

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr Manuel Pelaez	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>
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<input type="checkbox"/> COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13270.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 79.39
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 4748.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.		
*** Electronically Certified ***		
_____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said Mr Manuel Pelaez , this the 18th day of January , 2021 , 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 - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr Manuel Pelaez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13170.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4748.81
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 336.54

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 10

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
8/25/2020

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

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**12358 Autumn Vista
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
N/A

9 Employer (See instructions)
N/A

Date
10/15/2020

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**8915 Datapoint Dr. #45B
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

Date
10/15/2020

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1405 Spyglass Dr
Austin, TX 78746**

Principal occupation / Job title (See instructions)
Investor

Employer (See instructions)
Self

Date
10/16/2020

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**12835 Castle Bend
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 10

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
10/17/2020

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

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**7317 Ashton Place
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
SA Medical Foundation

Date
10/20/2020

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**106 S. St. Marys #200
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
10/24/2020

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**8258 Pimlico Lane
Boerne, TX 78015**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Thomas J. Henry Law

Date
10/24/2020

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**8258 Pimlico Lane
Boerne, TX 78015**

Principal occupation / Job title (See instructions)
Law Firm

Employer (See instructions)
Self

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 of 10
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins Farney 6 Contributor address; City; State; Zip Code 8258 Pimlico Lane Boerne, TX 78015	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Investor		9 Employer (See instructions) Self
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia Farney Contributor address; City; State; Zip Code 8258 Pimlico Lane Boerne, TX 78015	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Pre-school educator		Employer (See instructions) N/A
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosalyn Farney Contributor address; City; State; Zip Code 8258 Pimlico Lane Boerne, TX 78015	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Gallery Asst.		Employer (See instructions) SAIC
Date 10/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan List Contributor address; City; State; Zip Code 8922 Brae Bend San Antonio, TX 78249	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 10
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Barrett 6 Contributor address; City; State; Zip Code 13314 Ming Heights San Antonio, TX 78232	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Insurance agent		9 Employer (See instructions) Barrett Insurance
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Muhammad Choudary Contributor address; City; State; Zip Code 1507 Pamerview San Antonio, TX 78260	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Mission Wrecker
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rashid Sharaf Contributor address; City; State; Zip Code 1 Chambord San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Doctor		Employer (See instructions) Renal Associates
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anita Fernandez Contributor address; City; State; Zip Code 1714 Arroya Vis San Antonio, TX 78213	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Consultant		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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 10
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Carrasco 6 Contributor address; City; State; Zip Code 9800 Fredericksburg Rd. San Antonio, TX 78288	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Sr. Systems Analyst		9 Employer (See instructions) USAA
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacqueline Wilson Contributor address; City; State; Zip Code 93 Sendero Verde San Antonio, TX 78261	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Wilson Contributor address; City; State; Zip Code 93 Sendero Verde San Antonio, TX 78261	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Franklin Contributor address; City; State; Zip Code 21260 Gathering Oak #101 San Antonio, TX 78260	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Business owner		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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 10

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/2020

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
21260 Gathering Oak #101
San Antonio, TX 78260

8 Principal occupation / Job title (See instructions)
Business owner

9 Employer (See instructions)
Self

Date
10/28/2020

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
5103 Newcastle Lane
San Antonio, TX 78249

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Cokinios

Date
10/29/2020

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
7 Links Green
San Antonio, TX 78257

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self

Date
10/29/2020

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
23811 Spring Scent
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

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:
7 of 10

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
10/29/2020

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 1361
San Antonio, TX 78295**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
RK Group

Date
10/29/2020

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 1361
San Antonio, TX 78295**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
RK Group

Date
10/29/2020

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

Amount of contribution (\$)
400.00

Contributor address; City; State; Zip Code
**237 W Travis Street #100
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
10/29/2020

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1510 W Loop South
Houston, TX 77027**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
Landry's

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: 8 of 10
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Goggan, Blair, Sampson LLP 6 Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorneys		9 Employer (See instructions) Linebarger, Goggan, Blair, Sampson
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John L Bonney Contributor address; City; State; Zip Code 706 Acubas San Antonio, TX 78260	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) Division Manager		Employer (See instructions) Yates Construction
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irfan Butt Contributor address; City; State; Zip Code 9006 Eagle Bend Helotes, TX 78023	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) Self
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anwar Tahir Contributor address; City; State; Zip Code 10623 Cavelier Pt. San Antonio, TX 78254	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) Self
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: 9 of 10
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mohammed Rana 6 Contributor address; City; State; Zip Code 13426 Baldwin Ridge San Antonio, TX 78249	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) business owner		9 Employer (See instructions) self
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Shakil Contributor address; City; State; Zip Code 1507 Palmer Vw San Antonio, TX 78260	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Mission Wrecker
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rock Holdings Inc, PAC Contributor address; City; State; Zip Code 101 Washington Square #300 Lansing , MI 48933	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) PAC		Employer (See instructions) Rock Holdings
Date 11/4/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Shearn Contributor address; City; State; Zip Code 1405 Spyglass Austin, TX 78746	Amount of contribution (\$) 400.00
Principal occupation / Job title (See instructions) Investor		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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 10
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin & Drought Law Firm 6 Contributor address; City; State; Zip Code 300 Convent St. San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorneys		9 Employer (See instructions) Martin & Drought
Date 11/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of David Christian Contributor address; City; State; Zip Code 1800 MCCullough Ave San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
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		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 10/29/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter Serna 7 Contributor address; City; State; Zip Code 237 W Travis St #100 San Antonio, TX 78205	8 Amount of Contribution \$ 100.00 9 In-kind contribution description Food for an event <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 1 of 9	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 7/2/2020	5 Payee name Constant Contact	
6 Amount (\$) 101.27	7 Payee address; City; State; Zip Code 3675 Precision Dr. Loveland, CO 80538	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Email
	(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 7/6/2020	Payee name GoDaddy.com	
Amount (\$) 102.34	Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description web Hosting
	<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 7/29/2020	Payee name Nationbuilder	
Amount (\$) 96.34	Payee address; City; State; Zip Code 520 S Grand Ave Los Angeles , CA 90071	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description website
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/3/2020	5 Payee name Constant Contact		
6 Amount (\$) 101.27	7 Payee address; City; State; Zip Code 3675 Precision Ave Loveland, CO 80538		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description email program
	(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 8/17/2020	Payee name Wix.com		
Amount (\$) 220.83	Payee address; City; State; Zip Code 500 Terry Francois Blvd San Francisco, CA 94158		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Hosting
	<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 8/24/2020	Payee name Wix.com		
Amount (\$) 155.88	Payee address; City; State; Zip Code 500 Terry Francois Blvd San Francisco, CA 94158		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 3 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/31/2020	5 Payee name Facebook		
6 Amount (\$) 138.97	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description ads
	(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 8/31/2020	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website, email
	<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 9/1/2020	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Drive Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description email
	<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			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 4 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2020	5 Payee name SA Hispanic Chamber of Commerce		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 200 E Grayson #203 San Antonio, TX 78215		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution
	(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			
Date 9/29/2020	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website
	<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			
Date 9/30/2020	Payee name Facebook		
Amount (\$) 40.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description ads
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 5 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2020	5 Payee name SA Hispanic Chamber of Commerce		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 200 E. Grayson St. #203 San Antonio, TX 78215		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event sponsorship
	(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 10/1/2020	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Drive Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Email program
	<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 10/27/2020	Payee name SA Ready to Work PAC		
Amount (\$) 500.00	Payee address; City; State; Zip Code 0000 Not Available San Antonio, TX 00000		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description PAC
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 6 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2020	5 Payee name Monarch Trophy Studio		
6 Amount (\$) 632.07	7 Payee address; City; State; Zip Code 16227 San Pedro San Antonio, TX 78232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Fiesta medals
	(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 10/29/2020	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website
	<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 11/2/2020	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Dr. Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Email program
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 7 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/2020	5 Payee name HEB		
6 Amount (\$) 155.31	7 Payee address; City; State; Zip Code 1150 HWY 1604 Loop San Antonio, TX 78248		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Event expense - food
	(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 11/30/2020	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website
	<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 12/1/2020	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Dr. Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Email program
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 8 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2020	5 Payee name Amazon		
6 Amount (\$) 25.96	7 Payee address; City; State; Zip Code 410 Terry Ave. North Seattle, WA 98109		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Supplies, masks, gloves, sanitizer
	(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 12/14/2020	Payee name American Red Cross		
Amount (\$) 74.10	Payee address; City; State; Zip Code 3642 East Houston San Antonio, TX 78219		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description Ornaments for council gifts
	<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 12/17/2020	Payee name Hispanic Leadership Dev. Foundation		
Amount (\$) 200.00	Payee address; City; State; Zip Code 200 E. Grayson St. #203 San Antonio, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description Leadership program
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 9 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2020	5 Payee name American Red Cross		
6 Amount (\$) 275.00	7 Payee address; City; State; Zip Code 3642 East Houston San Antonio, TX 78219		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Holiday contribution in the name of all Councilmembers
	(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 12/29/2020	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website
	<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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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 <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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F2: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F4: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/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 G: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	
	(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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 H: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
12/5/2020

5 Name of person from whom amount is received
Manny Pelaez

8 Amount (\$)
336.54

6 Address of person from whom amount is received; City; State; Zip Code
3522 Paesano Pkwy #301
San Antonio, TX 78231

7 Purpose for which amount is received ☐ Check if political contribution returned to filer
refund - event expense

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received ☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received ☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received ☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Mr Manuel Pelaez

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder