CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	, MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	suffix	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Po. Box 491 Pattison, Texas	CITY: STATE: ZIP CODE	Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	(24) 934-26	EXTENSION TO	Receipt # Amount		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI SUFFIX	Date Processed Date Imaged		
	Fre	enel	==		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (NO PO BOX PLEASE); APT/SUI	Brookshive,	ZIP CODE TEXAS 77466		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER WHI 93 4 - 296	EXTENSION 3			
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 COVERED	Month Day Year THRO	DUGH 12/31	Year / 2005		
11 ELECTION	Month Day Year ELECTION TY.		General Special in		
12 OFFICE	Testo cel mut Pc1	13 OFFICE SOUGHT (if known	out Pct 9		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign experience Candidates are required to disclose this information of the control of the cont				
BY OTHER INDIVIDUALS	Name				
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code			
GO TO PAGE 2					

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

LOANS				SCHEDULE E	
The Instruction Guide explains how to complete this form.			edule E:		
2 FILER NAME Ted brench. 3 ACCOUNT # (EH)			hics Commission filers)		
4 TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$, ⇒ ⇒	\$ 350.00	
5 Date of loan	7 Name of lender Ted Krene	Out-of-state PAC (ID#:)	9 Loan Amount (\$) 350,00	
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate	
*Y - N	Bar-491- Pattis	on, (x 77	166	11 Maturity date	
	n/Job title (See Instructions) Free Holder	13 Employer (See In		Waller	
14 Description of Collat		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)	
not applicable	17 Guarantor address; City; State; Zip Code				
19 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 Instructi	ons)	<u> </u>	
Description of Collate	eral	1			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
☐ not applicable	Guarantor address; City; State;	Zip Code			
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 Ted Krenek	3 ACCOUNT # (Ethics Commission filers)
Date 5 Payee name 12 \$6 Payee address; City: State Zip Code Rackey Chairman Laty X	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.) 9 •• Complete if dir Candidate / Officeholder in Tedky energy	rect expenditure to benefit C/OH ** lame Office sought Office held TO PATA
Date Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) • Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH ** ame Office sought Office held
Date Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) • Complete if dir Candidate / Officeholder n	ect expenditure to benefit C/OH •• ame Office sought Office held
Date Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) •• Complete if dir Candidate / Officeholder n	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		1	6ACCOUNT # (Ethics Commission filers)		
17 NOTICE FROM 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				
	GENERAL COMMITTEE ADDRESS				
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME	The second secon		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, 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		\$ 375,00		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 375.00 \$ 120.91 \$ 350.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 350.		\$ 350,00		
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.					
\$22222226	COCCOSO	966666666			
HELEN HARWELL Notary Public, State of Texas My commission expires					
February 22, 2006 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said of the first the fi					
of <u>aw.</u> , 20 <u>o 6</u> , to certify which, witness my hand and seal of office. Helew Howell Helen Haywell Notary Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					