CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	v to complete this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total pag		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST MICHAEL	<i>ii</i>	МІ	OFF	ICE USE ONLY	
NAME	NICKNAME	LAST		SUFFIX	Date Received		
	MONTAINE	EMMANUE	*	301117			
4 CANDIDATE /	ADDRESS / PO BOX		CITY; STATE;	ZIP CODE			
OFFICEHOLDER MAILING	1015 0	Pally ST RA.	_ , ,		ICT 10 202	101	
ADDRESS	1015 7	OLLY ST, BAY	TOWN IX	17520	K. I TO KOX		
Change of Address							
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSIO	N	Date Hand-deli	ivered or Date Postmarked	
OFFICEHOLDER PHONE	(346)	320 - 9668					
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$	
TREASURER NAME		JULIO			Date Processes	d •	
NAIVIE	NICKNAME	LAST		SUFFIX	0	10 22	
	JAY	VALDOVINOS	5		Date Imaged	10/22	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S			STAT	E; ZIP CODE	
TREASURER ADDRESS	1015	POLLY ST	BAYTO	Du I A /	TX	17520	
(Residence or Business)	1019	10LLY SI	127991	<i>70</i> -70	1.7	11920	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSIO	N			
TREASURER PHONE		2 2 0 0 1 1	~				
THORE	(346)	320 - 966	8				
9 REPORT TYPE	January 15	30th day before e	election Runo	ff	treasu	day after campaign arer appointment aholder Only)	
	July 15	8th day before ele	JOHOTT	eded Modified rting Limit	Final F	Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day	Year	
OOVERLED	07	/ 25 / 2022	THROUGH	10	10/	2022	
11 ELECTION	ELECTION DA	ATE	E	ELECTION TYPE			
	Month Day	Year Primary	Runoff	Other			
	11/08/	/ General	Special	Description			
	11/00/	2022 General	·				
12 OFFICE	OFFICE HELD (if any))	•	OUGHT (if known)		^	
			DAYT	DWN CIT	y coun	CIL DISTRICT 2	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUII	S MAY HAVE BEEN MADE WI	THOUT THE CAND	IDATE'S OR OFFIC	EHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
		COMMITTEE ADDRESS					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS				
					<u> </u>		
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
Į.	4. TOTAL POLITICAL EXPENDITURES	\$ 3014.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 3074.00 STDAY \$ 865.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
Destruction of the State of the	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	he	- Recorded to the second secon
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>r</i> :
(1) Affidavit		
S A S	la Marie Jackson tate of Texas	
NGTAR STAMP/SEA Commis	lotary Public sion No. 13060976-9	
Sworn to and subscribed	sion No. 13060976.9 (Chael Emanuel this the	10th day of October
The state of the s	which, witness my hand and seal of office.	
Ungle !	lack Augela Jacksa	Notarry
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer admin stering oath
	OR OR	
(2) Unsworn Declarati	on	
	, and my date of birth is	·
iviy address is	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of, on the day of (month	, 20
	Signature of Candid	late/Officeholder (Declarant)
	annua Companya annua (1971)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9 FILER NAME 20 Filer ID (Ethics Com					
MICHAEL EMMANUEL					
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1750				
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
SCHEDULE E: LOANS	\$				
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 884.62				
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$2553.38				
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				
	SCHEDULE SUBTOTALS SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	MICHAEL EMMANUEL		
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
09/03/2012	ISAAC OHALETE 6 Contributor address; City; 2104 RINCON DR. LEAG	100.00	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
INFORM	ATION SYSTEM	UTMB	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/15/2022	JUDE ACHUAMA Contributor address; City: 14810 NEWTON FALLS, SUG	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ESS OWNER	, , ,	NTERMODAL LOGISTICS
			VIENTIONE COMMITTEE
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
09/16/2022	• • • • • • • • • • • • • • • • • • • •	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	
OWN	ER	SELECT N P.	AY AUTO 1300Y
Date	_	; (ID#:)	Amount of contribution (\$)
09/14/2022	OSCAR CHAPA Contributor address; City; AAOI COUNTRY CLUB VIEW	State: Zip Code TX BAYTOWN 71521	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
RET	IRED	RETIRED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A1: 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
∧	LICHAEL EMMANUEL		
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
,	YAGERM BURNIEN		
09/21/2022	LAREEM BURNLEY 6 Contributor address; City; S	tate; Zip Code	300.00
	2422 TOWNSHIP CT ROSENBERG To Dation / Job title (See Instructions) 9	TX 11471	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
RESPIR	ATORY THERAPIST (COMP HEALT	4
Date	Full name of contributor	E E	Amount of contribution (\$)
8/30/02	MICHAEL EMMANUEL Contributor address; City; S 1015 Pally ST BAYTOWN T	550 . 00	
, ,	1015 Pally ST BAYTOWN T	X 11520	
	ation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor)	Amount of contribution (\$)
	Contributor address; City; S	late; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
	Contributor address; City; S	tate; Zip Code	
Principal occur	nation / Job title (See Instructions)	Employer (See Instruc	tions)
i mopal occup	nation , ood title (ood mandenona)	Employer (Gee manuc	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District
Other (enter a category not listed above)

5.55.555.5,	The Instruction Guide explains how to c	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Michael Emmanuel		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
9/19/2022	Vista Print					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$70.67	275 Wyman St. Waltham MA 2451					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Post Cards				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX. officeholder living	expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held		
expenditure to benefit C/OF	Michael Emmanuel	Baytown City Council District 2				
Date	Payee name					
9/23/2022	Bank of America					
712312022	Dank of Afficien					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$500.00	P.O. Box 15019 Wilmington, DE 1985	0-5019				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Credit Card Payment	Credit Card Payment				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living of	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OH	Michael Emmanuel B	Baytown City Council District 2				
Date	Payee name					
9/26/2022	Bank of America					
3/20/2022	Dank of America					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$4.95	P.O. Box 15019 Wilmington, DE 1985	0-5019				
·	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fees	Account Ma	aintenance Fee			
	Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	tin, TX, officeholder living e	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OH		aytown City Cou		·		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ntract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

1 Total pages Schedule Ft. 2 FILER NAME Michael Emmanuel 4 Date 5 Payee name 8/29/2022 Bank of America 5 Amount (3) 7 Payee address; City: State: Zip Code 8 25.00 P.O. Box 15019 Wilmington, DE 19850-5019 8 PURPOSE OF EXPENDITURE (c) Credit Card Payment		The Instruction Guide explains how to d	complete this form.		
4 Date 8/29/2022 5 Payee name Bank of America 5 Payee address: City: State. Zip Code P.O. Box 15019 Wilmington, DE 19850-5019 8 PURPOSE OF EXPENDITURE (c) Check # Faver Complete Schedule 1 Check # Austin, TX. officeholder Invited expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Purpose OF EXPENDITURE (c) Check # Austin, TX. officeholder name Office sought Office hold Michael Emmanuel Baytown City Council District 2 Payee name Lucia Bates Campaign Amount (s) Payee address: City: State: Zip Code Categories listed at the top of this schedule) Description Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office hold office sought Office hold office sought Office hold officeholder of the schedule) Description Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office hold officeholder name Office sought Office hold Office hold officeholder name Office sought Office hold Office hold officeholder name Office sought Officeholder name Office sought Officeholder Name Office hold Officeholder name Office sought Officeholder Name Office hold Officeholder name Office sought Officeholder Name Officeholder N		i e	**************************************	3 Filer ID (Ethic	s Commission Filers)
Bank of America Famount (\$) 7 Payses address; City: State: Zip Code					
\$25.00 7 Payee address; City: State: Zip Code \$25.00 8 P.O. Box 15019 Wilmington, DE 19850-5019 (b) Description Credit Card Payment (c) Category (See Categories feated at the top of this schedule) (c) Check if seed of Torian Comptine Schedule Torian Comptine Sched					
\$25.00 P.O. Box 15019 Wilmington, DE 19850-5019 (a) Category (See Categories Island at the top of this schedule) Credit Card Payment					
Care	6 Amount (\$)	/ Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Credit Card Payment Check if Austin, TX. officeholder living expense Payee name Payee name Lucia Bates Campaign Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought City: State: Zip Code Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Date Payee name Lucia Bates Campaign Amount (\$) Payee address: City: State: Zip Code \$180.00 Category (See Categories listed at the top of this schedule) Description Description Description Description Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held	\$25.00	P.O. Box 15019 Wilmington, DE 19850-50	019		
Credit Card Payment Credit Card Payment	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Michael Emmanuel Date Michael Emmanuel Payee name Lucia Bates Campaign Amount (\$) Payee address: Category (See Categories listed at the top of this schedule) Camplete ONLY if direct expenditure to benefit C/OH Payee name Lucia Bates Campaign Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure Payee name Lucia Bates Campaign Candidate / Officeholder name Office sought Office hold Description Office sought Office hold Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office hold Description Category (See Categories listed at the top of this schedule) Date 9/14/2022 Lucia Bates Campaign Amount (\$) Payee name Lucia Bates Campaign Category (See Categories listed at the top of this schedule) Description Description Description Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office hold Office hold Category (See Categories listed at the top of this schedule) Office sought Office hold Office hold	OF	Credit Card Payment	Credit Card	l Payment	
Date Payee name Lucia Bates Campaign		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX. officeholder livin	g expense
Date 9/13/2022 Lucia Bates Campaign Amount (\$) Payee address; City; State; Zip Code \$104.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee address; Complete Schedule Donation Candidate / Office holder name Office sought Candidate / Office holder name Office sought Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee name 9/14/2022	9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code \$104.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Candidate / Office holder name Office sought City; State; Zip Code Description Donation Check if Austin, TX. officeholder living expense Office held Candidate / Officeholder name Office sought City; State; Zip Code S180.00 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Donation Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	expenditure to benefit C/OI	Michael Emmanuel Bay	ytown City Cour	ncil District 2	
Amount (\$) Payee address; City; State; Zip Code \$104.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Complete ONLY if direct expenditure to benefit Cron Candidate / Office of the top of this schedule T. Check if Austin, TX. officeholder living expense Complete ONLY if direct expenditure to benefit Cron Candidate / Officeholder name City: State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City: State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / City: State; Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed a	Date	Payee name			
\$104.00 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description	9/13/2022	Lucia Bates Campaign			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense	\$104.00				
Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	Description	rectroics	***************************************
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF	Event Expense	Donation		
Date Payee name 9/14/2022 Lucia Bates Campaign Amount (\$) Payee address; City; State; Zip Code \$180.00 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Donation Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Amount (\$) Payee address; City; State; Zip Code \$180.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Description Description Donation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Office held			Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code \$180.00 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Donation Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Candidate / Office holder name Office sought Office held	Date	Payee name			
\$180.00 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Donation Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Donation Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	9/14/2022	Lucia Bates Campaign			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Donation Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Donation Check if Austri. TX. officeholder living expense Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense	\$180.00				
OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct	OF	Event Expense	Donation		
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	j expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought		Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEF	EDED	70 1994

SCHEDULE F4

	EXPENDITURE CATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	•	Office Overl Polling Expo Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explain	s how to co	emplete this form.	,		
1 Total pages Schedule F4: 6	FILER NAME Michael Emmanuel			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$		
5 Date 8/15/2022	6 Payee name Vista Print					
7 Amount (\$)	8 Payee address;		City;	State; Zip Code		
\$318.98	275 Wyman St. Waltham MA 2451					
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical			
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense		T-shirts, P	Postcards, Door hangers		
	(c) Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	istin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael Emmanuel		fice sought aytown City C	Office held Council District 2		
Date	Payee name			Published the state of the stat		
8/16/2022	Vista Print					
Amount (\$)	Payee address;		. City;	State; Zip Code		
\$1208.34	275 Wyman St. Waltham N	MA 2451	!			
TYPE OF EXPENDITURE	X Political	Non-Po	litical			
	Category (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF Expenditure	Printing Expense		Yard Sig	ns and Window Decals		
	Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder living expense		
, , ,,, , , , , , , , , , , , , , , , ,	Candidate / Officeholder name	OI	ffice sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Michael Emmanuel	Bayto	own City Cour	ncil District 2		
	ATTACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NE	EEDED		

SCHEDULE F4

		EXPENDITURE CATE	EGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)	
		The Instruction Guide expl	ains how to co	mplete this form.		
1 Total pages Schedule F4: 6	2 FILER Micha	NAME lel Emmanuel			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	DTOACR	EDIT CARD	\$	
5 Date	6 Payee	name		The state of the s		
8/22/2022	Vista	Print				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
\$181.48	275 W	Vyman St. Waltham, Ma	2451			
9 TYPE OF EXPENDITURE	X	Political	Non-Pol	litical		70.11
10	(a) Categor	y (See Categories listed at the top of the	nis schedule)	(b) Description		
PURPOSE OF Expenditure	Printin	g Expense		Post Cards a	ind Post Card Mai	ling Service
	(c)	Check if travel outside of Texas. Comple	ite Schedule T.	Check if Au	istin, TX, officeholder living	expense
11 Complete ONLY if direct	Can	didate / Officeholder name	Of	ffice sought	Office he	əld
expenditure to benefit C/OH	Mic	chael Emmanuel	Ва	aytown City Cour	ncil District 2	
Date	Payee	name				
8/24/2022	W	almart //				
Amount (\$)	Payee	address;	**************************************	City;	State;	Zip Code
\$119.06	702 S	W 8th St Bentonville, AF	र 72712			
TYPE OF EXPENDITURE	X	Political	Non-Pol	litical		
	Categor	y (See Categories listed at the top of t	his schedule)	Description		
PURPOSE OF Expenditure	Adver	tising Expense		Yard Sign M	letal Stakes	
7.4.6		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Au	ustin, TX, officeholder living	j expense
Complete ONLY if direct	Can	didate / Officeholder name	Of	ffice sought	Office he	eld
expenditure to benefit C/OH	Mic	chael Emmanuel	Ba	aytown City Cour	ncil District 2	
			Marie Care	779 (1914)		
		····				
	ATTAC	CH ADDITIONAL COPIES	OF THIS SC	CHEDULE AS NE	EDED	

SCHEDULE F4

		EXPENDITURE	CATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Re Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		ment/Reimbursement nead/Rental Expense ense ense iges/Contract Labor	nt/Reimbursement d/Rental Expense e se s/Contract Labor Solicitation/Fundrai Transportation Equi Travel In District Travel Out Of Distri Other (enter a cate)			
1 Total pages Schedule F4:	2 FILER Micha				,	3 Filer ID	(Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHA	ARGED	TOACR	EDIT CARD	\$		
5 Date 9/3/2022	6 Payee Exxon	name ı Mobil						***************************************
7 Amount (\$)	8 Payee	address;			City;	St	ate;	Zip Code
\$50.06	2401	Garth Rd Baytown	TX 7752	20				
9 TYPE OF EXPENDITURE	x	Political		Non-Pol	itical			
10	(a) Categor	y (See Categories listed at th	e top of this s	chedule)	(b) Description			
PURPOSE OF Expenditure	Transporta	ition Equipment & Re	elated Exp	oense	Fuel			
	(c)	Check if travel outside of Texa	s. Complete S	chedule T.	Check if Au	istin, TX, officeho	older living	expense
11 Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder i	name		fice sought vn City Council [Office he	ld
Date 9/7/2022	Payee Vista							
Amount (\$)	Payee	address;			City;	St	ate;	Zip Code
\$88.66	275 W	/yman St. Waltham	MA 245	51				
TYPE OF EXPENDITURE	x	Political		Non-Po	litical			
	Catego	ry (See Categories listed at the	he top of this s	schedule)	Description			
PURPOSE OF Expenditure	Printing	g Expense			Postcards			
		Check if travel outside of Texa	as. Complete S	Schedule T.	Check if A	ustin, TX, officeh	older living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate / Officeholder	name		fice sought own City Council		Office he	ild
	M-1000000000000000000000000000000000000							
AMPARAM LA VIII AMPARAM LA VII	ATTA	CH ADDITIONAL CO	OPIES O	F THIS S	CHEDULE AS NE	EDED		

SCHEDULE F4

	EVDENDITURE CATECO	DIES E	DP BOY 10(a)		1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Committee Legal Services State Sta	Office Overhead/Rental Expense //Beverage Expense Polling Expense Awards/Memonals Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4: 6	2 FILER NAME Michael Emmanuel	Manager of the control for the part of the control for the con		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED T	OACR	EDIT CARD	\$	
5 Date 9/29/2022	6 Payee name USPS			I	***************************************
7 Amount (\$) \$39.00	8 Payee address; 601 W Baker Rd. Baytown TX 775	521	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	hedule)	(b) Description Postage Stan	nps	
	(C) Check if travel outside of Texas. Complete Sch	nedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael Emmnauel		fice sought wn City Council [Office he	ld
Date 10/03/2022	Payee name Sunoco				
Amount (\$) \$49.85	Payee address; 3418 Garth Rd. Baytown TX 7752	21	City;	State;	Zip Code
TYPE OF EXPENDITURE	X Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Transportation Equipment & Related Exp		Description Fuel		
	Check if travel outside of Texas. Complete Sc	hedule T.	Check if A	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael Emmanuel		fice sought own City Council	Office he	eld
	ATTACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NE	EDED	

SCHEDULE F4

		EXPENDITURE	CATEGORI	ES FC	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	office Overhead/Rental Expense od/Beverage Expense /Awards/Memonals Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
		The Instruction Guid	e explains hov	to co	mplete this form.			
1 Total pages Schedule F4: 6	2 FILER Micha	NAME nel Emmanuel				3 Filer	D (Ethics (Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHA	RGEDTO	CR	EDIT CARD	\$		7.55
5 Date 10/03/2022	6 Payee USPS						. ,	
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
\$48.00	601 W	Baker Rd. Baytowi	n TX 77521					
9 TYPE OF EXPENDITURE	x	Political	N	on-Pol	itical			
10	(a) Categor	y (See Categories listed at the	e top of this schedu	le)	(b) Description			
PURPOSE OF Expenditure	Advertis	ing Expense			Postage Stam	ps		
	(c)	Check if travel outside of Texas	s. Complete Schedul	e T.	Check if Au	stin, TX, offi	ceholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder n ael Emmanuel			fice sought own City Council	District	Office h	eld
Date 10/04/2022	Payee Waln						er eventuer en	
Amount (\$)	Payee	address;			City;		State;	Zip Code
\$119.06	702 5	SW 8th St. Bentonvi	ille AR 7271	2				
TYPE OF EXPENDITURE	x	Political	N	on-Pol	litical			
	Catego	ry (See Categories listed at th	e top of this schedu	ŋe)	Description			
PURPOSE OF Expenditure	Adverti	sing Expense			Yard Sign Me	tal Stak	es	
		Check if travel outside of Texas	s. Complete Schedu	le T.	Check if Au	ıstin, TX, off	iceholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ididate / Officeholder n I Emmanuel			fice sought wn City Council	District 2	Office h	eld
								The state of the s
	ATTA	CH ADDITIONAL CO	PIES OF TH	IIS SC	CHEDULE AS NE	EDED		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense pense Printing Expense Salanes/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.					
Total pages Schedule F4: 6	2 FILER NAME Michael Emmanuel			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 10/6/2022	6 Payee name Vista Print				
7 Amount (\$) \$330.89	8 Payee address; 275 Wyman St. Waltham MA 245	51	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	X Political Non-Political				
10	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description		
PURPOSE OF Expenditure	Printing Expense		Vinyl Banners	3	
	(c) Check if travel outside of Texas. Complete Sc	chedule T.	Check if Au	stin, TX. officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Michael Emmanute Baytown City Council District 2				
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule)	Description		
	Check if travel outside of Texas. Complete So	chedule T.	Check if Au	ustin, TX. officeholder living	expense
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					