CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Michael	MI	OFFICE	USEONLY
INAIVIE	NICKNAME	LAST Emmanuel	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1015 Polly S	t, Baytown TX 77520	CITY; STATE; ZIP CODE	OCT 31 2022 PM	3:02
Change of Address		NAME OF THE OWNER OWNER OF THE OWNER OWNE	*		
5 CANDIDATE/ OFFICEHOLDER PHONE	(346)	PHONE NUMBER 320-9668	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Jay	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	10/31	22
		valdovinos		Date Imaged	
	1000000			10 31	22
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI St, Baytown TX 775	•	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
FFIONE	(346)	320-9668			
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	Exceeded Modified Reporting Limit		t (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	10 /	/ 11 / 202	тнгоидн 10	/ 31 / 202	2
11 ELECTION	ELECTION DA	ATE	ELECTION TYPI	E	
	Month Day	Year Primary	Runoff Other		
	11 / 8 /	202 General	Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Baytown City Co		2
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME			SUDITENT ENDITONIES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	37 b		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		22.70			
		GO TO I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
Michael Emmanuel		
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)	\$ 50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4.95
	4. TOTAL POLITICAL EXPENDITURES	s 747.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 455.68
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true and	d correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
	Rem	
	Signature of Candida	ate or officeholder
	Please complete either option below:	
(1) Affidavit		
GABRIELLA	CUFF	
Notary Public, State My Commission	eories Expires 25	
NOTARY ID 131	Michael Hen topoge and	Oalshous
	before me by Michael Ugo Emmanuel this the 31	day of October,
Coult of the Country	which, witness my hand and seal of office.	Milana
Signature of officer administe	ring beth Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
	, and my date of birth is	(6)
My address is		
		(zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (year)
	Signature of Candidate/C	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILEI Michae	RNAME el Emmanuel	20 Filer ID (Ethics Co	mmissio	on Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,050.00
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 COI	NTRIBUTIONS	\$	747.64
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 FUN	IDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS 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 t	o complete th	is form.	1 Total pages Schedule A1:	
2 FILER NAME Michael En				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#: Jonathan Pete		AC (ID#:)	7 Amount of contribution (\$)	
10/12/2022	6 Contributor address; Houston TX	City;	State; Zip Code	50.00	
	pation / Job title (See Instructions) urce Specialist		9 Employer (See Instruc	tions)	
Date	Full name of contributor Michael Emmanuel	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
10/12/2022	Contributor address; 1015 Polly St, B	city; aytown	State; Zip Code TX 77520	1,000.00	
Principal occup Principal Brok	eation / Job title (See Instructions)		Employer (See Instruct Move Texas Realty	lions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
		12.7			

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Michael Emmanuel		3 Filer ID (Ethics	s Commission Filers)	
4 Date 09/07/2022	5 Payee name Vistaprint				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
88.60	P O Box 15019 Wilmington, DE 19850				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Print Expense	Mailer			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	H Michael Emmanuel	Baytown City Council D	District 2		
Date	Payee name				
10/18/2022	ExxonMobil				
Amount (\$)	Payee address;	City;	State;	Zip Code	
50.42	2401 Garth Rd, Baytown TX 77520				
14	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Transportation Equipment Related Expense	Fuel			
LAF CHUIT GILL	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	Michael Emmanilei	Baytown City Council D	District 2		
Date	Payee name				
10/14/2022	USPS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
117.00	601 W Baker Rd, Baytown TX 77521				
	Category (See Categories listed at the top of this schedule)	Description	=		
PURPOSE OF EXPENDITURE	Advertising Expense	Postage			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH		aytown City Council Dis	strict 2		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

Event Expense Fees Food/Beverage Expense Gilt/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)

Credit Card Payment	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michael Emmanuel		3 Filer ID (Ethics Commission Filers	;)
4 Date	5 Payee name			
10/14/2022	Vistaprint			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
317.76	P O Box 15019 Wilmington, DE 19850			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Print Expense	Banners		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 D	Pistrict 2	
Date	Payee name			
10/26/2022	ExxonMobil			
Amount (\$)	Payee address;	City;	State; Zip Code	
50.18	2401 Garth Rd, Baytown TX 77520			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Transportation Equipment Related Expense	Fuel		
OF EXPENDITURE	Lipense	_2		
я	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Muchael Emmanual	Baytown City Council D	District 2	
Date	Payee name			
10/04/2022	Walmart			
Amount (\$)	Payee address;	City;	State; Zip Code	
119.06	702 SW 8th St, Bentonville AR 72712		·	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Metal Stakes		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH		aytown City Council Dis	strict 2	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	