

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)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Cetshino	MI
	NICKNAME	LAST MARINA	SUFFIX
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 301 Bohair Dr	APT / SUITE #: Lubbock TX 78041	CITY; STATE; ZIP CODE
	Area Code (936)	PHONE NUMBER	EXTENSION
CAMPAIGN TREASURER NAME	MS / MRS / MR Smad	FIRST AGLESO	MI
	NICKNAME	LAST	SUFFIX
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 214 GRANADA DR Lubbock TX 78041		CITY; STATE; ZIP CODE
	AREA CODE (936)	PHONE NUMBER 286 -	EXTENSION 2122
REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
PERIOD COVERED	Month Day Year THROUGH Month Day Year 09 / 24 / 2020 10 / 26 / 2020		
ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2020		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) District IV City Council.	

OFFICE USE ONLY

Date Received

REC'D CITY SEC OFF
OCT 26 '20 PM3:56

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

C/OH NAME

Celestino Manna

15 Filer ID (Ethics Commission Filers)

NOTICE FROM
POLITICAL
COMMITTEE(S)

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 TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

CONTRIBUTION
TOTALS

1. 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)

\$

1,550.-

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

917.96

4. TOTAL POLITICAL EXPENDITURES

\$

350.-

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$

AFFIDAVIT

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.



Signature of Candidate or Officeholder

ATTACH NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Celestino Manna

, this the

26

day of *October*, 20 *20*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

FILER NAME		20 Filer ID (Ethics Commission Filers)
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1550.5
<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
<input type="checkbox"/> SCHEDULE E: LOANS		\$
<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 917.96
<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 350.5
<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor out-of-state PAC (ID# _____)

✓ OMAR GARCIA JR.

7 Amount of contribution (\$)

250.-

6 Contributor address; City; State; Zip Code

3068 WOODLAND COVE LN. TX 78095

Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor out-of-state PAC (ID# _____)

Dioniso Gonzalez de castilla

Amount of contribution (\$)

200.-

Contributor address; City; State; Zip Code

9813 SANDHILL COUNTRIES LAC TX 78095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor out-of-state PAC (ID# _____)

Genaro Pineda Medelino

Amount of contribution (\$)

100.-

Contributor address; City; State; Zip Code

LAC. TX 78091

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor out-of-state PAC (ID# _____)

ISAHEL DUCAS

Amount of contribution (\$)

300.-

Contributor address; City; State; Zip Code

1864 Palmer Ln. TX 78095

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor out-of-state PAC (ID# _____)

Fco Deves Adrias Jr

7 Amount of contribution (\$)

200.-

6 Contributor address; City; State; Zip Code

219 Village Ln. Lant 7804

Occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor out-of-state PAC (ID# _____)

Maria Elena Mexaca

Amount of contribution (\$)

500.-

Contributor address; City; State; Zip Code

Lant TX 76041

Occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

Total Unpaid Schedule F2:	2 FILER NAME <i>Cecilio Manna</i>	3 Filer ID (Ethics Commission Filers)
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TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>97.96</i>
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Payee name	6 Payee name <i>Bank Copy</i>
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Payee address;	8 Payee address;	City;	State;	Zip Code
	<i>616 W. Carlton Rd Suite 8</i>	<i>United TX</i>	<i>TX</i>	<i>78041</i>

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Printing</i>	<i>Printing</i>
	(c) <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
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Payee name	Payee name		
------------	------------	--	--

Payee address;	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Accounting Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Advertising 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) |
| Conferences/Travel | | | |

The Instruction Guide explains how to complete this form.

2 FILER NAME	Cestivo MORA			3 Filer ID (Ethics Commission Filers)	
5 Payee name	Rent + more				
7 Payee address;	City;	State;	Zip Code		
350.00 Reimbursement from political contributions intended	3911 Jaime Zapata			LAR	TX 78043
		Memorial Highway - 9			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Banking Expenses		COPS.		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

5 Payee name					
7 Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

5 Payee name					
7 Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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