# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how t	o complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages	filed: 9
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs.	FIRST Tricia	·	мі <b>К</b> .	OFFIC	E USE ONLY
NAME	NICKNAME	LAST <b>Krenek</b>		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 6445 FM 1463 Suite 160-101 Katy, Texas 77		CITY; STA	ATE; ZIP CODE		JAN 17 2023 RO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 470-9806	EXT	TENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST Chris		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST <b>Elam</b>		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N 6445 FM 1463 Suite 160-101 Katy, Texas 77494	O PO BOX PLEASE); APT /	SUITE #,	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 416-9503	ЕХТ	TENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff		after campaign appointment der Only)
	July 15	8th day before e	election	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 22	THROUGH	Month 12	Day Ye	
11 ELECTION	Month Day	Year Primary  22 Genera		ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known		Pl. 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	OF POLITICAL CONTRIBUTION: HOLDER, <i>THESE EXPENDITUR</i> AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN M	IADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR
	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL _	COMMITTEE CAMPAIGN TR	EASUDED NAME			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS					
			PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16 Filer	ID (Ethics C	Commission Filers)
Tricia K. Krenek						
17 CONTRIBUTION TOTALS	PLED		AL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR CTRONICALLY)	AN	\$	0.00
		L <b>POLITICAL CONTRI</b> R THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	5)	\$	50.00
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICA	AL EXPENDITURE.		\$	0.00
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES			\$ 5	,342.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUT	TIONS MAINTAINED AS OF THE LA	AST DAY	\$ 1	,488.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF	F ALL OUTSTANDING LOANS AS ( G PERIOD	OF THE	\$ 5	,000.00
18 SIGNATURE   s	wear or affirm un	der nenalty of periusy t	hat the accompanying report is tru	ue and cou	root and inc	ludge all information
		by me under Title 15, E		ue and con	rect and inc	iddes all illioithadon
			Signature of C	andidate o	or Officehold	lor
			orginataro di o	arraidato c	<i>y</i> • • • • • • • • • • • • • • • • • • •	
		Please comp	lete either option below	w:		
(1) Affidavit						
NOTARY STAMP/SEAL	-					
Swom to and subscribed	before me by		this the		day of	,
						7
20, to certify	which, withess my h	and and sear of office.				
Signature of officer administer	ring oath	Printed name of offi	cer administering oath		Title of office	r administering oath
Market of onion duminos		T Times hame of one			Title or office	administrating out.
			OR			
(2) Unsworn Declaration	on					
My name is Tru	cia K.	Krenek	, and my date of birth is	s 05	5/12/1	978
My address is 6445		_		TX . 7	-	USA
-	•	eet)	9		(zip code)	(country)
Executed in Fort B			, on the 16 day of Jan	uary	, 20 23	
		•	(mont	th)	(year)	
			Signature of Cand	idate/Office	eholder (Dec	larant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	ILER NAME ia K. Krenek  20 Filer ID (Ethics Communication of the communi	missi	on Filers)	
21 S	SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	50.00	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	■ SCHEDULE E: LOANS	\$	5,000.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	5,012.00	
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	\$	330.00	
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.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Tricia K. Kr	enek			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Leah Hagan		7 Amount of contribution (\$)	
10/02/2022	6 Contributor address; 2111 Canyon Crest,	City;	State; Zip Code	50.00
8 Principal occur Consultant	pation / Job title (See Instructions)		9 Employer (See Instruction Self-Employed	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### **LOANS** SCHEDULE E

ii tiie requestee	a information is not applicable, <b>bo N</b>		port.
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tricia K. Krer	nek		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
08/30/2022	Tricia K. Krenek		5,000.00
6 Is lender a financial Institution?	8 Lender address; City; 6445 FM 1463	State; Zip Code	10 Interest rate 0.00
YIN	Suite 160-101 Katy, Texas 77494		11 Maturity date
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Self-Employed	
14 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State: Zin Code	
■ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	te PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
none	Name of guaranter		Amount Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (w)
	Guarantor address; City;	State; Zip Code	
not applicable		Facilities (See Instructions)	
Principal Occupate	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEE	EDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Tricia K. Krenek		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/29/2022	BancorpSouth		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2.00	27200 FM 1093 Fulshear, Texas 77406		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Account Servi	ce Fee
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/31/2022	BancorpSouth		
Amount (\$)	Payee address;	City;	State; Zip Code
2.00	27200 FM 1093 Fulshear, Texas 77406		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Account Servi	ice Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date 09/06/2022	Payee name Fort Bend Republican Party		
		City;	State; Zip Code
09/06/2022	Fort Bend Republican Party	City;	State; Zip Code
09/06/2022 Amount (\$)	Fort Bend Republican Party  Payee address;  P.O. Box 461	City; Description	State; Zip Code
09/06/2022 Amount (\$)	Fort Bend Republican Party  Payee address; P.O. Box 461 Sugar Land, Texas 77487-0461		State; Zip Code
09/06/2022  Amount (\$)  5,000.00  PURPOSE OF	Fort Bend Republican Party  Payee address; P.O. Box 461 Sugar Land, Texas 77487-0461  Category (See Categories listed at the top of this schedule)  Contributions/Donations made by	Description  Contribution	State; Zip Code
09/06/2022  Amount (\$)  5,000.00  PURPOSE OF	Fort Bend Republican Party  Payee address;  P.O. Box 461 Sugar Land, Texas 77487-0461  Category (See Categories listed at the top of this schedule)  Contributions/Donations made by Candidate  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description  Contribution	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a catego	ny normsted above)
1 Total pages Schedule F1:	2 FILER NAME Tricia K, Krenek		3 Filer ID (Ethics	Commission Filers)
4 Date 09/30/2022	5 Payee name BancorpSouth			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.00	27200 FM 1093 Fulshear, Texas 77406			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Account Servi	ce Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/31/2022	Cadence Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.00	27200 FM 1093 Fulshear, Texas 77406			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Account Servi	ce Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/30/2022	Cadence Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.00	27200 FM 1093 Fulshear, Texas 77406			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Account Service	ce Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (extension extension of tieted phone)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Tricia K. Krenek		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/30/2022	BancorpSouth			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.00	27200 FM 1093 Fulshear, Texas 77406			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking Account Service Fee			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Tricia K. Krenek 5 Pavee name 4 Date 07/19/2022 The UPS Store 6 Amount (\$) 7 Payee address; City; State: Zip Code 330.00 6445 FM 1463 Suite 160 Reimbursement from Katy, Texas 77494 political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Post Office Box Rental Office Overhead/Rental Expense OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; Amount (\$) Payee address; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED