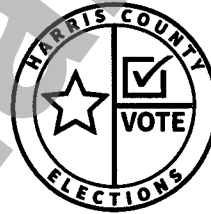
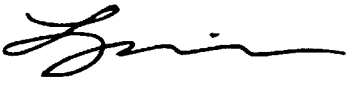




Official Filing Authority of Harris County
Isabel Longoria
Elections Administrator

Campaign Finance Report




Elections Administrator
Harris County, TX

FileNo: 2022175
Received By Clerk: 01/19/2022
File Date: January 14, 2022
Office: Commissioner Pct. 2
Candidate: Manlove, John
Treasurer: Manlove, Gina
Category: Contributions And Expenditures (COH/JCOH)
Delivered By: U.S. Mail
Type: COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 2021142	2 Total pages filed 13								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI John	OFFICE USE ONLY									
	NICKNAME LAST SUFFIX Manlove										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #, CITY, STATE, ZIP CODE 5125 Preston Rd., Pasadena TX 77505										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 830-1379										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Gina	Date Received									
	NICKNAME LAST SUFFIX Manlove										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 5125 Preston Rd. Pasadena, TX 77505										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 487-6767										
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 15 / 2021 THROUGH 1 / 15 / 2022										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 1 / 22 <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Harris County Commissioner Pct 2										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>John Manlove Campaign</i>		16 Filer ID (Ethics Commission Filers) <i>2021142</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>19,452.27</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>19,452.27</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,285.86</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>68,870.21</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

John Manlove
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *John Manlove* this the *13th* day of *January*, 20 *22*, to certify which, witness my hand and seal of office.
Linda Perryman *Linda Perryman* *office manager*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,952.27
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4285.46
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 7
2 FILER NAME John Manlove		3 Filer ID (Ethics Commission Filers) 2021142
4 Date 7/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Flanagan	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1347 Lamonte Ln, Houston TX 77018		
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) Clockwork Consulting
Date 7/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Ingram	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 142 Weaver St, Baytown, TX 77520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Malone	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2709 AVEO, Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARRY MAC TAYISH	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2702 Northgate Village Houston TX 77068		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) SELF
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

820.

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 FILER NAME <i>John Manlove</i>		3 Filer ID (Ethics Commission Filers) <i>2021142</i>
4 Date <i>8/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Norman Pappous</i>	7 Amount of contribution (\$) <i>\$52.29</i>
6 Contributor address; City, State; Zip Code <i>1055 Misty Trails, League City 77573</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>8/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Daniel Kirk</i>	Amount of contribution (\$) <i>\$208.56</i>
Contributor address; City, State; Zip Code <i>4 Mac-A-Lago Blvd, Santa Rosa Beach FL 32459</i>		
Principal occupation / Job title (See Instructions) <i>Contractor</i>		Employer (See Instructions) <i>Wave Contractors</i>
Date <i>8/18/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JAMES FAGAN</i>	Amount of contribution (\$) <i>\$260.19</i>
Contributor address; City, State; Zip Code <i>16 Porch Street, Galveston TX 77554</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>8/18/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jim Kent</i>	Amount of contribution (\$) <i>\$104.26</i>
Contributor address; City, State; Zip Code <i>65 Campeche Cir. Galveston TX 77554</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 FILER NAME John Manlove		3 Filer ID (Ethics Commission Filers) 2021142
4 Date 8/24/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RANDY GARCIA	7 Amount of contribution (\$) \$200.00
6 Contributor address, City, State, Zip Code 18 CEDAR LAWN S. GALVESTON TX 77551		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 8/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TAMMY NORMAN	Amount of contribution (\$) \$250.00
Contributor address, City, State, Zip Code 1320 25th St., Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Energy Executive		Employer (See Instructions) Marshall Power Gas
Date 8/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRAVIS WACKER	Amount of contribution (\$) \$260.19
Contributor address, City, State, Zip Code 6509 Stone Briar Pt, Pasadena, TX 77505		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelly Quijano	Amount of contribution (\$) \$500.00
Contributor address, City, State, Zip Code 5021 Fairmont Pkwy Pasadena, TX 77505		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) McDonalds
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

1,210.19

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 20
2 FILER NAME John Manlove		3 Filer ID (Ethics Commission Filers) 2021142
4 Date 9/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricky Kunz	7 Amount of contribution (\$) \$260.19
6 Contributor address; City, State; Zip Code 3109 MAINE HILL DR. FRIENDSWOOD TX 77546		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Seltzer	Amount of contribution (\$) \$104.26
Contributor address; City, State; Zip Code 11807 Westheimer Houston TX 77077		
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Self
Date 9/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Ward	Amount of contribution (\$) \$260.19
Contributor address; City, State; Zip Code 1702 BARINGTON Hills, Katy TX 77450		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID MARTINES	Amount of contribution (\$) \$5,000.00
Contributor address; City, State; Zip Code 5925 CR 172 ALVIN TX 77511		
Principal occupation / Job title (See Instructions) Rickard		Employer (See Instructions) CAROL CRAVE
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

5,624.44

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 FILER NAME <i>John Manlove</i>		3 Filer ID (Ethics Commission Filers) <i>2021142</i>
4 Date <i>10/11/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Steve Rowe</i>	7 Amount of contribution (\$) <i>\$104.26</i>
6 Contributor address; City; State; Zip Code <i>18903 Old Houston Rd. Courton, TX 77506</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/12/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Russell Ybarra</i>	Amount of contribution (\$) <i>\$917.00</i> <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>3006 Sunset Blvd, Houston, TX 77005</i>		
Principal occupation / Job title (See Instructions) <i>President / CEO</i>		Employer (See Instructions) <i>GRINGO'S Tex Mex</i>
Date <i>10/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dr. Phillip Heggett</i>	Amount of contribution (\$) <i>\$520.06</i>
Contributor address; City; State; Zip Code <i>18010 Sugar Pine Dr. Houston TX 77090</i>		
Principal occupation / Job title (See Instructions) <i>Surgeon</i>		Employer (See Instructions) <i>Self</i>
Date <i>11/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>George Berton</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>4910 Aspen Pasadena, TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Electronics / self</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME <i>John Manlove</i>		3 Filer ID (Ethics Commission Filers) <i>2021142</i>
4 Date <i>11/18/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Scott Cryder</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City, State; Zip Code <i>7320 Offorts Point, Galveston, TX 7755</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>12/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John Gray II</i>	Amount of contribution (\$) <i>\$5,197.82</i>
Contributor address; City, State; Zip Code <i>55 Waugh Dr Houston TX 77007</i>		
Principal occupation / Job title (See Instructions) <i>Development</i>		Employer (See Instructions) <i>Self</i>
Date <i>12/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DAVID MARTINEZ</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City, State; Zip Code <i>5925 CR 172 Alvin TX 77511</i>		
Principal occupation / Job title (See Instructions) <i>Rigging</i>		Employer (See Instructions) <i>Carroll Crane</i>
Date <i>10/1/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mike Massey</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City, State; Zip Code <i>3103 Rollingwood Pr. Houston, TX 77080</i>		
Principal occupation / Job title (See Instructions) <i>Retired Police Chief</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 FILER NAME <i>John Manlove</i>		3 Filer ID (Ethics Commission Filers) <i>2021142</i>
4 Date <i>7/30/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kern Corcoran</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>606 E. Fork, Webster, TX 77598</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 John Manlow		3 Filer ID (Ethics Commission Filers) 2021142	
4 Date 6/10/21		5 Payee name Clockwork Consultants			
6 Amount (\$) \$625.84		7 Payee address, City, State, Zip Code 1347 CAMONTE LANE HOUSTON TX 77018			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 9/9/21		Payee name Clockwork Consultants			
Amount (\$) 2006.78		Payee address, City, State, Zip Code 1347 CAMONTE LN HOUSTON TX 77018			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 9/28/21		Payee name WINRED			
Amount (\$) \$119.30		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ONLINE SERVICE		Description CREDIT CARD FEES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2751.72

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME <i>John Manlove</i>		3 Filer ID (Ethics Commission Filers) <i>2021142</i>	
4 Date <i>10/11/21</i>		5 Payee name <i>WINRED</i>			
6 Amount (\$) <i>\$4.26</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ONELINESERVICES</i>		(b) Description <i>Credit Card Fees</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/12/21</i>		Payee name <i>WINRED</i>			
Amount (\$) <i>\$38.30</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ONELINE SERVICE</i>		Description <i>Credit Card Fees</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/28/21</i>		Payee name <i>WINRED</i>			
Amount (\$) <i>\$20.06</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Online Service</i>		Description <i>Credit Card Fees</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

62.62

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)


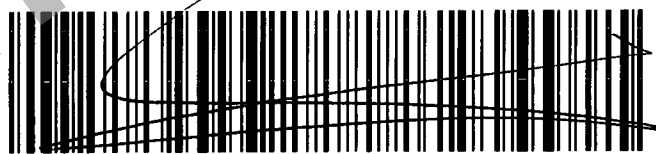
The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>John Manlove</i>	3 Filer ID (Ethics Commission Filers) <i>2021142</i>
4 Date <i>11-18-21</i>	5 Payee name <i>Win Red</i>	
6 Amount (\$) <i>\$23.70</i>	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ONLINE SERVICE</i>	(b) Description <i>Credit Card Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/30/21</i>	Payee name <i>Win Red</i>	
Amount (\$) <i>\$197.62</i>	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Online Service</i>	Description <i>Credit Card Fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/31/21</i>	Payee name <i>Harris County Republican Party</i>	
Amount (\$) <i>1,250.00</i>	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Filing Fees</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1471.52

Handwritten mark: a large 'F' with a checkmark and a diagonal line through it.

F	US POSTAGE AND FEES PAID FIRST - CLASS Jan 14 2022 Mailed from ZIP 77505 2oz First-Class Pkg Svc Zone 1	 06280011272732
	10581481 CommercialBasePrice	
FIRST - CLASS PKG SVC		
Mall Boxes Plus STORE MANAGER 4808 Fairmont Pkwy PASADENA TX 77505	B080	0025
Shipped using PostalMate Pkg:271371		
SHIP TO: OFFICE OF ELECTION ADMINISTRATOR PO BOX 1148 HOUSTON TX 77251-1148		
USPS TRACKING #		
		
9400 1111 0803 6421 7395 98		
<small>SEE NOTICE ON REVERSE regarding UPS Terms, and notice of limitation of liability. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export control and customs purposes. If exported from the US, shipper certifies that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited. 600 RFP 1021</small>		

Handwritten notes on the right side of the form, including a date stamp and some illegible markings.