guarantor address; City; State;    | Zip Code                    |                             |
| Principal Occupation               |                                       | 20 Employer                 |                             |
| Date of loan                       | Name of lender                        | out-of-state PAC (ID#:      | Loan Amount (\$)            |
| Is lender a financial Institution? | Lender address; City; State;          | Zip Code                    | Interest rate               |
| Y N                                |                                       |                             | Maturity date               |
| Principal occupation               | n / Job title (See Instructions)      | Employer (See Instructions) |                             |
| Description of Collate             | erat<br>-                             |                             |                             |
| GUARANTOR<br>INFORMATION           | Name of guarantor                     |                             | Amount Guaranteed (S)       |
| not applicable                     | Guarantor address; City; State:       | Zip Code                    |                             |
| Principal Occupation               |                                       | Employer                    |                             |

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

| 15 C/OH NAME   | Ted +  | Frenck                               | 16ACCOUNT # (Ethics Commission filers)  |  |  |
|--|--|--------------------------------------|---|--|--|
| 17 NOTICE<br>FROM<br>POLITICAL   | 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(S)   | COMMITTEE TYPE.  | COMMITTEE NAME                       | 4   |  |  |
|  | GENERAL  | COMMITTEE ADDRESS                    | 8   |  |  |
|  | SPECIFIC   |                                      |   |  |  |
| additional pages   |  | COMMITTEE CAMPAIGN TREASURER NAME    |   |  |  |
|  |  |                                      | Jlu   |  |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |   |  |  |
| 18 CONTRIBUTION<br>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)  \$   |                                      |   |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$  |                                      |   |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES \$ 375   |                                      | \$ 375.00   |  |  |
| CONTRIBUTION - BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$  |                                      |   |  |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 400.00  |                                      |   |  |  |
| 19 AFFIDAVIT   |  |                                      |   |  |  |
|  |  |                                      | r penalty of perjury, that the accompanying report includes all information required to be reported by tion Code. |  |  |
| - Jest ricele  |  |                                      |   |  |  |
| Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  |  |                                      |   |  |  |
| Swarn to and subscribed before me, by the said Ted Krenek , this the 15 day  |  |                                      |   |  |  |
| of, 20_04_, to certify which, witness my hand and seal of office.  |  |                                      |   |  |  |
| Helen Harwell Helen Harwell Notary Signature of officer administering oath Phinted name of officer administering oath  Title of officer administering oath |  |                                      |   |  |  |

