

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mrs.** FIRST **Tricia** MI **K.**  
NICKNAME LAST **Krenek** SUFFIX

OFFICE USE ONLY

Date Received

JUL 17 2023 RCVD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**6645 FM 1463 Suite 160-101 Katy, Texas 77494**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 832 ) 470-9806**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mr.** FIRST **Chris** MI  
NICKNAME LAST **Elam** SUFFIX

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**6645 FM 1463 Suite 160-101 Katy, Texas 77494**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 713 ) 416-9503**

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 Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    Month Day Year  
**01 / 01 / 2023** THROUGH **06 / 30 / 2023**

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
**11 / 08 / 2022**     General     Special

12 OFFICE

OFFICE HELD (if any)  
**Justice of the Peace--Pct. 1, Pl. 2**

13 OFFICE SOUGHT (if known)  
**Justice of the Peace--Pct. 1, Pl. 2**

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Tricia K. Krenek		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,476.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

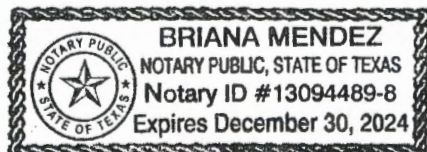
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Tricia K. Krenek*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tricia K. Krenek this the 17 day of July,

2023, to certify which, witness my hand and seal of office.

B. Mendez Briana Mendez COURT COORDINATOR  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Tricia K. Krenek		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 12.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Tricia K. Krenek	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/31/2023	<b>5</b> Payee name Cadence Bank	
<b>6</b> Amount (\$) 2.00	<b>7</b> Payee address; 27200 FM 1093 Fulshear, Texas 77406	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking Expense	<b>(b)</b> Description Account Service Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/28/2023	Payee name Cadence Bank	
Amount (\$) 2.00	Payee address; 27200 FM 1093 Fulshear, Texas 77406	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking Expense	Description Account Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/31/2023	Payee name Cadence Bank	
Amount (\$) 2.00	Payee address; 27200 FM 1093 Fulshear, Texas 77406	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking Expense	Description Account Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Tricia K. Krenek	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2023	<b>5</b> Payee name Cadence Bank	
<b>6</b> Amount (\$) 2.00	<b>7</b> Payee address; City; State; Zip Code 27200 FM 1093 Fulshear, Texas 77406	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking Expense	<b>(b)</b> Description Account Service Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 05/31/2023	Payee name Cadence Bank	
Amount (\$) 2.00	Payee address; City; State; Zip Code 27200 FM 1093 Fulshear, Texas 77406	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking Expense	Description Account Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 06/30/2023	Payee name Cadence Bank	
Amount (\$) 2.00	Payee address; City; State; Zip Code 27200 FM 1093 Fulshear, Texas 77406	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking Expense	Description Account Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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