		CEHOLDER E REPORT		FORM C/O COVER SHEET PG		
The C/OH Instruction Guide explains how to complete this form.			s) 2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI Mrs. Tricia K.			OFFICE USE ONLY		
NAME	NICKNAME	LAST Krenek	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 6645 FM 1463 Suite 160-101 Katy, Texas 77		CITY: STATE: ZIP CODE	REC'D-BBM JAN 1 6 2024		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 470-9806	EXTENSION	FORT BENDER UNDER FLERT AND		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Chris	MI	Receipt # Amount \$		
NAME	NICKNAME	LAST	Date Processed			
		Elam				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N 6645 FM 1463 Suite 160-101 Katy, Texas 77494	O PO EOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before d	Locum	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	THROUGH 12			
11 ELECTION	ELECTION DAT	Year Primary	ELECTION T Runoff Other Descriptio Special			
12 OFFICE	OFFICE HELD (if any)	e PeacePct 1,	PI 2 Justice of the F	PeacePct 1, PI 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 COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
	<u> </u>	GO TO	PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Tricia K. Krenek		16 Fil	ler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANTI CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	XPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 206.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAST DAY	\$ 1,270.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING PI	L OUTSTANDING LOANS AS OF THE ERIOD	\$ 5,000.00
	wear, or affirm, under penalty of perjury, that t uired to be reported by me under Title 15, Electi		correct and includes all information
	-	Signature of Candidate	e or Officeholder
	P31	a aither antion below	
	Please complet	e either option below:	
(1) Affidavit			
NOTARY STAMP/SEAL	-		
Sworn to and subscribed		this the	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer a	administering oath	Title of officer administering oath
	OF		
(2) Unsworn Declaratio	on		
My name is Tricia K. Kr	enek	, and my date of birth is 05/1	2/1978
My address is 6645 FM	1463, Suite 160-101	_, <u>Katy</u> , <u>TX</u>	77494 USA
Executed in Fort Bend	(street) County, State of <u>Texas</u> ,	(city) (state) on the <u>16th</u> day of <u>January</u> (month)	(zip code) (country) , 20_24 (year) enek
		Signature of Candidate/O	fficeholder (Declarant)
Forms provided by Texas Et	hics Commission www.ethics	s.state.tx.us	Revised 8/17/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con Tricia K. Krenek 20 Filer ID (Ethics Condition of the second sec	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 206.00
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	\$
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. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Credit Card Payment 1 Total pages Schedule F1: 2 4 Date 07/31/2023	2 FILER N		Salaries/M	pense kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
2 4 Date	2 FILER N	The Instruction Guide explain	ns how to c	omplete this form.			
4 Date					3 Filer ID (Ethics Commission Filers)		
	Tricia K. ł	And the second					
	5 Payee na						
	Cadence Bank						
6 Amount (\$)	7 Payee ac 27200 FM Fulshear,			City;	State;	Zip Code	
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		and a second	
PURPOSE OF EXPENDITURE	Accounting/Banking Expense			Account Service Fee			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aust			tln, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
08/31/2023	Cadence	e Bank					
Amount (\$)	Payee ad	dress;	untine fulfille and a second second of the	City;	State;	Zip Code	
2.00	27200 FM Fulshear, T	1093 Texas 77406					
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking Expense Account Serv				ice Fee		
14	Check if travel outside of Texas. Complete Schedule T. Check if Austin			in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
09/29/2023	Cadence	e Bank					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
	27200 FM Fulshear,	1 1093 Texas 77406					
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking Expense Account Ser			Account Servi	ce Fee		
	Check if travel outside of Texas, Complete Schedule T. Che			Check if Aust	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	

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Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CATE	GURIES	FUR BUX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Evant Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Expense everage Expense Polling Expense ards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Great Gard' ayment		The Instruction Guide explai	ns how to o	complete this form.		
1 Total pages Schedule F1:	1				3 Filer ID (Ethic	cs Commission Filers)
2	Tricia K. I	Krenek				
4 Date	5 Payee na					
07/16/2023	Fulshear-Katy Area Chamber of Commerce					
6 Amount (\$)	7 Payee ad	idress;		City;	State;	Zip Code
200.00	P.O. Box 3 Fulshear,	386 Texas 77441				
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense		Freedom Fest Ad			
	(C) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee na	Ime				
Amount (\$)	Payee ad	ldress;		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 Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	-	Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ac	ldress;		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 Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

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