City of San Antonio Office of the City Clerk P.O. Box 839966 San Antonio, Texas 78283-3966 (210) 207-7253

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AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Filer name	Account #
HOWARD W. PEAK	

1. I swear or affirm that I have not accepted more than $20,000 in political contributions or made more than $20,000 in political expenditures in a calendar year.

2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5. I am filing this affidavit with the Finance report due on 1-17-06. I understand that this affidavit is required to be filed with *each* campaign finance report for which I am claiming an exemption from electronic filing.

NOTARY PUBLIC STATE OF TEXAS
Erika M. Rawcliffe
Notary Public, State of Texas
My Commission Expires
June 22, 2008

NOTARY STAMP / SEAL

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Howard W. Peak this, the 16 day of January 2006, to certify which, witness my hand and seal of office.

Erika M. Rawcliffe	ERIKA M. RAWCLIFFE	Notary Public
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.

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: 5

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3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
HOWARD W
NICKNAME LAST SUFFIX
PEAK

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
838 MEDFORD Dr.
SAN ANTONIO, TEXAS 78209

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 826-5481

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
CHARLIE
NICKNAME LAST SUFFIX
AMATO

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9311 SAN PEDRO SAN ANTONIO, TEXAS 78216

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 525 1241

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 / 01 / 05 12 / 31 / 05

11 ELECTION

ELECTION DATE
Month Day Year
/ /

ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME: HOWARD W. PEAK

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

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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	$ 4274.10
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	$

19 AFFIDAVIT

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04/30/2009

AFFIX NOTARY STAMP/SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard Peak, this the ~~10th~~ 17th day of January, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Melinda S. Lopez	Melinda S. Lopez	Notary

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: HOWARD W. PEAK IV

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	8 Amount ($)
8/21/05	UNITED WAY 700 S. ALAMO, SAN ANTONIO, TEXAS 78205	1124.55
	7 Purpose of expenditure (See instructions regarding type of information required.) DONATION	☒ Reimbursement from political contributions intended
Date	Payee name FOR LOVE OF KIDS AND HARLEY'S Payee address: City; State; Zip Code c/o 320 E. NAKOMA, SAN ANTONIO, TEXAS 78216	Amount ($) 1000.00
	Purpose of expenditure (See instructions regarding type of information required.) DONATION	☒ Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME: HOWARD W. PEAK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
8/21/05	HOWARD W. PEAK 238 MEDFORD Dr, SAN ANTONIO, TX. 78209 REIMBURSEMENT - SEE SCHEDULE G	2124.55
10/29/05	SBC PIONEERS 175 E. HOUSTON St., SAN ANTONIO, TX 78205 USO - DONATION	25.00
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 11/06/2003