



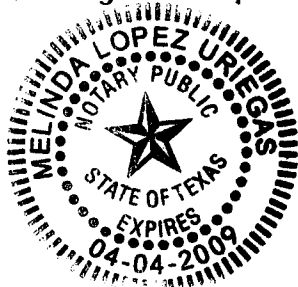
AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

OFFICE USE ONLY	
CITY OF SAN ANTONIO CITY CLERK	
Date Received	09 JAN 15 PM 2: 27
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

Filer name <u>HOWARD W. Peak</u>	Account #
-------------------------------------	---------------

- 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.
- 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.
- 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.
- 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.
- I am filing this affidavit with the OFFICE OF THE CITY CLERK report due on 1-15-09. 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 STAMP / SEAL

Signature of Candidate or Officeholder

I am to and subscribed before me by Howard W. Peak this, the 15th day of

January 2009, to certify which, witness my hand and seal of office.

Melinda Uriegas
Signature of officer administering oath

Melinda Uriegas
Print name of officer administering oath

Notary
Title of officer administering oath

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

RECEIVED

CITY OF SAN ANTONIO
CITY CLERK

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

09 JAN 15 PM 2:27

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 826-5481

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
CHARLIE
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
07 / 01 / 08 THROUGH 12 / 31 / 08

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

09 JAN 15 PM 2:27

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

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

\$

2,841.29

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

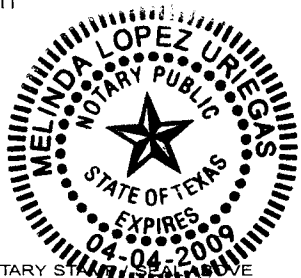
19,705.16

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

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.

HW Peak

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard W. Peak, this the 15th day of January, 20 09, to certify which, witness my hand and seal of office.

Melinda Uriegas

Signature of officer administering oath

Melinda Uriegas

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

09 JAN 15 PM 2:27

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

HOWARD W. PEAK

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/14/08

5 Payee name

UNITED WAY

6 Payee address; City; State; Zip Code

700 S. ALAMO, SAN ANTONIO TX 78205

7 Purpose of expenditure (See instructions regarding type of information required.)

CONTRIBUTION

8 Amount (\$)

1,206.29

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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CITY CLERK
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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 2
2 FILER NAME HOWARD W. PECK		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/5/08	5 Payee name MAKE A WISH FOUNDATION - TEXAS 6 Payee address; City; State; Zip Code 2224 WALSH TARLTON LANE, STE 200 AUSTIN, TX 78746 7 Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION	8 Amount (\$) 35.00
Date 8/21/08	Payee name LOVE OF KIDS AND HARLEYS Payee address; City; State; Zip Code 2907B I-10 WEST, BOERNE TEXAS 78006 Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION	Amount (\$) 1,000.00
Date 10/22/08	Payee name RAUL JIMENEZ THANKSGIVING DINNER Payee address; City; State; Zip Code P.O. BOX 20010, SAN ANTONIO, TX. 78220 Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION	Amount (\$) 100.00
Date 10/22/08	Payee name SAN FERNANDO CATHEDRAL Payee address; City; State; Zip Code 231 W. COMMERCE, SAN ANTONIO, TX. 78205 Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION	Amount (\$) 50.00
Date 12/30/08	Payee name HUMANE SOCIETY Payee address; City; State; Zip Code 4804 FREDERICKSBURG RD, SAN ANTONIO TX 78209 Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION	Amount (\$) 150.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME <i>HOWARD W. PECK</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/30/08</i>	5 Payee name <i>ANIMAL DEFENSE LEAGUE OF TEXAS</i> 6 Payee address; City; State; Zip Code <i>11300 NACOGDOCHES San Antonio, TX 78217</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>CONTRIBUTION</i>	8 Amount (\$) <i>150.00</i>
Date <i>12/30/08</i>	Payee name <i>RESPIRE CARE</i> Payee address; City; State; Zip Code <i>605 BELKNAP, SAN ANTONIO, TX 78212</i> Purpose of expenditure (See instructions regarding type of information required.) <i>CONTRIBUTION</i>	Amount (\$) <i>150.00</i>
Date <i>12/30/08</i>	Payee name <i>HOWARD W. PECK</i> Payee address; City; State; Zip Code <i>238 MEDFORD DR. San Antonio, TX 78209</i> Purpose of expenditure (See instructions regarding type of information required.) <i>REIMBURSEMENT - SEE SCHEDULE G</i>	Amount (\$) <i>1,206.29</i>
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 (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED