CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete tl		Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS		MI	OFFICE US	SE ONLY
NAME	NICKNAME LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUIT 3522 Paesano Pkwy #301 San Antonio TX 78231	TE#; CITY; ST	TATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUM	MBER EXTE	NSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRS Cha		MI	Receipt #	Amount \$
NAME	NICKNAME LAST		SUFFIX	Date Processed	
	Tayl	lor		Date Imaged	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	3115 Pinto Pass San Antonio TX 78247 AREA CODE PHONE NUM (210) 875-874		NSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD	Month Day	y Year	Month	Day Year	
COVERED	1/1/202	22 THROU	GH 6/ 3	30/2022	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/6/2019	Primary Runc X General Spec	Description		
12 OFFICE	OFFICE HELD (if any) Council District 8		13 OFFICE SOUGHT Council Distri		
		GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Manny Pelaez				15 Filer II) (Ethics Commission Filers)
16 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	COMMITTEE ADDRE	SS		
	SPECIFIC				
Additional Dance		COMMITTEE CAMPA	IGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPA	IGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	44340.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	743.23	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	27002.14
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	61175.44
OUTSTANDING LOAN TOTALS	J 0.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	0
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	e or Officeho	older
Sworn to and subscribe of July ,	•	•		this t	he <u>21st</u> day
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)	
	Manny Pelaez			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CON		\$ 44340.00	
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND)	POLITICAL CONTRIBUTIONS		\$0
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS			\$0
4.	X SCHEDULE E: LOANS	\$0		
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 26699.03
6.	X SCHEDULE F2: UNPAID INCURRED OBLIGA	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	X SCHEDULE F3: PURCHASE OF INVESTMEN	ITS MADE FROM POLITICAL CONTRIBUTION	NS	\$0
8.	X SCHEDULE F4: EXPENDITURES MADE BY C	CREDIT CARD		\$0
9.	X SCHEDULE G: POLITICAL EXPENDITURES	MADE FROM PERSONAL FUNDS		\$ 303.11
10.	X SCHEDULE H: PAYMENT MADE FROM POLI	ITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$0
11.	X SCHEDULE I: NON-POLITICAL EXPENDITUR	RES MADE FROM POLITICAL CONTRIBUTIO	NS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, RETURNED TO FILER	, REFUNDS, AND CONTRIBUTIONS		\$0

SCHEDULE A1

	1	The Instruction Guide explains how to complete t	nis form.	1 Total pages Schedule A1: 1 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 1/3/2022	5 Full name of contributor ut-of-state	PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 2515 Plumbrook Dr San Antonio, TX 78258	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 1/5/2022	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 6726 Bella Colina San Antonio, TX 78256	State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instru	uctions)	
	Date 1/5/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 6726 Bella Colina San Antonio, TX 78256	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 1/5/2022	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 6835 Bella Colina San Antonio, TX 78256	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

		The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2 of 31
2	FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4	Date 1/5/2022	5 Full name of contributor ☐ out-of-state PAC (ID# Tonya Moses	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; State; Zip C 8036 Greenhill Dr San Antonio, TX 77642	ode .
8	Principal occupa	ation / Job title (See instructions) 9 Employer (n/a	See instructions)
	Date 1/5/2022	Full name of contributor	Amount of contribution (\$) 100.00
		Contributor address; City; State; Zip C 6815 Bella Colina San Antonio, TX 78256	ode
	Principal occupa	ation / Job title (See instructions) Employer (n/a	See instructions)
	Date 1/5/2022	Full name of contributor	Amount of contribution (\$) 400.00
		Contributor address; City; State; Zip C 7110 Cresta Bulivar San Antonio, TX 78256	ode
	Principal occupa	ation / Job title (See instructions) Employer (n/a	See instructions)
	Date 1/5/2022	Full name of contributor	Amount of contribution (\$) 50.00
		Contributor address; City; State; Zip C 8922 Los Sonoma Rio San Antonio, TX 78023	ode
	Principal occupa	ation / Job title (See instructions) Employer (n/a	See instructions)

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

SCHEDULE A1

	ī	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 1/5/2022	5 Full name of contributor ut-of-state P Gail McGill	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; 6826 Bella Colina San Antonio, TX 78256	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	actions)
	Date 1/5/2022	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; 30226 Twin Ridge San Antonio, TX 78163	State; Zip Code	
Principal occupation / Job title (See instructions) n/a		Employer (See instrund)	uctions)	
	Date 1/5/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 8102 Juliet San Antonio, TX 78256	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instrun/a	actions)
	Date 1/5/2022	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 6814 Bella Colina San Antonio, TX 78256	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 4 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 1/20/2022	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; S 127 Burr Rd San Antonio, TX 78209		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instrunt n/a	ctions)
	Date 1/24/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; S 12835 Castle Bend San Antonio, TX 78230	tate; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 2/8/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 1361 San Antonio, TX 78295	tate; Zip Code	
	Principal occupa Business owne	rtion / Job title (See instructions)	Employer (See instru RK Group	ctions)
	Date 2/8/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 1361 San Antonio, TX 78295	tate; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru RK Group	ctions)

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SCHEDULE A1

	ī	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 5 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/12/2022	5 Full name of contributor Jim Reed	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 7317 Ashton Place San Antonio, TX 78229	City;	State; Zip Code	
8	Principal occupa President	ation / Job title (See instructions)		9 Employer (See instru SA Medical Foundar	
	Date 2/12/2022	Full name of contributor Elizabeth Swize	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 3019 Elm Creek San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instrunda	uctions)
	Date 2/12/2022	Full name of contributor Stephanie Jones	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 000 000 San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)		Employer (See instrunda	uctions)
	Date 2/12/2022	Full name of contributor Rob McDaniel	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 16735 La Cantera Parkway San Antonio, TX 78256	•	State; Zip Code	
	Principal occupa Manager	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 2/13/2022	 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 20.00
		12835 Castle Bend San Antonio, TX 78230		
8	Principal occupa retired	tion / Job title (See instructions)	9 Employer (See instru- n/a/	ctions)
	Date 3/3/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 8278 San Antonio, TX 78208	tate; Zip Code	
	Principal occupa Chairman	tion / Job title (See instructions)	Employer (See instru- Medical Center Allia	•
	Date 3/3/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 8278 San Antonio, TX 78208	tate; Zip Code	
	Principal occupa n/a	tion / Job title (See instructions)	Employer (See instru	ctions)
	Date 4/1/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 3318 Sable Creek San Antonio, TX 78259	itate; Zip Code	
	Principal occupa Chairman	tion / Job title (See instructions)	Employer (See instru Welcome Tech	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 4/2/2022	5 Full name of contributor Francis Rattray	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 232 W Lullwood Ave San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	actions)
	Date 4/4/2022	Full name of contributor Joseph Diaz	☐ out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2414 Babcock Rd #109 San Antonio, TX 78229	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Medical Director			Employer (See instru AllergySA	actions)	
	Date 4/5/2022	Full name of contributor Mitch Myer	out-of-state PAC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 9033 Aero #202 San Antonio, TX 78217	City;	State; Zip Code	
	Principal occupa Real Estate Bus	tion / Job title (See instructions)		Employer (See instru Loopy Limited	actions)
	Date 4/11/2022	Full name of contributor Trey Jacobson	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 124 Edgewood PI San Antonio, TX 78209	City;	State; Zip Code	
		tion / Job title (See instructions)		Employer (See instru	•
	Consultant			Momentum Advisor	y Services

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SCHEDULE A1

	1	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 8 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 4/15/2022	5 Full name of contributor Steven Honigblum	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1726 Longfield St San Antonio, TX 78248	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Fulcrum Property G	•
	Date 4/15/2022	Full name of contributor Patti Honigblum	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1726 Longfield St San Antonio, TX 78248	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) n/a			Employer (See instru	ictions)	
	Date Full name of contributor ☐ out-of-state PAC (ID#) 4/15/2022 Gail McGill		AC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; 6726 Bella Colina San Antonio, TX 78256	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ictions)
	Date 4/19/2022	Gilbert Loredo	Out-of-state P		Amount of contribution (\$) 100.00
		Contributor address; 207 Cloudcroft Dr San Antonio, TX 78228	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Government Relations			Employer (See instru	actions)	

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SCHEDULE A1

	1	The Instruction Guide explains how to comp	olete this f	orm.	1 Total pages Schedule A1: 9 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 4/19/2022	5 Full name of contributor ut-out-o	of-state PA	C (ID#)	7 Amount of contribution (\$) 300.00
		6 Contributor address; C 901 NE Loop 410 #909 San Antonio, TX 78209	city; S	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru self	ctions)
	Date 4/19/2022	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; C 503 Legacy Ridge San Antonio, TX 78260	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Attorney			Employer (See instru Pullman, Cappuccio	-	
	Date 4/19/2022	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 6283 Lockhill Rd San Antonio, TX 78240	City; S	tate; Zip Code	
	Principal occupa Accountant	ation / Job title (See instructions)		Employer (See instru Bumble	ctions)
	Date 4/19/2022	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; C 127 Burr Rd #4 San Antonio, TX 78209	City; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 10 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/19/2022	5 Full name of contributor □ out-of-sta Paul Martin	te PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 207 E. Mulberry Ave #1 San Antonio, TX 78212	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions) visor	9 Employer (See instrument Martin Capital	uctions)
	Date 4/21/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 17806 IH 10 #300 San Antonio, TX 78257	State; Zip Code	
Principal occupation / Job title (See instructions) Real Estate Broker		Employer (See instr The Bara Group	uctions)	
	Date 4/22/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 300.00
		Contributor address; City; 8118 Datapoint Dr San Antonio, TX 78229	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instr Self	uctions)
	Date 4/22/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 7334 Blanco #300 San Antonio, TX 78216	State; Zip Code	
Principal occupation / Job title (See instructions) LLC		Employer (See instr	uctions)	

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 11 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/22/2022	5 Full name of contributor ut-of-stat	e PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 7334 Blanco #300 San Antonio, TX 78216	State; Zip Code	
8	Principal occupa Development	ation / Job title (See instructions)	9 Employer (See instru Clermont LLC	uctions)
	Date 4/22/2022	Full name of contributor ut-of-stat	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 7 Links Green San Antonio, TX 78257	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Former USAA CEO,	•
	Date 4/22/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 7334 Blanco #200 San Antonio, TX 78216	State; Zip Code	
	Principal occupa President	ation / Job title (See instructions)	Employer (See instru Clermont	uctions)
	Date 4/22/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 7334 Blanco #200 San Antonio, TX 78216	State; Zip Code	
	Principal occupa Business owne	ation / Job title (See instructions)	Employer (See instru Clermont	uctions)

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

SCHEDULE A1

	T	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 12 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/24/2022	5 Full name of contributor ☐ out-of-state Robbie Goldblum	PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 11221 Empire Ln Rockville, MD 20852	State; Zip Code	
8	Principal occupa Attorney	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 4/25/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; 106 S. St. Marys St #200 San Antonio, TX 78205	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney Employer (See instructions) self			uctions)	
	Date 4/26/2022	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; 8922 Brae Bend San Antonio, TX 78249	State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date 4/26/2022	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 7300 Blanco Rd #202 San Antonio, TX 78216	State; Zip Code	
		Employer (See instru	-	

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SCHEDULE A1

	T	he Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 13 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 4/26/2022	5 Full name of contributor Elie Rosen	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 14022 Fairoak Xing San Antonio, TX 78231	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru University Health	ctions)
	Date 4/26/2022	Full name of contributor Mary Rose Brown	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 48 Vineyard Drive San Antonio, TX 78257	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Exec VP NuStar		Employer (See instru NuStar	ctions)		
	Date 4/26/2022	Full name of contributor		AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 29 Railroad Ave #3 Salisbury, MA 01952	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Proton Int'I	ctions)
	Date 4/28/2022	Full name of contributor Mario Barrera	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 135 W Gramercy PI San Antonio, TX 78212	City; S	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Norton, Rose, Fulbi	•

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

SCHEDULE A1

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 14 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 4/28/2022	5 Full name of contributor George Hernandez	Out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1020 NE Loop 410 #700 San Antonio, TX 78209	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Embrey Partners	uctions)
	Date 4/28/2022	Full name of contributor Joe Gorder	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1 Valero Way San Antonio, TX 78249	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employe CEO Valero		Employer (See instru Valero	uctions)		
	Date 4/28/2022	Full name of contributor Harold McCall	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5707 IH 10 west San Antonio, TX 78201	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Wayne Wright	uctions)
	Date 4/28/2022	Full name of contributor Roland Gonzales	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5103 Newcastle Ln San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Techero, Germer	uctions)

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

SCHEDULE A1

	T	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 15 of 31	
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/28/2022	5 Full name of contributor ut-of-state PA Oscar Garza	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 13503 Windmill Trace Helotes, TX 78023	State; Zip Code	
8	Principal occupa Engineer	ation / Job title (See instructions)	9 Employer (See instru Legacy Engineering	
	Date 4/28/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 2717 W Martin San Antonio, TX 78207	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Attorney Self		Employer (See instru Self	ctions)	
	Date 4/28/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 20838 Blanco Rd #2104 San Antonio, TX 78260	State; Zip Code	
	Principal occupa Real Estate	ation / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 4/28/2022			Amount of contribution (\$) 500.00
		21218 Harvest Hills San Antonio, TX 78258		
	Principal occupa	ation / Job title (See instructions) tions	Employer (See instru	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to c	complete this form.	1 Total pages Schedule A1: 16 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/28/2022	5 Full name of contributor Fernando Reyes	out-of-state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 123 Lexington #1201 San Antonio, TX 78205	City; State; Zip Code	•
8	8 Principal occupation / Job title (See instructions) CEO 9 Employer (See instructions) Reyes Automotive		•	
	Date 4/28/2022	Full name of contributor Norma Reyes	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 123 Lexington #1201 San Antonio, TX 78205	City; State; Zip Code	•
		Employer (See ins n/a	tructions)	
	Date 4/28/2022	Full name of contributor Mardi Christensen	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 826 W Craig PI San Antonio, TX 78212	City; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See ins	tructions)
	Date 4/28/2022	Full name of contributor Clifton Douglas	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 806 Garrett Rd San Antonio, TX 78209	City; State; Zip Code	
Principal occupation / Job title (See instructions) Managing Partner		Employer (See ins Linebarger	tructions)	

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SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 17 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/28/2022	5 Full name of contributor ut-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; PO Box 790086 San Antonio, TX 78279	State; Zip Code	
8	8 Principal occupation / Job title (See instructions) President 9 Employer (See instructions) Joeris General Control			•
	Date 4/28/2022	Full name of contributor ut-of-state P. Steve Poppoon	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 145 Grand Oak St San Antonio, TX 78232	State; Zip Code	
Principal occupation / Job title (See instructions) Louis Poppoon Development Employer (See instructions) Self			actions)	
	Date 4/28/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; Sign Antonio, TX 78254	State; Zip Code	
	Principal occupa Business owne	ation / Job title (See instructions)	Employer (See instru	ictions)
	Date 4/28/2022	Full name of contributor ut-of-state Pa	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 9006 Eagle Ben Helotes, TX 78023	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ictions)

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

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 18 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/28/2022	5 Full name of contributor ☐ out-of-state PAC Mohammed Rana	(ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; City; Sta 13426 Baldwin Rdg San Antonio, TX 78249		
8	Principal occupa		Employer (See instru	ıctions)
	Date 4/28/2022	Full name of contributor	(ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; Sta 11219 Jadestone Blvd San Antonio, TX 78249	ate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in business owner self			Employer (See instru	ictions)
	Date 4/28/2022	Full name of contributor	(ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; Sta 10 Cavalier Pass San Antonio, TX 78240	ate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru self	ictions)
	Date 4/28/2022	Full name of contributor	(ID#)	Amount of contribution (\$) 300.00
		Contributor address; City; Sta 18 Devon Wood San Antonio, TX 78257	ate; Zip Code	
	Principal occupation / Job title (See instructions) restaurant owner		Employer (See instru	ictions)

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SCHEDULE A1

	Т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 19 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 4/28/2022	5 Full name of contributor Paul Basaldua	Out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 3 Woltwood San Antonio, TX 78248	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ictions)
	Real Estate Dev	•		Mosaic Developmer	•
	Date 4/28/2022	Full name of contributor Patrick Shearer	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 23129 San Antonio, TX 78223	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Developer Self		Employer (See instru Self	ıctions)		
	Date 4/28/2022	Full name of contributor Michael Shearn	Out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1405 Spyglass Dr Austin, TX 78746	City;	State; Zip Code	
	Principal occupa Investor	tion / Job title (See instructions)		Employer (See instru	uctions)
	Date 4/28/2022	Full name of contributor Landrys PAC	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1510 W Loop South Houston, TX 77027	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Landry's	uctions)

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SCHEDULE A1

	T	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 20 of 31	
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/28/2022	5 Full name of contributor ☐ out-of-state P/ Johnny Hernandez	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 411 E. Cevallos San Antonio, TX 78204	State; Zip Code	
8	Principal occupa Chef, Entreprer	ation / Job title (See instructions)	9 Employer (See instru Self	ctions)
	Date 4/28/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 123 Lexington Ave #1604 San Antonio, TX 78205	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 4/28/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1020 NE Loop 410 #700 San Antonio, TX 78209	State; Zip Code	
	Principal occupa	r	Employer (See instru	ctions)
	Date 4/28/2022	Full name of contributor out-of-state Parameter Embrey Contributor address; City; Since 1020 NE Loop 410 #700 San Antonio, TX 78209	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 21 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/29/2022	5 Full name of contributor ut-of-state PAR Richard Wells	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 610 E Market #3302 San Antonio, TX 78266	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Dailey	ctions)
	Date 4/29/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 610 E Market #3302 San Antonio, TX 78266	tate; Zip Code	
Principal occupation / Job title (See instructions) business Employer (See instructions) self			ctions)	
	Date 5/5/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 100455 San Antonio, TX 78201	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 5/6/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 5309 Wurzbach Rd #100-4 Leon Valley, TX 78238	tate; Zip Code	
		Employer (See instru		

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SCHEDULE A1

	٦	The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1: 22 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2022	5 Full name of contributor ut-of-state PAC (I Jeff Czar	D#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; State 307 Huntington PL Shavano Park, TX 78231	e; Zip Code	
8	Principal occupa	ation / Job title (See instructions) 9	Employer (See instru King Fish Developm	•
	Date 5/9/2022	Full name of contributor	D#)	Amount of contribution (\$) 500.00
		Contributor address; City; Stat 318 Waxberry Trl San Antonio, TX 78256	e; Zip Code	
		Employer (See instru King Fish Developm		
	Date 5/17/2022	Full name of contributor	D#)	Amount of contribution (\$) 500.00
		Contributor address; City; Stat 7334 Blanco Rd. #200 San Antonio, TX 78216	e; Zip Code	
	Principal occupa Business owne	r (See instructions)	Employer (See instru	ctions)
	Date 5/18/2022	Full name of contributor	D#)	Amount of contribution (\$) 500.00
		Contributor address; City; Stat 8118 Emline Dr Boerne, TX 78015	e; Zip Code	
	Principal occupa Business owne	r (See instructions)	Employer (See instru	ctions)

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

SCHEDULE A1

Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 23 of 31
FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
Date 5/18/2022	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; S 8118 Emline Dr Boerne, TX 78015	State; Zip Code	
		9 Employer (See instru	ctions)
Date 5/18/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S 10924 Toscana Isle San Antonio, TX 00000	State; Zip Code	
	,	Employer (See instru self	ctions)
Date 5/18/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S 10924 Toscana Isle San Antonio, TX 00000	State; Zip Code	
		Employer (See instru	ctions)
Date 5/18/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S 11219 Jadestone Blvd San Antonio, TX 78249	State; Zip Code	
		Employer (See instru self	ctions)
	Principal occupa convenience sto Date 5/18/2022 Principal occupa convenience sto Date 5/18/2022 Principal occupa convenience sto Date 5/18/2022 Principal occupa business owner Date 5/18/2022	FILER NAME Manny Pelaez Date 5/18/2022 5 Full name of contributor Jasvir Kaur 6 Contributor address; 8118 Emline Dr Boerne, TX 78015 Principal occupation / Job title (See instructions) business owner Date 5/18/2022 Full name of contributor Surinder Sanghera Contributor address; 10924 Toscana Isle San Antonio, TX 00000 Principal occupation / Job title (See instructions) convenience store owner Date 5/18/2022 Full name of contributor Marjinder Dhesi Contributor address; 10924 Toscana Isle San Antonio, TX 00000 Principal occupation / Job title (See instructions) convenience store owner Date 5/18/2022 Full name of contributor Marjinder Dhesi Contributor address; 10924 Toscana Isle San Antonio, TX 00000 Principal occupation / Job title (See instructions) business owner Date 5/18/2022 Full name of contributor Manyeer Mehat Contributor address; 11219 Jadestone Blvd	Date 5/18/2022

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 24 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2022	5 Full name of contributor Surinder Mehat	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1129 Jadestoen Blvd San Antonio, TX 78249	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions) ore business		9 Employer (See instru	uctions)
	Date 5/18/2022	Full name of contributor Avtar Mehat	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1129 Jadestone Blvd San Antonio, TX 78249	City; S	State; Zip Code	
	Principal occupa convenience st	ntion / Job title (See instructions) ore business		Employer (See instru self	uctions)
	Date 5/18/2022	Full name of contributor Lavenderjit Mehat	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1129 Jadestone Blv San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa	ntion / Job title (See instructions) ore business		Employer (See instru	uctions)
	Date 5/18/2022	Full name of contributor Inderjit Singh Mehat	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 300.00
		Contributor address; 1129 Jadestone Blvd San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa Business owne	tion / Job title (See instructions) r		Employer (See instru	uctions)

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

SCHEDULE A1

	т	he Instruction Guide explains how to complete	1 Total pages Schedule A1: 25 of 31	
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2022	5 Full name of contributor □ out-of-sta Balwinder Mejat	e PAC (ID#)	7 Amount of contribution (\$) 300.00
		6 Contributor address; City; 1129 Jadestone Blvd San Antonio, TX 78249	State; Zip Code	
8	Principal occupa Convenience st	tion / Job title (See instructions) ore	9 Employer (See instru	uctions)
	Date 5/18/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 400.00
		Contributor address; City; 3906 Martin St San Antonio, TX 78207	State; Zip Code	
	Principal occupation / Job title (See instructions) Employer (See instructions) convenience store Self			
	Date 5/19/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 211 Honeysuckle Ln San Antonio, TX 78213	State; Zip Code	
	Principal occupa Developer	tion / Job title (See instructions)	Employer (See instru DreamOn Group	uctions)
	Date 5/22/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 8000 Donore PI #50 San Antonio, TX 78229	State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 26 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 5/22/2022	5 Full name of contributor Patty Mann	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 8000 Donore PI #50 San Antonio, TX 78229	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 5/23/2022	Full name of contributor Watts Family Properties	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4 Dominion Dr #100 San Antonio, TX 78257	City; S	State; Zip Code	
	Principal occupation / Job title (See instructions) real estate Employer (See instructions) self				
	Date 5/27/2022	Full name of contributor Brandi Milmo	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13813 Captains Row Corpus Chrisi, TX 78418	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru self	ctions)
	Date 5/27/2022	Full name of contributor Alberto Milmo	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13813 Captains Row San Antonio, TX 78418	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru self	ctions)

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

SCHEDULE A1

	The Instruction Guide explains how to complete this form.			form.	1 Total pages Schedule A1: 27 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 6/7/2022	5 Full name of contributor Bracewell PAC	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 711 Louisiana St Houston, TX 77002	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Bracewell	uctions)
	Date 6/15/2022	Full name of contributor April Ancira	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 31305 Keeneland Dr Boerne, TX 78015	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Ancira Auto	uctions)
	Date 6/15/2022	Full name of contributor NuStar PAC	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 781609 San Antonio, TX 78278	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 6/15/2022	Full name of contributor William Greehey	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 780489 San Antonio, TX 78278	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete	1	Total pages Schedule A1: 28 of 31	
2	Priler NAME Manny Pelaez			3	Filer ID (Ethics Commission Filers)
4	Date 6/20/2022	5 Full name of contributor) 7	Amount of contribution (\$) 500.00
		6 Contributor address; City; 14 DeZavala PI San Antonio, TX 78231	State; Zi	p Code	
8	Principal occupa	ntion / Job title (See instructions) r	9 Employ self	er (See instruction	ons)
	Date 6/20/2022	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 15617 Portales Pass Helotes, TX 78023		p Code	
	Principal occupa Consultant	ation / Job title (See instructions)	Employ Honsh a	ver (See instructional) ver (See instructional)	ons)
	Date 6/21/2022	Full name of contributor	rate PAC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; 8119 Cosmic Cor San Antonio, TX 78255	State; Zi	p Code	
	Principal occupa retired	tion / Job title (See instructions)	Employ n/a	ver (See instruction	ons)
	Date 6/21/2022	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; 2426 Millcreek Dr San Antonio, TX 78231	State; Zi	p Code	
	Principal occupa retired	ation / Job title (See instructions)	Employ n/a	ver (See instruction	ons)

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SCHEDULE A1

	1	The Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 29 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 6/23/2022	5 Full name of contributor Miguel Martinez	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 7615 N Songbird San Antonio, TX 78229	City; S	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 6/23/2022	Full name of contributor Charlie Amato	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 9311 San Pedro #600 San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupation / Job title (See instructions) Employer (See instructions) SWBC Chairman				
	Date 6/24/2022	Full name of contributor Doug McMurry	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 10806 Gulfdale San Antonio, TX 78216	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru AGC SA Chapter	ctions)
	Date 6/28/2022	Full name of contributor Matthew Jones	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; PO Box 12037 San Antonio, TX 78212	City; S	State; Zip Code	
	Principal occupa Strategist	ation / Job title (See instructions)		Employer (See instru self	ctions)

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.			form.	1 Total pages Schedule A1: 30 of 31
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 6/29/2022	5 Full name of contributor Jane Velasquez	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 5939 Woodridge Rock San Antonio, TX 78249	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instrun/a	uctions)
	Date 6/29/2022	Full name of contributor Charles Gonzalez	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 206 E Locust San Antonio, TX 78212	City;	State; Zip Code	
		Employer (See instru Ogletree, Deakins P	-		
	Date 6/29/2022	Full name of contributor Danny Charbel	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 11007 Rains Ct San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Keller Williams	uctions)
	Date 6/29/2022	Full name of contributor Michael Kennick	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 8323 Magdalena Run San Antonio, TX 78023	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru US Air Force	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31 of 31
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 6/30/2022	5 Full name of contributor ut-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 28 Tilbury Lane San Antonio, TX 78230	State; Zip Code	
8	Principal occup Real Estate	ation / Job title (See instructions)	9 Employer (See instru Land Solutions	uctions)
	Date 6/30/2022	Full name of contributor ut-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 28 Tilbury Ln San Antonio, TX 78230	State; Zip Code	
	Principal occup Developer	ation / Job title (See instructions)	Employer (See instru Fulcrum	uctions)
	Date 6/30/2022	Full name of contributor ut-of-state Pa	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 4610 Pinecomb Woods St San Antonio, TX 78249	State; Zip Code	
	Principal occup Educator	ation / Job title (See instructions)	Employer (See instru Eleanor Kolitz Hebr	uctions) ew Language Academy
	Date	Full name of contributor ut-of-state PA	AC (ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru	uctions)
		ATTACH ADDITIONAL COPIES O		

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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 Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5	Date 6 Full name of contributor out-of-state PAC (ID#		8 Amount of Contribution \$ 9 In-kind contribution description	
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FC	Check if travel outside of Texas, complete Schedule T OR 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 co	ontributor'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 out-of-state PAC (ID#	Code	Amount of Contribution \$ In-kind contribution description Check if travel outside of Texas, complete Schedule T	
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FC	OR 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 TH	IIS SCHEDIII E	AS NEEDED	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1 of 1
2 FILER NAME Manny Pelaez	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED PLEDGES	\$ 0
5 Date 6 Full name of pledgor out-of-state PAC (ID#	9 In-kind contribution description
10 Principal occupation / Job title (See instructions)	Check if travel outside of Texas, complete Schedule T 11 Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description
	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#) Amount of Pledge \$
Pledgor address; City; State; Zip Code	de Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code	Amount of Pledge \$
Principal occupation / Job title (See instructions)	Check if travel outside of Texas, complete Schedule T Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THI If contributor is out-of-state PAC, please see instruction gui	

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Manny Pelaez** 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 8 Lender address; City; State; Zip Code 10 Interest rate financial institution? 11 Maturity date **12** Principal occupation / Job title (See instructions) 13 Employer (See instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code 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 Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) **Description of Collateral** Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense Printing I Committee Legal Services Salaries/ The Instruction Guide explains how to comp	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: 1 of 18	2 FILER NAME Manny Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 1/3/2022	5 Payee name Constant Contact	
6 Amount (\$) 101.27	7 Payee address; City; State; Zip C 3575 Precision Dr Loveland, CO 80538	2ode
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description email program
9 Complete ONLY if direct expenditure to benefit C/C		T Check if Austin, TX, officeholder living expense Office sought Office held
Date 1/10/2022	Payee name Broadway Bank	
Amount (\$) 150.00	Payee address; City; State; Zip 0 1177 NE Loop 410 San Antonio, TX 78209	2ode
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description chargeback item
	Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
Date 1/10/2022	Payee name Broadway Bank	
Amount (\$) 200.00	Payee address; City; State; Zip 0 1177 NE Loop 410 San Antonio, TX 78209	2ode
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description bank chargeback
- 	Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)
1 Total pages Schedule F1: 2 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/2022	5 Payee name Viva Strategy Group		
6 Amount (\$) 1069.95	7 Payee address; City; State: 1850 Fredericksburg Rd San Antonio, TX 78201	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Consulting Expense	(b) Description fundraising	
9 Complete ONLY if direct expenditure to benefit C/C		Schedule T Check if A	Austin, TX, officeholder living expense Office held
Date 1/21/2022	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State 520 S Grand Ave Los Angeles, TX 90071	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Fees	hedule) Description website	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 1/21/2022	Payee name Bar Symon		
Amount (\$) 155.84	Payee address; City; States 1 Saarinen Circle #14 Dulles, VA 20166	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Food/Beverage Expense	Description D.C. meeting	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how the	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2022	5 Payee name Omar Yanar		
6 Amount (\$) 500.00	7 Payee address; City; State; 5550 Confetti Dr #A El Paso, TX 79912	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Check if travel outside of Texas, complete so	contribution	Augstin TV officeholder biling avgence
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Austin, TX, officeholder living expense Office held
Date 2/7/2022	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; 3675 Precision Dr San Antonio, TX 80538	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Fees	Description email program	
-	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 2/9/2022	Payee name Paesanos		
Amount (\$) 275.06	Payee address; City; State; 3622 Paesano Pkwy San Antonio, TX 78231	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense	Description campaign event	
	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDI	E D

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense L. Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense rinting 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)
1 Total pages Schedule F1: 4 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2022	5 Payee name Pharm Table		
6 Amount (\$) 157.12	7 Payee address; City; State; 611 S. Presa #106 San Antonio, TX 78205	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schede Food/Beverage Expense	(b) Description working meeting	
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 2/17/2022	Payee name HEB #17		
Amount (\$) 171.14	Payee address; City; State; 12777 IH 10 West San Antonio, TX 78230	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Event Expense	Description food items	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 2/28/2022	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; 520 S Grand Ave San Antonio, TX 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Fees	ule) Description website	
-	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGOR	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)
1 Total pages Schedule F1: 5 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2022	5 Payee name Girl Scout Troop 376		
6 Amount (\$) 200.00	7 Payee address; City; State 000 0000 San Antonio, TX 00000	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this se Gift/Awards/Memorials Expense	Bob Ross Senior	center cookie contribution
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 3/4/2022	Payee name Metal Promotional Products		
Amount (\$) 1019.17	Payee address; City; State 1700 S Lamar Blvd #338 Austin, TX 78704	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: fiesta medals	Description fiesta medals	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/7/2022	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State 3675 Precision Drive Loveland, CO 80538	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Fees	Description email program	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDI	ED .

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez	to complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2022	5 Payee name Paesanos Ristorante		
6 Amount (\$) 182.67	7 Payee address; City; State; 3622 Paesano Pkwy San Antonio, TX 78231	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Food/Beverage Expense	(b) Description campaign team	
-	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/14/2022	Payee name Paesanos		
Amount (\$) 216.67	Payee address; City; State; 3622 Paesano Pkwy San Antonio, TX 78231	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense	Description campaign expens	se
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/18/2022	Payee name Spot Inc.		
Amount (\$) 5000.00	Payee address; City; State; 9836 Cambria Court San Antonio, TX 75025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description advertising, spor	ts promotion
-	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)
1 Total pages Schedule F1: 7 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2022	5 Payee name HEB #566		
6 Amount (\$) 253.33	7 Payee address; City; State 24165 IH10 #300 San Antonio, TX 78257	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Event Expense	(b) Description 12th annual pael	la event
9 Complete ONLY if direct expenditure to benefit C/C		e schedule T Check if a	Austin, TX, officeholder living expense Office held
Date 3/21/2022	Payee name 12th Annual Paella Challenge		
Amount (\$) 275.43	Payee address; City; State 6030 Padre Drive San Antonio, TX 78214	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Event Expense	Description event expense	
	Check if travel outside of Texas, complete	e schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/21/2022	Payee name Costco		
Amount (\$) 381.89	Payee address; City; State 1201 N Loop 1604 San Antonio, TX 78258	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Event Expense	Description Paella event sup	plies
	Check if travel outside of Texas, complete	e schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	E D

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)
1 Total pages Schedule F1: 8 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2022	5 Payee name HEB #463		
6 Amount (\$) 490.71	7 Payee address; City; State; 1150 1604 Loop San Antonio, TX 78248	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Event Expense	(b) Description Paella event supp	olies
EXPENDITURE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 3/21/2022	Payee name Central Market		
Amount (\$) 1320.96	Payee address; City; State; 4821 Broadway San Antonio, TX 78209	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense	Description Paella booth	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/28/2022	Payee name Nationbuiler		
Amount (\$) 89.00	Payee address; City; State; 520 S Grand Ave San Antonio, TX 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Fees	Description website	
-	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking	·	oan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense		ffice Overhead/Rental Expense olling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By		rinting Expense	Travel Out Of District	
Candidate/Officeholder/Political C	Committee Legal Services Sa	alaries/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 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/1/2022	5 Payee name Kitchen Campus			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
750.00	6030 Padre Drive	·		
	San Antonio, TX 78214			
•		de) Description		
	(a) Category (See categories listed at the top of this schedul Contributions/Donations Made By	(b) Description Paella Challenge	event	
PURPOSE OF	Candidate/Officeholder/Political			
EXPENDITURE	Committee			
	(c) Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C				
Date 4/4/2022	Payee name Hills and Dales icehouse			
Amount (\$)	Payee address; City; State;	Zip Code		
135.97	15403 White Fawn			
	San Antonio, TX 78255			
	Category (See categories listed at the top of this schedule Food/Beverage Expense	Description event expense		
PURPOSE	Food/Beverage Expense	event expense		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sche	<u>—</u>	Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held	
experiordire to belieff G/C	511			
Date 4/6/2022	Payee name Madrigal			
Amount (\$)	Payee address; City; State;	Zip Code		
243.07	3718 N. St Helena Hwy			
	Calistoga, CA 94515			
	Category (See categories listed at the top of this schedu	ule) Description		
DUDDOOF	Event Expense	event expense		
PURPOSE OF				
EXPENDITURE				
LXI LIBITORE	Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C		Onice sought	Office field	
	-			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	ED .	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking	•	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense		Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	· ·	Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how t	to complete this form		
1 Total pages Schedule F1: 10 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/6/2022	5 Payee name Constant Contact			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
133.25	3675 Precision Dr	— , г		
	Loveland, CO 80538			
_		1		
8	(a) Category (See categories listed at the top of this sche Fees	(b) Description email program		
PURPOSE	rees	eman program		
OF EXPENDITURE				
EXI ENSITORE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C)H 			
Date	Payee name			
4/8/2022	Viva Strategy Group			
Amount (\$)	Payee address; City; State;	Zip Code		
570.00	1850 Fredericksburg			
	San Antonio, TX 78201			
	Category (See categories listed at the top of this sche	adule) Description		
DUDD005	Consulting Expense	Description consulting		
PURPOSE	Consuming Expense	oonouning		
OF EXPENDITURE				
EXPENDITORE	Chack if travel outside of Tayes, complete as	phodulo T Chook if A	Austin TV officeholder living evenes	
Operation ONLY if allowed	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
experience to benefit or	211			
B /				
Date 4/27/2022	Payee name Claire Whisler			
Amount (\$)	Payee address; City; State;	Zip Code		
630.00	7110 Mountain Grove			
	San Antonio, TX 78250			
	Category (See categories listed at the top of this sche	adule) Decesionii - 11 - 12		
DUDD005	Salaries/Wages/Contract Labor	Description campaign events		
PURPOSE OF	Calance Trages Contract Lase.	J		
EXPENDITURE				
EXI ENDITORE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct				
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
p				
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .	

Accounting/Banking Advertising Expense	·	FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense F	Polling Expense Printing Expense Salaries/Wages/Contract Labor Complete this form	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 11 of 18	2 FILER NAME Manny Pelaez	·	3 Filer ID (Ethics Commission Filers)
4 Date 4/27/2022	5 Payee name Ocho Lounge		
6 Amount (\$) 316.96	7 Payee address; City; State; 1015 Navarro St San Antonio, TX 78205	Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this sched Event Expense	(b) Description event	
EXPENDITURE	(C) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/28/2022	Payee name Marisa Flores Campaign		
Amount (\$) 500.00	Payee address; City; State; 5511 W IH 10 #3 San Antonio, TX 78201	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Contribution	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/2/2022	Payee name Mi Tierra		
Amount (\$) 417.10	Payee address; City; State; 218 Produce Row San Antonio, TX 78207	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Event Expense	Description fundraising event	t
LXI ENDITORE	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 12 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2022	5 Payee name Mi Tierra		
6 Amount (\$) 648.15	7 Payee address; City; State 218 Produce Row San Antonio, TX 78207	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Event Expense	event	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 5/6/2022	Payee name Constant Contact		
Amount (\$) 133.25	Payee address; City; State 3675 Precision Dr Loveland, CO 80538	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Fees	chedule) Description email program	
	Check if travel outside of Texas, complete	e schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/12/2022	Payee name Silo		
Amount (\$) 198.79	Payee address; City; State 434 N Loop 1604 San Antonio, TX 78232	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Food/Beverage Expense	chedule) Description working meeting	
	Check if travel outside of Texas, complete	e schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDI	E D

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 5/12/2022	5 Payee name Cappys	,			
6 Amount (\$) 104.54	7 Payee address; City; State; Zip Code 5011 Broadway San Antonio, TX 78209				
8 PURPOSE OF EXPENDITURE	OF				
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held		
Date 5/15/2022	Payee name Joel Barajas Campaign				
Amount (\$) 200.00	Payee address; City; State; Zip Code 101 E Dimmit St Crystal City, TX 78839				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description campaign contrib	oution		
Complete ONLY if direct expenditure to benefit C/C		e schedule T Check if A Office sought	Austin, TX, officeholder living expense Office held		
Date 5/17/2022	Payee name Sushi Zushi				
Amount (\$) 101.96	Payee address; City; State 9867 IH 10 San Antonio, TX 78230	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Food/Beverage Expense	Description campaign meetin	g		
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees 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 Salaries/Wages/Contract Labor Legal Services 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 3 Filer ID (Ethics Commission Filers) 14 of 18 **Manny Pelaez** 4 Date 5 Payee name 5/25/2022 **Viva Strategy Group** 6 Amount (\$) 7 Payee address; City; State; Zip Code 3404.00 1850 Fredericksburg Rd San Antonio, TX 78201 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **Consulting Expense** fundraising **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 5/27/2022 Sushi Zushi Amount (\$) Pavee address: City: State: Zip Code 123.77 9867 IH 10 San Antonio, TX 78230 Category (See categories listed at the top of this schedule) Description campaign Food/Beverage Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 5/31/2022 Claire Whisler Amount (\$) Payee address; City; Zip Code State; 480.00 7110 Mountains Grove San Antonio, TX 78250 Category (See categories listed at the top of this schedule) Description fundraising Salaries/Wages/Contract Labor **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense		Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By		Printing Expense	Travel Out Of District		
Candidate/Officeholder/Political C	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how t	to complete this form			
1 Total pages Schedule F1: 15 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 5/31/2022	5 Payee name New Leaders Council				
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
500.00	1050 Connecticut Av	·			
	Washington, DC 20035				
8	(a) Category (See categories listed at the top of this sche	dule) (b) Description			
	Contributions/Donations Made By		nization San Antonio chapter		
PURPOSE OF	Candidate/Officeholder/Political		•		
EXPENDITURE	Committee				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	DH				
D 1					
Date 6/6/2022	Payee name Woods of Shavano				
Amount (\$)	Payee address; City; State;	Zip Code			
300.00	300.00 13831 Parksite Woods				
	San Antonio, TX 78249				
	Category (See categories listed at the top of this sche	dule) Description			
PURPOSE	Contributions/Donations Made By	neighborhood sig	gn		
OF	Candidate/Officeholder/Political				
EXPENDITURE	Committee				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	OH .				
Date 6/6/2022	Payee name Constant Contact				
Amount (\$)	Payee address; City; State;	Zip Code			
133.25	3675 Precision Drive				
	San Antonio, TX 80538				
	Category (See categories listed at the top of this sche	dule) Description email program			
PURPOSE	rees	eman program			
OF					
EXPENDITURE					
0 1. 0	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
onportation to bottom or or i					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 16 of 18	2 FILER NAME Manny Pelaez	·	3 Filer ID (Ethics Commission Filers)		
4 Date 6/6/2022	5 Payee name Go Daddy				
6 Amount (\$) 153.25	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #219 Scottsdale, AZ 85260				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees (b) Description web hosting				
9 Complete ONLY if direct expenditure to benefit C/C		e schedule T Check if A	Austin, TX, officeholder living expense Office held		
Date 6/7/2022	Payee name Vista Print				
Amount (\$) 92.34	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Printing Expense	Description printed materials			
	Check if travel outside of Texas, complet	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 6/9/2022	Payee name Bohanans				
Amount (\$) 153.25	Payee address; City; Stat 219 E Houston San Antonio, TX 78205	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Food/Beverage Expense	Description fundraising			
	Check if travel outside of Texas, complet	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED .		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)		
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez	·	3 Filer ID (Ethics Commission Filers)		
4 Date 6/10/2022	5 Payee name Maverick				
6 Amount (\$) 223.15	7 Payee address; City; State; Zip Code 710 S St Marys San Antonio, TX 78205				
8 PURPOSE OF EXPENDITURE	OF Control of the con				
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held		
Date 6/10/2022	Payee name Upworks				
Amount (\$) 515.00					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Salaries/Wages/Contract Labor	Description NSF creative des	ign		
	Check if travel outside of Texas, complet	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 6/16/2022	Payee name Lina Hildalgo Campaign				
Amount (\$) 2000.00	Payee address; City; Stat 1001 Preston #911 Houston , TX 77002	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this: Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description contribution			
	Check if travel outside of Texas, complet	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEGORIE	` '			
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District		
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how	•	,		
1 Total pages Schedule F1: 18 of 18	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 6/24/2022	5 Payee name Frost Tower				
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 111 West Houston St San Antonio, TX 78205				
8 PURPOSE OF	(a) Category (See categories listed at the top of this sch Gift/Awards/Memorials Expense	(b) Description small business			
EXPENDITURE	(c) Check if travel outside of Texas, complete s	chadula T Chagk if /	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date 6/28/2022	Payee name Nationbuilder				
Amount (\$) 104.00	Payee address; City; State; 520 S Grand Ave Los Angeles , CA 90071	Zip Code			
PURPOSE OF	Category (See categories listed at the top of this sch	Description website			
EXPENDITURE	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 sch	edule) Description			
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		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

Event Expense Fees Food/Be

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By	Gifts/Awards/Memorials Expense Printing Expens	ise	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						
1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
1 of 1	Manny Pelaez		The 15 (Ethes Commission Files)			
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS		\$ 0			
5 Date	6 Payee name					
7 Amount (\$) 8 Payee address; City; State; Zip Code						
9 TYPE OF EXPENDITURE	Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas, complete schedule T	Check i	f Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/C		ice sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Cod	е				
TYPE OF EXPENDITURE	Political Non-Political					
Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description						
	Check if travel outside of Texas, complete schedule T	Check i	f Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 1 of 1	
2	FILER NAME Manny 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 (\$)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By

Event Expense Fees

Food/Beverage Expense Gifts/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officerroider/Political C	The Instruction Guide explains how to complet	, , , , , , , , , , , , , , , , , , ,				
1 Total pages Schedule F4: 1 of 1	2 FILER NAME Manny Pelaez 3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0				
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip Code	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	b) Description				
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/4		sought Office held				
Date	Payee name					
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-Political					
Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description						
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 of 2 Manny Pelaez 4 Date 5 Payee Name 3/14/2022 Manny Pelaez 6 Amount (\$) 7 Payee address; City; State; Zip Code 34.64 3522 Paesano Pkwy **X** Reimbursement from San Antonio, TX 78231 political contributions intended (a) Category (See categories listed at the top of this schedule) volunteers 8 (b) Description **PURPOSE** Food/Beverage Expense OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 4/12/2022 **Manny Pelaez** Payee address; City; Zip Code Amount (\$) State; 3522 Paesano Pkwy Reimbursement from San Antonio, TX 78231 political contributions intended Category (See categories listed at the top of this schedule) Description campaign expense - meeting **PURPOSE Fees** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 4/12/2022 **Manny Pelaez** Amount (\$) Payee address; City; State; Zip Code 33.77 3522 Paesano Pkwy **X** Reimbursement from San Antonio, TX 78231 political contributions intended Category (See categories listed at the top of this schedule) Description campaign team **PURPOSE Event Expense** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees 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 Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 of 2 Manny Pelaez 4 Date 5 Payee Name 4/27/2022 Manny Pelaez Pelaez 6 Amount (\$) 7 Payee address; City; State; Zip Code 3522 Paesano Pkwy Reimbursement from San Antonio, TX 78231 political contributions intended (a) Category (See categories listed at the top of this schedule) 8 campaign event (b) Description **PURPOSE Event Expense** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 4/27/2022 Manny Pelaez Amount (\$) Payee address; City; State; Zip Code 133.76 3522 Paesano Pkwy **X** Reimbursement from San Antonio, TX 78232 political contributions intended Category (See categories listed at the top of this schedule) Description meeting **PURPOSE** Food/Beverage Expense OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(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 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

Candidate/Officeholder/Political C	ommittee 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 Manny 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) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OH			
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description			
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH			
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description			
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: 1 of 1	2 FILER NAME Manny 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.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE K

The	1 Total pages Schedule K: 1 of 1	
2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code
	7 Purpose for which amount is received	eck 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 Che	eck 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 Che	eck 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 Che	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED

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

SCHEDULE T

The Ins	The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 1 of 1				
2 FILER NAME Manny Pelaez			3 Filer ID (Ethics Comm	nission Filers)	
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
5 Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	Dates of travel 7 Name of person(s) traveling				
	8 Departure cit	y or name of departure location	on		
	9 Destination of	ity or name of destination loca	ation		
10 Means of transporta	ation	11 Purpose of travel (includin	g name of conference, sem	ninar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure cit	y or name of departure location	on		
	Destination of	ity or name of destination loca	ation		
Means of transporta	ation	Purpose of travel (includin	g name of conference, serr	inar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
Departure city or name of departure location					
	Destination of	ity or name of destination loca	ation		
Means of transporta	ation	Purpose of travel (includin	g name of conference, sem	ninar, or other event)	
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED	

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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 NA		Filer ID (Ethics Commission Filers)
SIGNA	TURE	
a repo	ot expect any further political contributions or political expenditures in con ort as a final report terminates my campaign treasurer appointment. I also outions or make any campaign expenditures without a campaign treasure	understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or inco	me 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.	
В.	ASSETS	
Chec	k 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 off may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political Code, § 254.204.	t or other income from political contributions to personal
		Signature of Candidate
	EHOLDER lete this section only if you are an officeholder. ••	
	I am aware that I remain subject to filing requirements applicable to an am also aware that I will be required to file reports of unexpended contr I retain political contributions, interest of other income from political con interest or other income from political contributions.	ibutions if, after filing the last required report as an officeholder
		Signature of Officeholder