

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 **Ted** FIRST MI **R.**
NICKNAME LAST SUFFIX
Krenek

OFFICE USE ONLY

Date Received
10/5/04

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 491 Pattison Texas 77466

Date Hand-delivered or Date Postmarked:

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
281 934-2963

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Ted** FIRST MI
NICKNAME LAST SUFFIX
Krenek

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2330 Vogel Ln Brookshire Tx 77483

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
7 101 / 04 THROUGH 10 103 / 04

11 ELECTION

ELECTION DATE: Month Day Year **11 / 02 / 04**
ELECTION TYPE: Primary Runoff General 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

-- 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. --

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1002.60

CONTRIBUTION BALANCE

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

\$

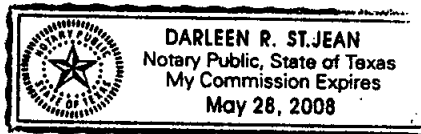
OUTSTANDING LOAN TOTALS

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

\$ 1000.00

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.



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 4 day of October, 2004, to certify which, witness my hand and seal of office.

Darleen R St Jean
Signature of officer administering oath

Darleen R St Jean
Printed name of officer administering oath

notary
Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <u>1</u>
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ← → → → → → \$ 1000.00

5 Date of loan <u>9-14-07</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ted Krenak</u>	9 Loan Amount (\$) <u>1000.00</u>
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6 Is lender a financial institution? <u>Y</u> <input checked="" type="radio"/> <u>N</u>	8 Lender address: City: State: Zip Code <u>2330 Vogel Ln Brookshire TX 77433</u>	10 Interest rate _____
		11 Maturity date _____

12 Principal occupation / Job title (See Instructions) <u>self</u>	13 Employer (See Instructions) <u>self</u>
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14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor _____ 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <u>Y</u> <u>N</u>	Lender address: City: State: Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor _____ Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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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 Krenek</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/10/04</i>	5 Payee name <i>Walker Advertising Specialties</i>	7 Amount (\$) <i>806.46</i>	
6 Payee address; City; State; Zip Code <i>505 Tevel St. Conroe, TX 77301-5020</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Political Campaign Signs</i>		9 ** Complete if direct expenditure to benefit C/OH: ** Candidate / Officeholder name: <i>Ted Krenek</i> Office sought: <i>SO</i> Office held: <i>NO</i>	
Date <i>9/20/04</i>	Payee name <i>Walker Advertising Specialties</i>	Amount (\$) <i>146.14</i>	
Payee address; City; State; Zip Code <i>505 Tevel St. Conroe, TX 77301-5020</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Campaign mail out post cards Campaign buttons</i>		** Complete if direct expenditure to benefit C/OH: ** Candidate / Officeholder name: <i>Ted Krenek</i> Office sought: <i>SO</i> Office held: <i>NO</i>	
Date <i>9/20/04</i>	Payee name <i>Walker Advertising Specialties</i>	Amount (\$) <i>50.00</i>	
Payee address; City; State; Zip Code <i>505 Tevel St. Conroe, TX 77301</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Campaign buttons</i>		** Complete if direct expenditure to benefit C/OH: ** Candidate / Officeholder name: <i>Ted Krenek</i> Office sought: <i>NO</i> Office held: <i>NO</i>	
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