CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to compl	ete this form.	1 Filer ID (Et	thics Commission Filers)	2 Total pages f 52	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Manny Pelaez		MI	OFFICE U	SE ONLY
NAME	NICKNAME	LAST Pelaez		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT 3522 Paesano Pkwy San Antonio TX 78231	/ SUITE #; C	CITY; STA	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE () -	E NUMBER	EXTEN	NSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER		FIRST Chad		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Taylor			Date Imaged	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE		E NUMBER 5-8747	EXTEN	ISION		
9 REPORT TYPE	January 15: Semi-	Annual				
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	7/1	1/2022	THROUG	GH 12	/31/2022	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 5/6/2021	Primary X Genera		Description		
12 OFFICE	OFFICE HELD (if any) Council			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				15 Filer II	O (Ethics Commission Filers)	
Manny Pelaez Pel	Manny Pelaez Pelaez					
16 NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEES TO SUI THE CANDIDATE'S	PPORT THE CANDIDATE OR OFFICEHOLDER'S		TURES MAY CANDIDATES	OTURES MADE BY POLITICAL HAVE BEEN MADE WITHOUT AND OFFICEHOLDERS ARE	
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRE	SS			
	SPECIFIC					
		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)	\$	36736.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.			\$	420.54	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	28136.75	
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	64390.46	
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	0	
18 AFFIDAVIT						
			I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code.			
* * * Electronically Certified * * *						
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candida	te or Officeho	older	
Sworn to and subscribs	Sworn to and subscribed before me, by the said <u>Manny Pelaez Pelaez</u> . this the <u>24th</u> day					
of <u>January</u> ,		-		uns i	the 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 Commission Filers)	
	Manny Pelaez Pelaez		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETA	ARY POLITICAL CONTRIBUTIONS	\$ 36486.00
2.	X SCHEDULE A2: NON-MO	ONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3.	X SCHEDULE B: PLEDGE	D CONTRIBUTIONS	\$ 0
4.	X SCHEDULE E: LOANS	\$ 0	
5.	X SCHEDULE F1: POLITIC	CAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27963.75
6.	X SCHEDULE F2: UNPAID) INCURRED OBLIGATIONS	\$ 0
7.	X SCHEDULE F3: PURCHA	ASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIO	ons \$0
8.	X SCHEDULE F4: EXPEND	DITURES MADE BY CREDIT CARD	\$ 0
9.	X SCHEDULE G: POLITICA	AL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 173.00
10.	X SCHEDULE H: PAYMEN	IT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	DF C/OH \$0
11.	X SCHEDULE I: NON-POL	ITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ONS \$0
12.	X SCHEDULE K: INTERES RETURNED TO FILER	ST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	\$ 173.00

SCHEDULE A1

	т	he Instruction Guide explains how to com	nplete this	form.	1 Total pages Schedule A1: 1 of 21
2	FILER NAME Manny Pelaez F	elaez			3 Filer ID (Ethics Commission Filers)
4	Date 8/2/2022	5 Full name of contributor	ut-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 11315 Chapalote Ave San Antonio, TX 78249	City; S	State; Zip Code	
8	Principal occupa Respiratory Spo	tion / Job title (See instructions)		9 Employer (See instru AstraZeneca	ctions)
	Date 8/3/2022	Full name of contributor	ıt-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 203 Live Oak Pass Boerne, TX 78006	City; S	State; Zip Code	
			Employer (See instru Transformation Hou	· ·	
	Date 8/3/2022	Full name of contributor	ıt-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 203 Live Oak Pass Boerne, TX 78006	City; S	State; Zip Code	
	Principal occupa Director	tion / Job title (See instructions)		Employer (See instru Transitional House	ctions)
	Date 8/3/2022	Full name of contributor	ut-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 823 Arion Pkwy San Antonio, TX 78216	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Joeris General Cont	•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	ī	he Instruction Guide explains how t	1 Total pages Schedule A1: 2 of 21		
2	FILER NAME Manny Pelaez F	Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 8/4/2022	5 Full name of contributor Joseph Diaz	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 232 W. Lullwood San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa Physician	ation / Job title (See instructions)		9 Employer (See instru AllergySA	uctions)
	Date 8/4/2022	Full name of contributor Francesca Rattray	Out-of-state Pa	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 232 W Lullwood San Antonio, TX 78212	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Manager				Employer (See instru	uctions)
	Date 8/8/2022	Full name of contributor Frank Burney	Out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 112 E Pecan St #1616 San Antonio, TX 78205	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Martin, Drought	uctions)
	Date 8/8/2022	Full name of contributor Elva Rominger	out-of-state P	AC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; 3418 Hunters Walk San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 21
2	FILER NAME Manny Pelaez F	Pelaez		3 Filer ID (Ethics Commission Filers)
4	Date 8/16/2022	5 Full name of contributor ☐ out-of-state PA Blake Honigblum	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 708 Morningsidee San Antonio, TX 78209	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Self	ctions)
	Date 8/16/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1879 E Borgfield San Antonio, TX 78260	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Bitterblue	ctions)
	Date 8/16/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1879 Borgfield San Antonio, TX 78260	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 8/16/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1 Bitterblue Ln San Antonio, TX 78218	State; Zip Code	
Principal occupation / Job title (See instructions) n/a			Employer (See instru Bitterblue Group	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 4 of 21
2	FILER NAME Manny Pelaez F	Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 8/16/2022	5 Full name of contributor Scott Teeter	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 7501 Loasa CV Austin, TX 78735	City;	State; Zip Code	
8	Principal occupa President	tion / Job title (See instructions)		9 Employer (See instru Bitterblue Group	actions)
	Date 8/16/2022	Full name of contributor Mrs Sandra Teeter	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 7501 Loasa CV Austin, TX 78735	City;	State; Zip Code	
Principal occupation / Job title (See instructions) n/a			Employer (See instru	ictions)	
	Date Full name of contributor Out-of-state PAC (ID#) 8/16/2022 Ken Brown		AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 2454 Toftrees Dr San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru	actions)
	Date 8/18/2022	Full name of contributor Lloyd Denton	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1 Bitterblue LN San Antonio, TX 78218	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Business owner			Employer (See instructions) Bitterblue Group		
		•			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

SCHEDULE A1

	1	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 5 of 21
2	FILER NAME Manny Pelaez F	^o elaez		3 Filer ID (Ethics Commission Filers)
4	Date 8/18/2022	5 Full name of contributor ☐ out-of-sta	ate PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; PO Box 90613 San Antonio, TX 78209	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)	9 Employer (See instru Self	uctions)
	Date 8/25/2022	Full name of contributor ut-of-sta	ate PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 3439 River Path San Antonio, TX 78230	State; Zip Code	
Principal occupation / Job title (See instructions) Realtor		Employer (See instru	uctions)	
	Date 8/25/2022	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 000 0000 San Antonio, TX 78230	State; Zip Code	
	Principal occupa Realtor	tion / Job title (See instructions)	Employer (See instru Hendricks Property	•
	Date 8/25/2022	Full name of contributor ut-of-sta	ate PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 14039 Fairoak Xing San Antoniio, TX 78231	State; Zip Code	
	Principal occupa	tion / 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: 6 of 21
2	FILER NAME Manny Pelaez	Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 8/25/2022	5 Full name of contributor Gilbert Gonzalez	☐ out-of-state P	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 8710 Anto Chico Helotes, TX 78023	City;	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 8/26/2022	Full name of contributor Barbara Powell	☐ out-of-state P	AC (ID#)	Amount of contribution (\$) 36.00
		Contributor address; 15511 Cloud Top San Antonio, TX 78248	City;	State; Zip Code	
Principal occupation / Job title (See instructions) retired				Employer (See instrund)	uctions)
	Date 8/27/2022	Full name of contributor Gwendolyn Derry	Out-of-state PAC (ID#)		Amount of contribution (\$) 100.00
		Contributor address; 3802 E Palfrey San Antonio, TX 78223	City;	State; Zip Code	
	Principal occup Marketing Exec	ation / Job title (See instructions)		Employer (See instructions) Old Republic Title	
	Date 8/28/2022	Full name of contributor Elie Rosen	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 14022 Fairoak Xing San Antonio, TX 78231	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Nurse		Employer (See instructions) University Hospital		uctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

SCHEDULE A1

	т	he Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 7 of 21
2	FILER NAME Manny Pelaez P	elaez		3 Filer ID (Ethics Commission Filers)
4	Date 8/28/2022	5 Full name of contributor ☐ out-of-state PA Courtney Rosen	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 7300 Blanco Rd #202 San Antonio, TX 78216	itate; Zip Code	
8	Principal occupa Broker	tion / Job title (See instructions)	ctions) gement	
	Date 9/6/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1724 W Horizon Ridge Pkwy #100 Henderson , NV 89012	tate; Zip Code	
Principal occupation / Job title (See instructions) Real Estate Employer (See instructions) First Federal				ctions)
	Date 9/14/2022	Full name of contributor		Amount of contribution (\$) 500.00
		Contributor address; City; S 11903 Sandbar HI San Antonio, TX 78230	tate; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instructions)	ctions)
	Date 9/14/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 10101 Reunion PI #250 San Antonio, TX 78216	tate; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instruction self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how to o	1 Total pages Schedule A1: 8 of 21		
2	FILER NAME Manny Pelaez P	elaez			3 Filer ID (Ethics Commission Filers)
4	Date 9/14/2022	5 Full name of contributor Cecilia Frost	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 247 Stanford Dr San Antonio, TX 78212	City; S	State; Zip Code	
8	Principal occupa	ntion / Job title (See instructions)		9 Employer (See instru Frost Bank	ctions)
	Date 9/14/2022	Full name of contributor James Griffen	☐ out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 606 E. Mandalay San Antonio, TX 78212	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney			Employer (See instru self	ctions)	
	Date 9/14/2022	Full name of contributor Melissa Killen	☐ out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 29 Winthrop Downs San Antonio, TX 78257	City; S	State; Zip Code	
	Principal occupa	rtion / Job title (See instructions)		Employer (See instru self	ctions)
	Date 9/24/2022	Full name of contributor Khurshid Choudary	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1507 Palmer View San Antonio, TX 78260	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	1	The Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 9 of 21
2	FILER NAME Manny Pelaez F	Pelaez		3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor ☐ out-of-state Vernon Oliver	e PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; PO Box 961 Converse, TX 78109	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Mission Towing	uctions)
	Date 9/24/2022	Full name of contributor ut-of-stat	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 9210 Jole Cove Windcrest, TX 78239	State; Zip Code	
Principal occupation / Job title (See instructions) n/a		Employer (See instrunda	uctions)	
	Date 9/24/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 13426 Baldwin Ridge San Antonio, TX 78249	State; Zip Code	
	Principal occupa	rtion / Job title (See instructions)	Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor ut-of-stat	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 10623 Cavelier Point San Antonio, TX 78254	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	1	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 10 of 21
2	FILER NAME Manny Pelaez F	Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor Muhammed Igbal	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 6111 Vance Jackson #102 San Antonio, TX 78230	City; S	State; Zip Code	
8	Principal occupa	ntion / Job title (See instructions)		9 Employer (See instru	ictions)
	Date 9/24/2022	Full name of contributor Sarah Shakil	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 25534 Vista Bella San Antonio, TX 78260	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in CAARS INC			Employer (See instru	ictions)	
	Date 9/24/2022	Full name of contributor Nazeeran Igbal	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 6111 Vance Jackson #102 San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occupa business	tion / Job title (See instructions)		Employer (See instru self	uctions)
	Date 9/24/2022	Full name of contributor Asghar Ali	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 6111 Vance Jackson San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occupa	rtion / Job title (See instructions)		Employer (See instru self	ictions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 11 of 21
2	FILER NAME Manny Pelaez P	elaez		3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor Ayeth Sheihk	PAC (ID#)	7 Amount of contribution (\$) 500.00
8	Principal occupa Business owne	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 10623 Cavelier Point San Antonio, TX 78254	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		7134 Quail San Antonio, TX 78250	State, Zip Sode	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor out-of-state Irfan Butt Contributor address; City; 9000 Eagle Bend Helotes, TX 78249	PAC (ID#)	Amount of contribution (\$) 100.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 12 of 21
2	FILER NAME Manny Pelaez P	Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor Shahib Igbal	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 6112 Vance Jackson #92 San Antonio, TX 78230	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 9/24/2022	Full name of contributor Nusrat Pareen	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 6112 Vance Jackson #92 San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru self	ctions)
	Date 9/24/2022	Full name of contributor Jurat Abbas	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 6113 Vance Jackson #70 San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	rtion / Job title (See instructions)		Employer (See instru	ctions)
	Date 9/24/2022	Full name of contributor Nasreen Akhtar	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 6113 Vance Jackson #70 San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 13 of 21
2	FILER NAME Manny Pelaez P	² elaez			3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor Fayyaz Ahmed	☐ out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 5822 Sherbrook Oak San Antonio, TX 78249	City;	State; Zip Code	
8	Principal occupa business	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor Asma Ahmed	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5822 Sherwood Oak San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions) r		Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor Abid Farooq	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13306 Concordia Oaks San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa	r Job title (See instructions)		Employer (See instructions) self	
	Date 9/24/2022	Full name of contributor Naveeda Farooq	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13306 Concordia Oak San Antonio, TX 78249	City;	State; Zip Code	
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self		uctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	1	The Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 14 of 21
2	FILER NAME Manny Pelaez F	Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor Abbas Khokhar		AC (ID#)	7 Amount of contribution (\$) 500.00
		28030 Vine Cliff Boerne, TX 78015	Oity, .	State, Zip Code	
8	Principal occupa	r Job title (See instructions)		9 Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor Mohreena Khokhar	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 28030 Vine Cliff Boerne, TX 78015	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor Nadeem Khan	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 12235 Vance Jackson San Antonio, TX 78230	City;	State; Zip Code	
Principal occupation / Job title (See instructions) business onwer		Employer (See instru	uctions)		
	Date 9/24/2022	Full name of contributor Arshi Shah	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 12235 Vance Jackson San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	r		Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15 of 21
2	FILER NAME Manny Pelaez F	Pelaez		3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 300.00
		6 Contributor address; City; 602 E Nottingham San Antonio, TX 78209	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 9/24/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1224 Country Rd Houston, TX 78117	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Towing Self			ctions)	
	Date 9/24/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1224 Country Rd Houston, TX 78117	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 9/24/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 25534 Vista Bella San Antonio, TX 78260	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 16 of 21
2	FILER NAME Manny Pelaez F	elaez			3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor Daniel Shakil	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 25534 Vista Bella San Antonio, TX 78260	City; S	State; Zip Code	
8	Principal occupa Dispatch	tion / Job title (See instructions)		9 Employer (See instru CAARS	actions)
	Date 9/24/2022	Full name of contributor Veronica Garibay	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13426 Baldwin Ridge San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instrunder) n/a	actions)
	Date 9/24/2022	Full name of contributor Mrs. Vernon Oliver	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 961 Converse, TX 78109	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instrun/a	ictions)
	Date 9/24/2022	Full name of contributor Ahsan Choudary	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 9210 Jole Cove Windcrest, TX 78239	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Corporate Relations				Employer (See instru UT Austin	actions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how to complete th	1 Total pages Schedule A1: 17 of 21	
2	FILER NAME Manny Pelaez P	elaez		3 Filer ID (Ethics Commission Filers)
4	Date 9/24/2022	5 Full name of contributor ☐ out-of-state Beenish Assar	PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 17511 Sapphire Rim Dr San Antonio, TX 78232	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 9/24/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1507 Palmer View San Antonio, TX 78260	State; Zip Code	
	Principal occupa Business owne	tion / Job title (See instructions) r	Employer (See instru	uctions)
	Date 9/26/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 9101 Alta Dr #205 Las Vegas, NV 89145	State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)	Employer (See instrun/a	uctions)
	Date 9/29/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 2454 Toftrees Dr San Antonio, TX 78209	State; Zip Code	
	Principal occupa	tion / 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: 18 of 21
2	FILER NAME Manny Pelaez I	² elaez		3 Filer ID (Ethics Commission Filers)
4	Date 10/29/2022	5 Full name of contributor ☐ out-of-sta Imayat Momin	te PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 12054 Starcrest Dr San Antonio, TX 78247	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 10/29/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 12054 Starcrest Dr San Antonio, TX 78247	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instr STMA	uctions)
	Date 10/30/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 12054 Starcrest Dr San Antonio, TX 78247	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instr	uctions)
	Date 10/30/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 12054 Starcrest Dr San Antonio, TX 78247	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instr STMA Business LL	-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19 of 21		
2	FILER NAME Manny Pelaez	Pelaez		3 Filer ID (Ethics Commission Filers)		
4	Date 11/2/2022	5 Full name of contributor		7 Amount of contribution (\$) 250.00		
		6 Contributor address; City; S 2515 Plumbrook San Antonio, TX 78258	State; Zip Code			
8	Principal occup Civil Engineer	ation / Job title (See instructions)	9 Employer (See instru ADA Consulting	actions)		
	Date 11/17/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 9800 Fredericksburg Rd San Antonio, TX 78288	State; Zip Code			
	Principal occup	ation / Job title (See instructions)	Employer (See instru	actions)		
	Date 12/7/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 11603 W Coker Loop #201A San Antonio, TX 78216	State; Zip Code			
	Principal occup	ation / Job title (See instructions)	Employer (See instru	ictions)		
	Date 12/12/2022	Full name of contributor		Amount of contribution (\$) 500.00		
		Contributor address; City; S 537 Hickory St. Peotone, IL 60468	State; Zip Code			
	Principal occup Business deve	ation / Job title (See instructions) clopment	Employer (See instru Vehicle Solutions	actions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	7	he Instruction Guide explains how to complete th	1 Total pages Schedule A1: 20 of 21	
2	FILER NAME Manny Pelaez F	Pelaez		3 Filer ID (Ethics Commission Filers)
4	Date 12/13/2022	5 Full name of contributor ☐ out-of-state Kevin Concoran	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 9723 Garden Way St. John, IN 46373	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions) opment	9 Employer (See instru Vehicle Solutions	uctions)
	Date 12/13/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 136 N. Jay Street Griffith, IN 46319	State; Zip Code	
			Employer (See instru Vehicle Solutions	uctions)
	Date 12/15/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 101 Washington Sq Lansing , MI 48933	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 12/16/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 100455 San Antonio, TX 78201	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

SCHEDULE A1

	т	he Instruction Guide explains how t	1 Total pages Schedule A1: 21 of 21			
2	FILER NAME Manny Pelaez P	elaez			3 Filer ID (Ethics Commission Filers)	
4	Date 12/20/2022	 5 Full name of contributor Sundt Texas PAC 6 Contributor address; 2620 S 55th St. Tempe, AZ 85282 		AC (ID#)	7 Amount of contribution (\$) 500.00	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See in pac	structions)	
	Date 12/23/2022	Full name of contributor Julie Mery Contributor address; 5157 Blanco #E San Antonio, TX 78216	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00	
	Principal occupa	tion / Job title (See instructions)		Employer (See in Elegant Ride	structions)	
	Date 12/23/2022	Full name of contributor George Mery Contributor address; 5157 Blanco Rd #E San Antonio, TX 78216		AC (ID#)	Amount of contribution (\$) 500.00	
	Principal occupa	tion / Job title (See instructions)		Employer (See in Elegant Ride	structions)	
	Date	Full name of contributor		AC (ID#)	Amount of contribution (\$)	
	Principal occupa	tion / Job title (See instructions)		Employer (See in	structions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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			3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
	Date 4/2022	6 Full name of contributor out-of-state PAC (ID#_Frances Rattray) Code	8 Amount of Contribution \$ 250.00 9 In-kind contribution description event food and drinks Check if travel outside of Texas, complete Schedule T	
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (F	FOR NON-JUDICIAL) (See instructions)	
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor'	s job title (FOR JUDICIAL) (See instructions)	
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of	contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date	Full name of contributor out-of-state PAC (ID#) O Code	Amount of Contribution \$ In-kind contribution description	
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (F	Check if travel outside of Texas, complete Schedule T 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 CODIES OF T	IIIC COLIEDIU I	- AC NEEDED	

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS

SCHEDULE B

	٦	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1	
2	FILER NAME Manny Pelac	ez Pelaez		3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0	
5	Date	6 Full name of pledgor out-of-state PAC (ID#) 	8 Amount of Pledge \$ 9 In-kind contribution description	
10	Principal occu	upation / Job title (See instructions)	11 Employer (Check if travel outside of Texas, complete Schedule T	
	Date	Full name of pledgor out-of-state PAC (ID#	ode	Amount of Pledge \$	
				Check if travel outside of Texas, complete Schedule T	
	Principal occu	pation / Job title (See instructions)	Employer (See instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#) ode	Amount of Pledge \$	
				Check if travel outside of Texas, complete Schedule T	
	Principal occu	pation / Job title (See instructions)	Employer (S	Gee instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#) ode	Amount of Pledge \$	
	Principal occu	pation / Job title (See instructions)	Employer (\$	Check if travel outside of Texas, complete Schedule T	
		ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDUL	E AS NEEDED	
	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 01/01/2020

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 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 Expense Travel Out Of District 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 F1: 1 of 16	2 FILER NAME Manny Pelaez Pelaez 3 Filer ID (Ethics Commission Filers)
4 Date 7/5/2022	5 Payee name GoDaddy
6 Amount (\$) 153.38	7 Payee address; City; State; Zip Code 14455 North Hayden Rd #219 Scottsdale, AZ 85260
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees (b) Description website
EXPENDITORE	(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/C	· · · · · · · · · · · · · · · · · · ·
Date 7/6/2022	Payee name Constant Contact
Amount (\$) 133.25	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees Description email program
	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	
Date 7/6/2022	Payee name Woelckerns (Germany)
Amount (\$) 104.88	Payee address; City; State; Zip Code 0000 0000 000, TX 00000
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense Description cash payment for awards gift
	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	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking	Event Expense I	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 to	o complete this form	
1 Total pages Schedule F1: 2 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/7/2022	5 Payee name Greg Casar for Congress		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
500.00	PO Box 301923	p	
	Austin, TX 78703		
8	(a) Category (See categories listed at the top of this sched		
PURPOSE	Contributions/Donations Made By	campaign contrib	oution
OF	Candidate/Officeholder/Political		
EXPENDITURE	Committee		
	(C) Check if travel outside of Texas, complete sci		Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	JH		
Date	Payee name		
7/8/2022	Judge Monique Diaz		
Amount (\$)	Payee address; City; State;	Zip Code	
1000.00	PO Box 90883		
	San Antonio, TX 78209		
	Category (See categories listed at the top of this sched	dule) Description	
DUDDOOF	Contributions/Donations Made By	campaign contrib	oution
PURPOSE OF	Candidate/Officeholder/Political		
EXPENDITURE	Committee		
	Check if travel outside of Texas, complete sol	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	<u> </u>	Office sought	Office held
expenditure to benefit C/C		Ombo oodgiit	
Date	Payee name		
7/25/2022	Pams Kitchen		
Amount (\$)	Payee address; City; State;	Zip Code	
196.54	11826 Wurzbach Rd	p	
	San Antonio, TX 78230		
	·		
	Category (See categories listed at the top of this sched	·	
PURPOSE	Food/Beverage Expense	meeting	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete sci	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH		
	ATTACH ADDITIONAL CODIES OF TH	IC COUEDING AS MEED	-n
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED!	:U

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 3 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/27/2022	5 Payee name Hotel Valencia			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
112.18	150 E Houston St	Zip Code		
	San Antonio, TX 78205			
	·	1		
8	(a) Category (See categories listed at the top of this sch			
PURPOSE	Food/Beverage Expense	meeting		
OF				
EXPENDITURE	(c) Check if travel outside of Texas, complete s	abadda T	Availar TV afficial alder later and a	
			Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held	
experialiture to benefit o/C	211			
Date	Payee name			
7/28/2022	Nationbuilder			
Amount (\$)	Payee address; City; State;	Zip Code		
104.00	520 S Grand			
	Los Angeles, CA 90071			
	Category (See categories listed at the top of this sch	edule) Description		
DUDDOOF	Fees	website		
PURPOSE OF	. 555			
EXPENDITURE				
ZXI ZXIJITOXZ	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C		omoc oougin	Cilide field	
Date	Payee name			
7/29/2022	Kachina Cellars Inc			
Amount (\$)	Payee address; City; State;	Zip Code		
347.34	5055 Solano Ave #21613	p		
	Napa, CA 94558			
		1		
	Category (See categories listed at the top of this sch		at damatian	
PURPOSE	Food/Beverage Expense	United Way bask	et donation	
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDUI E AS NEEDE	- D	
	ATTACH ADDITIONAL GOT IEG OF TH	JOHEDOLL AU HELDE		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking	·	oan 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	ě ,	rinting Expense	Travel Out Of District	
Candidate/Officeholder/Political C	Committee Legal Services S	salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	complete this form		
1 Total pages Schedule F1: 4 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 8/8/2022	5 Payee name A Better Chance for Youth Futures Inc			
		7. 0		
6 Amount (\$) 1000.00	7 Payee address; City; State; 6531 FM 78 #476	Zip Code		
1000.00	San Antonio, TX 78244			
	San Antonio, 1X 70244			
8	(a) Category (See categories listed at the top of this schedule	ule) (b) Description		
PURPOSE	Contributions/Donations Made By	charitable donation	on	
OF	Candidate/Officeholder/Political			
EXPENDITURE	Committee			
	(c) Check if travel outside of Texas, complete sch	edule T Check if A	Austin, TX, officeholder living expense	
$\textbf{9} \ \text{Complete} \ \ \underline{\text{ONLY}} \ \ \text{if direct}$		Office sought	Office held	
expenditure to benefit C/C	OH .			
Date	Payee name			
8/8/2022	Constant Contact			
Amount (\$)	Payee address; City; State;	Zip Code		
133.25	133.25 3675 Precision Dr			
	Loveland, CO 85260			
	Category (See categories listed at the top of this schedu	ule) Description		
PURPOSE	Fees	email program		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		, and the second		
Date	Payee name			
8/9/2022	Wallace Strategy Group			
Amount (\$)	Payee address; City; State;	Zip Code		
4568.00	1850 Fredericksburg Rd	•		
	San Antonio, TX 78201			
	Category (See categories listed at the top of this schedule Consulting Expense	ule) Description fundraiser		
PURPOSE	Consulting Expense	iuiiuiaisei		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sch		Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEFDE	:D	
	ATTACKE OF THE	- JOHLE AU HELDE		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Off Food/Beverage Expense Pol Gifts/Awards/Memorials Expense Prii	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor 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: 5 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 8/11/2022	5 Payee name Donate to Dems				
6 Amount (\$) 500.00	7 Payee address; City; State; 2 PO Box 96585 Washington, DC 20077	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	contribution			
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held		
Date 8/15/2022	Payee name Wix.com				
Amount (\$) 220.83	Payee address; City; State; 500 Terry Francois Blvd San Francisco, TX 94158	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Fees	Description web hosting			
	Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 8/29/2022	Payee name Nationbuilder				
Amount (\$) 104.00	Payee address; City; State; 2 520 S Grand Ave Los Angeles, CA 94025	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Fees	Description website			
	Check if travel outside of Texas, complete sche	dule 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 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 F Gifts/Awards/Memorials Expense F Legal Services S	coan 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)	
orean oura'r dyment	The Instruction Guide explains how to	complete this form		
1 Total pages Schedule F1: 6 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/6/2022	5 Payee name HEB #480			
6 Amount (\$) 225.61	7 Payee address; City; State; 9900 Wurzbach San Antonio, TX 78230	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Food/Beverage Expense	(b) Description event		
	(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 9/6/2022	Payee name Constant Contact			
Amount (\$) 133.25	Payee address; City; State; 3675 Precision Lovelanc, CO 80538	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Fees	Description email program		
-	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 9/6/2022	Payee name Stone Werks			
Amount (\$) 160.35	Payee address; City; State; 6626 W Loop 1604 San Antonio, TX 78254	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Food/Beverage Expense	Description event		
	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 CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 7 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 9/9/2022	5 Payee name Sticker Mule				
6 Amount (\$) 738.72	7 Payee address; City; State; 336 Forest Ave Amsterdam, NY 12010	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Advertising Expense	(b) Description magnets			
	(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 9/9/2022	Payee name Urban Champs Academy				
Amount (\$) 1000.00	Payee address; City; State; 3600 Fredericksburg Rd 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	dule) Description charitable contril	oution		
	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 9/19/2022	Payee name Double Standard				
Amount (\$) 241.35	Payee address; City; State; 114 E Houston San Antonio, TX 78205	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Food/Beverage Expense	Description team event			
	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		

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gifts/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense uries/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 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/20/2022	5 Payee name Sister Cities International			
6 Amount (\$) 2500.00	7 Payee address; City; State; Z 1012 14th Street N.W. Washington, DC 20005	ip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description charitable contril	oution	
9 Complete ONLY if direct	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/OH Check if Austin, TX, officeholder living expense Office sought Office held			
Date 9/23/2022	Payee name Northside Education Foundation			
Amount (\$) 1000.00	Payee address; City; State; Z 6632 Bandera Rd San Antonio, TX 78238	ip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description contribution		
	Check if travel outside of Texas, complete sched	lule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 9/26/2022	Payee name Cricket of San Antonio			
Amount (\$) 1000.00	Payee address; City; State; Z 1500 Rochelle Rd San Antonio, TX 78240	lip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description charitable		
	Check if travel outside of Texas, complete sched	lule 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 NEEDED				

Accounting/Danking	EXPENDITURE CATEGORIE	` '	Calinitation/Fundraining Funance
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F1: 9 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/2022	5 Payee name Nationbuilder		
6 Amount (\$) 104.00	7 Payee address; City; State; 520 S Grand Ave Los Angeles , CA 90071	Zip Code	
_	<u> </u>		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sch Fees	(b) Description website	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete s	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 10/5/2022	Payee name Target		
Amount (\$) 522.96	Payee address; City; State; 22832 Hwy 281 N San Antonio, TX 78258	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Gift/Awards/Memorials Expense	Description giveaways	
EXPENDITORE	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 10/6/2022	Payee name Constant Contact		
Amount (\$) 133.25	Payee address; City; State; 3675 Precision Dr Loveland, CO 80538	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Fees	Description email program	
	Check if travel outside of Texas, complete s	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 T	HIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIES	` '	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	to complete this form	
1 Total pages Schedule F1: 10 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2022	5 Payee name Extra Space Storage		
6 Amount (\$) 61.64	7 Payee address; City; State; 7363 N Loop 1604 W San Antonio, TX 78249	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Fees	(b) Description storage	
EXPENDITURE	(0)		
	(c) Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 10/21/2022	Payee name Alicia Greene		
Amount (\$) 1000.00	Payee address; City; State; 53 Saint Germaine #3 Quincy, MA 02169	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	Description graphic design	
EXPENDITURE	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 10/24/2022	Payee name United Airline		
Amount (\$) 709.00	Payee address; City; State; 233 S. Wacker Dr Chicago, IL 60606	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Travel Out Of District	Description Trade mission	
	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 TH	IIS SCHEDULE AS NEEDE	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: 11 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2022	5 Payee name United Airline		
6 Amount (\$) 599.00	7 Payee address; City; State; 233 S Wacker Dr Chicago, IL 60606	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Travel Out Of District	(b) Description trade mission	
	(c) Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 10/24/2022	Payee name Cates Legal Group		
Amount (\$) 750.00	Payee address; City; State; 1212 Guadalupe St #804 Austin, TX 78701	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Legal Services	Description legal services	
	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
Date 10/28/2022	Payee name Nationbuilder		
Amount (\$) 104.00	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 sche Fees	Description website	
	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	ED .

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor o 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 16	2 FILER NAME Manny Pelaez Pelaez	·	3 Filer ID (Ethics Commission Filers)	
4 Date 11/7/2022	5 Payee name Constant Contact			
6 Amount (\$) 133.25	7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schere Fees	(b) Description email program		
	(c) Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 11/23/2022	Payee name Cates Legal Group			
Amount (\$) 750.00	Payee address; City; State; 1212 Guadalup St #804 Austin, TX 78701	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheel Legal Services	Description campaign legal s	ervices	
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 11/29/2022	Payee name Mon Chou Chou			
Amount (\$) 151.19	Payee address; City; State; 312 Pearl Pkwy San Antonio, TX 78215	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Food/Beverage Expense	Description campaign meetin	g	
	Check if travel outside of Texas, complete sc	hedule 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 TH	IS SCHEDULE AS NEEDE	ED	

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Office Food/Beverage Expense Polli Gifts/Awards/Memorials Expense Print	n Repayment/Reimbursement ce Overhead/Rental Expense ng Expense ting Expense ries/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 Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/29/2022	5 Payee name Handwrytten			
6 Amount (\$) 52.20	7 Payee address; City; State; Zip Code 9820 S. Kyrene Rd Tempe, AZ 85284			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Fees	(b) Description cards		
	(c) Check if travel outside of Texas, complete sched	ule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 12/1/2022	Payee name Bobs Steak and Chop			
Amount (\$) 475.12	Payee address; City; State; Z 5815 Rim Pass San Antonio, TX 78257	ip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Event Expense	Description event		
	Check if travel outside of Texas, complete sched	ule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 12/1/2022	Payee name Sushi Zushi			
Amount (\$) 136.67	Payee address; City; State; Z 9867 IH 10 San Antonio, TX 78230	ip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Food/Beverage Expense	Description meeting		
	Check if travel outside of Texas, complete sched	ule 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!	ED	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P	coan 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 Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 12/12/2022	5 Payee name Taj Palace				
6 Amount (\$) 420.56	7 Payee address; City; State; 0002 Sardar 00000, IN 00000	0002 Sardar			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Travel Out Of District	(b) Description trade mission			
	(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 12/12/2022	Payee name United Airline				
Amount (\$) 151.28	Payee address; City; State; 233 S. Wacker Dr Chicago, IL 60606	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Travel Out Of District	Description trade mission			
	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 12/19/2022	Payee name Extra Space Storage				
Amount (\$) 205.40	Payee address; City; State; 7363 N Loop 1604 W San Antonio, TX 78249	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Fees	Description storage			
	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 CATEGORIES	` '	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense		Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		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 t	-	
1 Total pages Schedule F1: 15 of 16	2 FILER NAME Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2022	5 Payee name Mi Familia		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
194.51	18403 I H 10		
	San Antonio, TX 78257		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Event Expense	(b) Description campaign team	
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		Office sought	Office held
Date 12/20/2022	Payee name Nationbuilder		
Amount (\$)	Payee address; City; State;	Zip Code	
104.00	520 S Grand Ave		
	Los Angeles , CA 90071		
	Category (See categories listed at the top of this sche		
PURPOSE	Fees	website	
OF			
EXPENDITURE	Check if travel outside of Texas, complete so	thedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	<u> </u>	Office sought	Office held
expenditure to benefit C/C		omoo oougin	5.11.00
Date	Payee name		
12/23/2022	Constant Contact		
Amount (\$)	Payee address; City; State;	Zip Code	
133.25	3675 Precision Dr		
	Loveland, CO 80538		
	Category (See categories listed at the top of this sche	dule) Description	
PURPOSE	Fees	email program	
OF			
EXPENDITURE			
	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
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIE	S 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 Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
16 of 16	Manny Pelaez Pelaez		
4 Date 12/23/2022	5 Payee name Cates Legal Group		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
750.00	1212 Guadalupe St #804		
	Austin, TX 78701		
8	(a) Category (See categories listed at the top of this scho	edule) (b) Description	
	Legal Services	legal services	
PURPOSE OF			
EXPENDITURE			
	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	JΠ		
Date	Payee name		
12/28/2022	Nationbuilder		
Amount (\$)	Payee address; City; State;	Zip Code	
104.00	520 S Grand Ave		
	Los Angeles , CA 90071		
	Category (See categories listed at the top of this sch	odulo) Description	
DUDD005	Fees	edule) Description website	
PURPOSE OF	1 000		
EXPENDITURE			
EXI ENDITORE	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Commiste ONLY if dispet	<u> </u>	<u>—</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
experience to believe or			
Data	Davis and		
Date 12/30/2022	Payee name Wallace Strategy Group		
Amount (\$)	Payee address; City; State;	Zip Code	
3621.00	1850 Fredricksburg Rd	·	
	San Antonio, TX 78201		
	Category (See categories listed at the top of this schools are consulting Exponent	Description fundraising	
PURPOSE	Consulting Expense	lulidraising	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C)H		
	ATTACH ADDITIONAL CODIES OF T	JIQ QOUEDIII E AQ NEEDS	
	ATTACH ADDITIONAL COPIES OF TH	IIO SUNEDULE AS NEEDE	- U

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense		Travel in District Travel Out Of District
Candidate/Officeholder/Political Co	ommittee Legal Services The Instruction Guide explain:	Salaries/Wages/Co s how to complete		Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME	•		3 Filer ID (Ethics Commission Filers)
1 of 1	Manny Pelaez Pelaez			- 1 Hot 12 (24Hot commission 1 Hote)
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-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so	chedule) (b	b) Description	
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/OH Check if Austin, TX, officeholder living expense Office sought Office held				
Date	Payee name			
Amount (\$)	Payee address; City; State	; Zip Code		
TYPE OF EXPENDITURE	Political Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	chedule)	Description	
	Check if travel outside of Texas, complete	schedule T	Check if A	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 SCHED	ULE AS NEED	DED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	Tł	ne 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;		
		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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C	· ·	Salaries/Wages/Contract L		
	The Instruction Guide explain	s how to complete this fo	orm	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers	s)
1 of 1	Manny Pelaez Pelaez			
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$ O	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State	e; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Po	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	(b) Des	cription	
	(c) Check if travel outside of Texas, complete	e schedule T	Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/d		Office sough	t Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
TYPE OF EXPENDITURE	Political Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	chedule) Des	cription	
	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/6		Office sough	t Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE **G**

Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related E

Consulting Expense Constibutions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	ű	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schodule C:	The Instruction Guide explains how 2 FILER NAME	to complete this form	2 Filer ID (Ethica Commission Filers)
1 Total pages Schedule G: 1 of 1	Manny Pelaez Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name		
10/7/2022	Manuel Pelaez		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
173.00 Reimbursement from political contributions intended	3522 Paesano Pkwy San Antonio, TX 78231		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Other: campaign storage	(b) Description ca	mpaign storage
EXPENDITORE	(c) Check if travel outside of Texas, complete s	chedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this sche	edule) Description	
EXPENDITURE	Check if travel outside of Texas, complete s	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
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State;	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this school	edule) Description	
EXPENDITURE	Check if travel outside of Texas, complete s	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	HIS SCHEDULE AS NEEDI	ED

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 Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense

Office Overhead/Rental Expense Polling Expense Printing Expense

Loan Repayment/Reimbursement

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

Candidate/Officeholder/Political C Credit Card Payment	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 H: 1 of 1	2 FILER NAME Manny Pelaez 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/C	
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/0	
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/0	
	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 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	ription (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.)	ription (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.)	ription (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.)	ription (See instructions regarding type of information required.)		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE	AS NEEDED		

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

SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1 of 1
2 FILER NAME Manny Pelaez	Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 11/9/2022	5 Name of person from whom amount is received Manny Pelaez	8 Amount (\$) 173.00
	6 Address of person from whom amount is received; City; State; 3522 Paesano Pkwy San Antonio, TX 78231	Zip Code
	7 Purpose for which amount is received New storage unit expense	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	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	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	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	truction Guide e	1 Total pages Schedule T: 1 of 1				
2 FILER NAME Manny Pelaez Pelaez				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor 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	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or name of destination location					
10 Means of transportation						
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	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	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination of	ity or name of destination loca	tion			
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	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 city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••			
C/OH NA	AME Pelaez Pelaez	Filer ID (Ethics Commission Filers)	
SIGNA	TURE		
a repo	ot expect any further political contributions or political expenditures in connect as a final report terminates my campaign treasurer appointment. I also uputions or make any campaign expenditures without a campaign treasurer	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 incom	ne earned from political contributions.	
	I have unexpended contributions or unexpended interest or income earns convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions longe understand that I must dispose of unexpended political contributions and contributions in accordance with the requirements of Election Code, § 25	ome earned on political contributions to personal use. I tions and that I may not retain unexpended contributions r than six years after filing this final report. Further, I unexpended interest or income earned on political	
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 other 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.	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 oram also aware that I will be required to file reports of unexpended contrib I retain political contributions, interest of other income from political contributions.	outions if, after filing the last required report as an officeholder	
		Signature of Officeholder	