



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Filer name HOWARD W. PEAK	Account #
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OFFICE USE ONLY CITY OF SAN ANTONIO CITY CLERK Date Received 11 JAN 14 PM 1:33
Date Hand-delivered or Date Postmarked
Date Processed
Date Imaged

- 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 JANUARY 18, 2011. 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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Howard W. Peak this, the 14th day of January 2011, to certify which, witness my hand and seal of office.

<u>Melinda Uriegas</u> Signature of officer administering oath	<u>Melinda Uriegas</u> Print name of officer administering oath	<u>Notary</u> Title of officer administering oath
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**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

11 JAN 14 PM 1:34
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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

HOWARD

W

PEAK

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

238 MEDFORD DR.

SAN ANTONIO, TEXAS 78209

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 826-5481

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CHARLIE

AMATO

Date Processed

Date Imaged

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 78214

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 / 2010

12 / 31 / 2010

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY OF SAN ANTONIO CITY CLERK

FORM C/OH

COVER SHEET PG 2

11 JAN 14 PM 1:34

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. **

Table with 2 columns: COMMITTEE TYPE (GENERAL, SPECIFIC) and COMMITTEE NAME, ADDRESS, CAMPAIGN TREASURER NAME, 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

\$ 5,286.18

CONTRIBUTION BALANCE

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

\$ 13,700.86

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 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.

Handwritten signature of Howard W. Peak

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard W. Peak, this the 14th day of January, 2011, 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**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

11 JAN 14 PM 1:36
Total pages Schedule G: 1

2 FILER NAME HOWARD W. PEAK		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/23/10	5 Payee name LOVE OF KIDS AND HARLEYS 6 Payee address; City; State; Zip Code 29078 1-10 West, BOERNE TX 78006	8 Amount (\$) \$ 1,251.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION	
Date 9/02/10	Payee name UNITED WAY Payee address; City; State; Zip Code 700 S. ALAMO, SAN ANTONIO TX 78205	Amount (\$) \$ 1,267.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

11 JAN 14 PM 1:34

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME

HOWARD PEAK

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/16/10

5 Payee name

BRACKENRIDGE PARK Conservancy

6 Amount (\$)

\$ 250.00

6 Payee address; City; State; Zip Code

P.O. Box 6311

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

SAN ANTONIO, TEXAS 78209

Date

9/23/10

5 Payee name

HOWARD PEAK

6 Amount (\$)

\$ 1,251.00

6 Payee address; City; State; Zip Code

238 MEDFORD DR., SAN ANTONIO TX 78209

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

REIMBURSEMENT - SEE SCHEDULE G

Date

12/31/10

5 Payee name

HOWARD PEAK

6 Amount (\$)

\$ 1,267.09

6 Payee address; City; State; Zip Code

238 MEDFORD DR., SAN ANTONIO TX 78209

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

REIMBURSEMENT - SEE SCHEDULE G

Date

5 Payee name

6 Payee address; City; State; Zip Code

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

6 Amount (\$)

Date

5 Payee name

6 Payee address; City; State; Zip Code

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

6 Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED