CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to comp	lete this form.	1 Filer ID(E	thics Commission Filers)	2 Total pages fi 43	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Manny		MI	OFFICE US	SE ONLY
NAME	NICKNAME	LAST Pelaez		SUFFIX	Date Received 7/15/2024 5:59:2	2PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX; APT 3522 Paesano Parkway San Antonio TX 78231 AREA CODE PHON	y #301		ATE; ZIP CODE		
OFFICEHOLDER PHONE	() -	E NUMBER	EXTE	NOIUN	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Chad		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST Taylor		SUFFIX	Date Processed 7/15/2024 5:59:22 Date Imaged	2PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO 3115 Pinto Pass San Antonio TX 78247		T / SUITE #;	CITY; ST	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE		E NUMBER 5-8747	EXTEN	ISION		
9 REPORT TYPE	July 15: Semi-Ann	nual				
10 PERIOD COVERED	Month	Day Year 1/2024	THROUG	Month GH 4 /	Day Year 1/2024	
11 ELECTION	ELECTION DATE Month Day Year	Primary General	Runo	Description		
12 OFFICE	OFFICE HELD (if any) Councilman District 8	·		13 OFFICE SOUGHT Not Applicabl		
		GO ТО	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 Pages		COMMITTEE CAMPA	IGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	MIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		CICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	23540.00
EXPENDITURE TOTALS	3. TOTAL UNITE	MIZED POLITICAL EXPE	NDITURES.	\$	0
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	17587.76
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	21111.78
OUTSTANDING LOAN TOTALS	٥.	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 Certified * * *					
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	te or Officeho	older
Sworn to and subscribe of July ,		-		this t	the <u>15th</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 Commission Filers)
	Manny Pelaez	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23540.00
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 CONTRIBU	UTIONS \$15337.76
6.	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7.	X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$0
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2250.00
10.	X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$0
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0

SCHEDULE A1

	1	The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 1 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 1/26/2024	5 Full name of contributor Alex Nava	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 522 Possum Oak Shavano Park, TX 78230	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru ANG PLLC	actions)
	Date 2/3/2024	Full name of contributor Karl Joeris	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 333 Park Rdg Boerne, TX 78006	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Joeris General Cont	•
	Date 2/3/2024	Full name of contributor Wayne Wright	\ <u></u>		Amount of contribution (\$) 500.00
		Contributor address; 5707 W I 10 San Antonio, TX 78201	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instructions) Wayne Wright LLP		ictions)
	Date 2/10/2024	Full name of contributor Lyssa Ochoa	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 708 Canterbury HI San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Physician	ation / 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: 2 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/11/2024	5 Full name of contributor Lukin Gilliand		AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 901 NE Loop 410 #909 San Antonio, TX 78209	City; S	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	actions)
	Date 2/11/2024	Full name of contributor Marjorey Lucey	out-of-state PA	AC (ID#)	Amount of contribution (\$) 40.00
		Contributor address; 12835 Castle Bend San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ictions)
Date Full name of contributor □ out-of-state F 2/12/2024 Phil Watkins		Out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00	
		Contributor address; 926 Chulie Dr San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Phil Watkins P.C.	actions)
	Date 2/12/2024	Full name of contributor Richard Karam	out-of-state PA	AC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; 8118 Datapoint San Antonio, TX 78229	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru self	ictions)

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SCHEDULE A1

	7	he Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1: 3 of 19		
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)		
4	Date 2/12/2024	5 Full name of contributor ☐ out-of-s David Vexler	tate PAC (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; 312 Pereida St San Antonio, TX 78210	State; Zip Code			
8	Principal occupa Manager	ation / Job title (See instructions)	9 Employer (See instruction Toucan Recycing	uctions)		
	Date 2/12/2024	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; 210 Charles Rd San Antonio, TX 78209	State; Zip Code			
· · · · · · · · · · · · · · · · · · ·			1 2 2	Employer (See instructions) Monterrey Iron & Metal		
	Date 2/12/2024			Amount of contribution (\$) 500.00		
		Contributor address; City; 305 W Kings Hwy San Antonio, TX 78212	State; Zip Code			
	Principal occupa Monterrey Stee	ation / Job title (See instructions) I & Iron	Employer (See instr	uctions)		
	Date 2/16/2024	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; 128 W Mistletoe San Antonio, TX 78212	State; Zip Code			
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instr Kruger Carson PLL	,		

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SCHEDULE A1

	7	The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 4 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/20/2024	5 Full name of contributor Richard Wells	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 610 E Market #3302 San Antonio, TX 78266	City;		
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Dailey Wells	actions)
	Date 2/20/2024	Full name of contributor JoAnne Wells	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 610 E Market #3302 San Antonio, TX 78266	City;	State; Zip Code	
	Principal occupa Dailey Wells	ation / Job title (See instructions)		Employer (See instru self	actions)
	Date 2/20/2024	Full name of contributor Jessica Karan Oley	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 13634 Bluff Circle San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)		Employer (See instru Natural Sensible So	•
	Date 2/20/2024	Full name of contributor Adam Brenner	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 401 Oak Brook Dr Allen, TX 75002	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	octions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 5 of 19		
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)		
4	Date 2/20/2024	5 Full name of contributor ☐ out-of-state PAC Fermin Rajunov	C (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; St 5 Wayward San Antonio, TX 78248	ate; Zip Code			
8	Principal occupa President	cupation / Job title (See instructions) 9 Employer (See instructions) Cultiva Financial				
	Date 2/20/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; St 1901 NO Military Hwy San Antonio, TX 78213	ate; Zip Code			
, , , , , , , , , , , , , , , , , , , ,			Employer (See instru	ctions)		
	Date 2/20/2024	Full name of contributor		Amount of contribution (\$) 250.00		
		Contributor address; City; St 21105 IH 10 West San Antonio, TX 78257	ate; Zip Code			
	Principal occupa Auto Dealer	ation / Job title (See instructions)	Employer (See instru Cavender Auto	ctions)		
	Date 2/20/2024	Full name of contributor ☐ out-of-state PAC Ricardo Castro	C (ID#)	Amount of contribution (\$) 50.00		
		Contributor address; City; St 000 000 San Antonio, TX 78249	ate; Zip Code			
	Principal occupa	tion / Job title (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

	1	The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 6 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/20/2024	5 Full name of contributor April Ancira		AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 31305 Keeneland Dr Boerne, TX 78015	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Ancira Auto	uctions)
	Date 2/21/2024	Full name of contributor Griffen Farney	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 847 E Ashby Pl San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Steinger & Greene	uctions)
	Date 2/22/2024	Full name of contributor Wendy Black	out-of-state P	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 431 King William St San Antonio, TX 78204	City;	State; Zip Code	
	Principal occupa President	ation / Job title (See instructions)	Employer (See instructions) Footbridge Foundation		•
	Date 2/22/2024	Full name of contributor Jeremy Kenisky	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 22823 Steeple Blf San Antonio, TX 78256	City;	State; Zip Code	
	Principal occupa Technology	ation / Job title (See instructions)		Employer (See instru Xalter	uctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 of 19
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 2/22/2024	5 Full name of contributor		7 Amount of contribution (\$) 100.00
		6 Contributor address; City; S 1214 Townsend Ave #106 San Antonio, TX 78209	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Mighty Industries	actions)
	Date 2/22/2024	Full name of contributor	\C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 10918 Vance Jackson #204 San Antonio, TX 78230	State; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instru Uno Capital	actions)
	Date 2/22/2024	Full name of contributor	NC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; City; S 8118 Datapoint San Antonio, TX 78239	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru	actions)
	Date 2/22/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 2307 Camelback Dr San Antonio, TX 78209	State; Zip Code	
	Principal occupa Contractor	ation / Job title (See instructions)	Employer (See instru Joeris	ictions)

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SCHEDULE A1

	7	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 8 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/22/2024	5 Full name of contributor Tim Alcott	out-of-state Po	AC (ID#)	7 Amount of contribution (\$) 100.00
8	Principal occupa Developer	ation / Job title (See instructions)		9 Employer (See instru Cohen Esrey	uctions)
	Date 2/22/2024	Full name of contributor Robert Miggins	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 100.00
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Big Solar	uctions)
	Date 2/22/2024	Full name of contributor Simran Tirado Contributor address; 25607 Texas Ash	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Agent		Employer (See instructions) New York Life			
	Date 2/22/2024	Full name of contributor Cesar Guardiola Contributor address; 5803 UTSA Blvd San Antonio, TX 78249	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Agent			Employer (See instru New York Life	uctions)	

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SCHEDULE A1

	1	The Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 9 of 19
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 2/22/2024	5 Full name of contributor ut-of-state	e PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 28 Grantham Gln San Antonio, TX 78257	State; Zip Code	
8	Principal occupa Engineer	ation / Job title (See instructions)	9 Employer (See instru Self	uctions)
	Date 2/22/2024	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1800 McCullough San Antonio, TX 78212	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 2/22/2024	Full name of contributor ut-of-state Wyatt Wright	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 5707 W I10 San Antonio, TX 78201	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru Wayne Wright LLP	uctions)
	Date 2/22/2024	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 2515 Plumbrook Dr San Antonio, TX 78258	State; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instru ADA Consulting Gre	•

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1: 10 of 19
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor ☐ out-of-sta Dylan McDonald	ate PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 7510 Quail Run Dr San Antonio, TX 78209	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instruction self	ctions)
	Date 2/23/2024	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 7134 Qual GDN San Antonio, TX 78250	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See business owner self		Employer (See instruction self	ctions)	
	Date 2/23/2024	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 966 Calico GDN San Antonio, TX 78248	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instruction self	ctions)
	Date 2/23/2024	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 5511 IH 10 San Antonio, TX 78201	State; Zip Code	
Principal occupation / Job title (See instructions) attorney		Employer (See instruction self	ctions)	

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SCHEDULE A1

	т	he Instruction Guide explains how to comp	plete this f	orm.	1 Total pages Schedule A1: 11 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor □ out- Linda Lopez George	-of-state PA	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; C 0000 00000 San Antonio, TX 78278	 City; S	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Academic Insight La	•
	Date 2/23/2024	Full name of contributor	-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; C 7231 Carriage Fern San Antoio, TX 78249	City; S	tate; Zip Code	
		Employer (See instru Remax	ctions)		
	Date 2/23/2024	Full name of contributor	-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; C 8000 Donore PI San Antonio, TX 78229	City; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru retired	ctions)
	Date 2/23/2024	Full name of contributor	-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 823 Arion #Pkwy San Antonio, TX 78216	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Joeris General Contractors			Employer (See instru	ctions)	

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SCHEDULE A1

	1	The Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 12 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor Daniel Byrom	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 210 Briarcliff Dr San Antonio, TX 78213	City;		
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Joeris General Cont	•
	Date 2/23/2024	Full name of contributor Ryan Doege	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 106 Woodcreek Dr La Vernia, TX 78121	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) self		Employer (See instru self	ctions)		
	Date 2/23/2024	Full name of contributor Carl McClenan	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 15915 Seekers St San Antonio, TX 78255	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru self	ctions)
	Date 2/23/2024	Full name of contributor Chuck Saxer	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 2426 Mill Creek Dr San Antonio, TX 78231	City;	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to com	nplete this f	orm.	1 Total pages Schedule A1: 13 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor □ out Kimberly Gonzales	t-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; Contributor address; San Antonio, TX 78249	 City; S	tate; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 2/23/2024	Full name of contributor	t-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; C 9006 Eagle Bend San Antonio, TX 78023	City; S	tate; Zip Code	
	Principal occupation / Job title (See instructions) business owner Employer (See instructions) self				
	Date 2/23/2024	Full name of contributor □ out Abida Tahir	it-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; C 13538 Barsan Rd San Antonio, TX 78249	City; S	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru self	ctions)
	Date 2/23/2024	Full name of contributor	t-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; C 13426 Baldwin Rdg San Antonio, TX 78249	City; S	tate; 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

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 14 of 19
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor ut-of-state PA Killen, Griffin, Farrimond PAC	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 1010 Reunion Pl San Antonio, TX 78216	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 2/23/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 11 Stone Hill Ct San Antonio, TX 78258	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Nutritionist Health Warrior			ctions)	
	Date 2/23/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 2303 Fortune Austin, TX 78704	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru self	ctions)
	Date 2/23/2024	Full name of contributor	NC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 1129 Jadestone Blvd San Antonio, TX 78249	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru self	ctions)

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SCHEDULE A1

Т	he Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule A1: 15 of 19
FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
Date 2/23/2024	5 Full name of contributor Beatrice Wright	out-of-state PAC (ID#)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 10403 Metacomet St San Antonio, TX 78230	City; State; Zip Code	
Principal occupa	ation / Job title (See instructions)	9 Employer (See instr Wayne Wright LLP	uctions)
Date 2/23/2024	Full name of contributor Caroline Brown	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 7510 Quail Run Dr San Antonio, TX 78209	City; State; Zip Code	
		Employer (See instr Brown & McDonald	•
Date Full name of contributor □ out-of-state PAC (ID#) 2/23/2024 Albert Carrizales		out-of-state PAC (ID#)	Amount of contribution (\$) 50.00
	Contributor address; 111 W Huisache San Antonio, TX 78212	City; State; Zip Code	
Principal occupa Chief of Staff	ation / Job title (See instructions)	Employer (See instr UTSA	uctions)
Date 2/23/2024	Full name of contributor Jim Reed	out-of-state PAC (ID#)	Amount of contribution (\$) 100.00
	Contributor address; 7317 Ashton PI San Antonio, TX 78229	City; State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)		Employer (See instr	uctions)
	FILER NAME Manny Pelaez Date 2/23/2024 Principal occupa Law clerk Date 2/23/2024 Principal occupa Partner Date 2/23/2024 Principal occupa Chief of Staff Date 2/23/2024	FILER NAME Manny Pelaez Date 2/23/2024 Beatrice Wright 6 Contributor address; 10403 Metacomet St San Antonio, TX 78230 Principal occupation / Job title (See instructions) Law clerk Date 2/23/2024 Full name of contributor Caroline Brown Contributor address; 7510 Quail Run Dr San Antonio, TX 78209 Principal occupation / Job title (See instructions) Partner Date 2/23/2024 Full name of contributor Albert Carrizales Contributor address; 111 W Huisache San Antonio, TX 78212 Principal occupation / Job title (See instructions) Chief of Staff Date 2/23/2024 Full name of contributor Jim Reed Contributor address; 7317 Ashton Pl San Antonio, TX 78229 Principal occupation / Job title (See instructions)	Date 2/23/2024

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	Ţ	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 16 of 19
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 2/23/2024	5 Full name of contributor ☐ out-of-state P Paul Basaldua	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 3 Woltwood San Antonio, TX 78248	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru Mosaic Developmen	•
	Date 2/23/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 23129 San Antonio, TX 78223	State; Zip Code	
	Principal occupa Developer	tion / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 2/23/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 106 S St Marys San Antonio, TX 78205	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)
	Date 2/26/2024	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 26127 Lost Creek Way Boerne, TX 78015	State; Zip Code	
	Principal occupa Manager	tion / Job title (See instructions)	Employer (See instru Capstone Mgmt	ctions)

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SCHEDULE A1

		The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 17 of 19
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 2/26/2024	5 Full name of contributor Justin Vitek	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 15403 White Fawn San Antonio, TX 78255	City;	State; Zip Code	
8	Principal occup	ation / Job title (See instructions) er		9 Employer (See instru	uctions)
	Date 2/26/2024	Full name of contributor Babcock Social Pub LLC	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5891 Babcock Rd San Antonio, TX 78249	City;	State; Zip Code	
Principal occupation / Job title (See instructions) business			Employer (See instructions) business		
	Date 2/26/2024	Full name of contributor Juan Antonio Flores	`		Amount of contribution (\$) 100.00
		Contributor address; 439 Calumet PL San Antonio, TX 78209	City;	State; Zip Code	
	Principal occup Executive	ation / Job title (See instructions)		Employer (See instru The Port	uctions)
	Date 2/26/2024	Full name of contributor Jorge Behaire	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 000 000 San Antonio, TX 00000	City;	State; Zip Code	
	Principal occup business owne	ation / Job title (See instructions) er		Employer (See instru self	uctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 18 of 19
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 2/26/2024	5 Full name of contributor ☐ out-of-state F	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 5891 Babcock Rd San Antonio, TX 78249	State; Zip Code	
8	Principal occupa Business Mgr	ation / Job title (See instructions)	9 Employer (See instru Self	ictions)
	Date 3/2/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 9020 Cherbourg Dr Potomac, MD 20854	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) self		Employer (See instru	actions)	
	Date 3/2/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 307 Carolina San Antonio, TX 78210	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Animal Policy Group	•
	Date 3/17/2024	Full name of contributor	,	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 17428 San Antonio, TX 78760	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	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 19	
2	FILER NAME Manny Pelaez		3	Filer ID (Ethics Commission Filers)	
4	Date 3/17/2024	 Full name of contributor □ out-of-state PAC (ID#	7 p Code	Amount of contribution (\$) 500.00	
		7 Links Green San Antonio, TX 78257			
8	Principal occupa	, , , , , , , , , , , , , , , , , , , ,	er (See instruction	ons)	
	Date 3/28/2024	Full name of contributor)	Amount of contribution (\$) 500.00	
		Contributor address; City; State; Zi 5123 Casbury San Antonio, TX 78249	p Code		
	Principal occupa	,	er (See instruction	ons)	
	Date 3/28/2024	Full name of contributor)	Amount of contribution (\$) 250.00	
		Contributor address; City; State; Zi 7134 Quail Gdn San Antonio, TX 78250	p Code		
	Principal occupa	, , , , , , , , , , , , , , , , , , , ,	er (See instruction	ons)	
	Date	Full name of contributor)	Amount of contribution (\$)	
		Contributor address; City; State; Zi	 p Code		
	Principal occupa	tion / Job title (See instructions) Employ	er (See instruction	ons)	
	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

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#	9 In-kind contribution description			
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-JUDICIAL) (See instructions)			
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)			
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Date Full name of contributor out-of-state PAC (ID#	In-kind contribution description			
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)			
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

PLEDGED CONTRIBUTIONS

SCHEDULE B

	1	The Instruction Guide explains how to complete this form.	1	Total pages Schedule B: 1 of 1	
2	FILER NAME Manny Pelae	ez	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# 7 Pledgor address; City; State; Zip Code		· ¬	
10	Principal occu	pation / Job title (See instructions)	Employer (See	□ Check if travel outside of Texas, complete Schedule T instructions)	
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$	
	Principal occu	pation / Job title (See instructions)	Employer (See	Check if travel outside of Texas, complete Schedule T	
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description	
	Principal occu	pation / Job title (See instructions)	imployer (See	Check if travel outside of Texas, complete Schedule T instructions)	
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$	
	Principal occu	pation / Job title (See instructions)	imployer (See	☐ Check if travel outside of Texas, complete Schedule T instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 \$ o 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 」not applicable 20 Principal occupation (See instructions) 21 Employer (See instructions) Date of loan Name of lender out-of-state PAC (ID#_ Loan Amount (\$) Is lender a 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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expens

Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form
1 Total pages Schedule F1: 1 of 9	2 FILER NAME Manny Pelaez 3 Filer ID (Ethics Commission Filers)
4 Date 1/8/2024	5 Payee name Constant Contact
6 Amount (\$) 154.57	7 Payee address; City; State; Zip Code 3675 Precision Drive Loveland, CO 80538
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees (b) Description email program
	(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/	
Date 1/8/2024	Payee name Sushi Zushi
Amount (\$) 127.61	Payee address; City; State; Zip Code 9867 IH 10 San Antonio, TX 78230
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense Description meeting
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	
Date 1/8/2024	Payee name Extra Space
Amount (\$) 212.00	Payee address; City; State; Zip Code 9738 Huebner San Antonio, TX 78240
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees Description storage
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	
	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 ho	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 9	2 FILER NAME Manny Pelaez	•	3 Filer ID (Ethics Commission Filers)
4 Date 1/17/2024	5 Payee name United		
6 Amount (\$) 661.00	7 Payee address; City; State 9800 Airport Blvd San Antonio, TX 78216	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Travel Out Of District	(b) Description Trade mission	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 1/24/2024	Payee name Viva Politics		
Amount (\$) 4000.00	Payee address; City; State 1850 Fredericksburg Rd San Antonio, TX 78201	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Salaries/Wages/Contract Labor	chedule) Description campaign	
	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
Date 1/29/2024	Payee name Nationbuilder		
Amount (\$) 104.00	Payee address; City; State 520 S Grand Los Angeles, CA 90071	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Fees	chedule) Description website	
	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

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Of Food/Beverage Expense Pc Gifts/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/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: 3 of 9	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 1/29/2024	5 Payee name Nationbuilder			
6 Amount (\$) 104.00	7 Payee address; City; State; 520 S Grand San Antonio, TX 90071	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedu Fees	(b) Description website		
	(c) Check if travel outside of Texas, complete sche	edule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 2/7/2024	Payee name Constant Contact			
Amount (\$) 154.57	Payee address; City; State; 3675 Precision Drive Loveland, CO 94025	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Fees	Description email		
	Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 2/8/2024	Payee name Extra Space			
Amount (\$) 212.00	Payee address; City; State; 9738 Huebner San Antonio, TX 78240	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Fees	Description storage		
	Check if travel outside of Texas, complete sche	edule 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	S 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 L 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	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 9	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2024	5 Payee name Scuzzis Restaurant		
6 Amount (\$) 144.29	7 Payee address; City; State; 403 N Loop 1604 San Antonio, TX 78257	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Food/Beverage Expense	(b) Description Meeting	
-	(c) Check if travel outside of Texas, complete sch	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			Office held
Date 2/21/2024	Payee name Norma Denham & Assoc		
Amount (\$) 2500.00	Payee address; City; State; PO Box 461753 San Antonio, TX 78246	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor	Description Fundraiser	
	Check if travel outside of Texas, complete sch	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 2/23/2024	Payee name Prestige Motor - Chicane Club		
Amount (\$) 318.03	Payee address; City; State; 9711 Plymouth San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Event Expense	Description food & beverage	
	Check if travel outside of Texas, complete sch	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 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		·	
1 Total pages Schedule F1: 5 of 9	2 FILER NAME Manny Pelaez 3 Filer ID (Ethics Commission	Filers)	
4 Date 2/26/2024	5 Payee name Viva Strategy Group		
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 1850 Fredericksburg San Antonio, TX 78201		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description campaign		
	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expen	ise	
9 Complete ONLY if direct expenditure to benefit C/C			
Date 2/28/2024	Payee name Nationbuilder		
Amount (\$) 104.00	Payee address; City; State; Zip Code 520 South Grand Los Angels, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees Description website		
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expen	ıse	
Complete ONLY if direct expenditure to benefit C/C			
Date 3/7/2024	Payee name Constant Contact		
Amount (\$) 154.57	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		
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expen	ıse	
Complete ONLY if direct expenditure to benefit C/C			
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking	·	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense Travel in District
Consulting Expense Contributions/Donations Made By		Polling 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	to complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
6 of 9	Manny Pelaez		
4 Date 3/8/2024	5 Payee name Extra Space		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
212.00	9738 Huebner		
	San Antonio, TX 78240		
8	(a) Category (See categories listed at the top of this sched	dule) (b) Description	
	(a) Category (See categories listed at the top of this sched	storage	
PURPOSE OF	1 555		
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sc	chedule 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	OH .		
Date	Payee name		
3/8/2024	Metal Promo LLC		
Amount (\$)	Payee address; City; State;	Zip Code	
1087.37	1700 S Lamar		
	Austin, TX 78704		
		5	
	Category (See categories listed at the top of this sched Gift/Awards/Memorials Expense	dule) Description fiesta medals	
PURPOSE	Ont/Awards/Memorials Expense	nesta medals	
OF EXPENDITURE			
EXI ENDITORE	Check if travel outside of Texas, complete sc	shodulo T Chook if /	Austin, TX, officeholder living expense
On and late ONLY if diagram			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
experience to bellow eye			
Data			
Date 3/8/2024	Payee name Metal Promo LLC		
		7in Cada	
Amount (\$) 1390.47	Payee address; City; State; 1700 S Lamar	Zip Code	
1000.47	Austin, TX 78704		
	Austin, 1X 10104		
	Category (See categories listed at the top of this sched	dule) Description	
PURPOSE	Gift/Awards/Memorials Expense	fiesta medals	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete sc	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH .		
	ATTAOLI ADDITIONAL CODITO CO	UO 00UED!!! E 40 !!===	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	:U

	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: 7 of 9	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2024	5 Payee name Redlands Grill		
6 Amount (\$) 428.78	7 Payee address; City; State; 17442 Fiesta Texas Drive San Antonio, TX 78256	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Event Expense	(b) Description event	
	(c) Check if travel outside of Texas, complete so	hedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/11/2024	Payee name Bakery Lorraine		
Amount (\$) 105.64	Payee address; City; State; 17503 La Cantery pkwy San Antonio, TX 78257	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense	dule) Description meeting	
	Check if travel outside of Texas, complete so	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/25/2024	Payee name Manny Pelaez		
Amount (\$) 750.00	Payee address; City; State; 3522 Paesano Pkwy #301 San Antonio, TX 78231	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Loan Repayment/Reimbursement	· ·	on expense made with personal
	Check if travel outside of Texas, complete so	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	IIS 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 9	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 3/25/2024	5 Payee name Manny Pelaez			
6 Amount (\$) 750.00	7 Payee address; City; State; 3522 Paesano Pkwy #301 San Antonio, TX 78231	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Loan Repayment/Reimbursement	17.5	on expense made with personal	
	(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/OH Candidate / Officeholder name Office sought Office held			
Date 3/25/2024	Payee name Manny Pelaez			
Amount (\$) 750.00	Payee address; City; State; 3522 Paesano Pkwy San Antonio, TX 78231	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Loan Repayment/Reimbursement		on expense made with personal	
	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 3/28/2024	Payee name Nationbuilder			
Amount (\$) 104.00	Payee address; City; State; 520 S Grand Los Angeles, CA 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 THIS SCHEDULE AS NEEDED			

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) 9 of 9 **Manny Pelaez** 4 Date 5 Payee name 4/1/2024 Handwrytten 6 Amount (\$) 7 Payee address; City; State; Zip Code 8.86 9820 S. Kyrene Rd Tempe, AZ 85284 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Cards Fees **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 Amount (\$) Payee address; City: State: Zip Code 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 Date Payee name Amount (\$) Payee address; City; Zip Code State; 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political Co	Gifts/Awards/Memorials Expense Printing Expens mmittee Legal Services Salaries/Wages		Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to compl	ete this form	
1 Total pages Schedule F2: 1 of 1	2 FILER NAME Manny Pelaez	3	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS	\$	0
5 Date	6 Payee name	I	
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 if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C		ce sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Political		
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 A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ce sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS SCHE	DIII E AS NEEDI	=n

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	Т	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	
		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 Event Expense Fees Food/Be

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Consulting Expense Contributions/Donations Made By	Gifts/Awards/Memorials Expense Printing Expense Selection Means (Contract Laborators)	Travel Out Of District Other (onter a set group not listed shows)	
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 F4:	2 FILER NAME Manny Pelaez	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZ	ED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 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		
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 Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Political		
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 NEE	EDED	

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 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 1 Manny Pelaez 4 Date 5 Payee Name 3/25/2024 Cates Legal Group PLLC 6 Amount (\$) **7** Payee address; City; State; Zip Code 750.00 20210 Silver Stream **X** Reimbursement from San Antonio, TX 78259 political contributions intended (a) Category (See categories listed at the top of this schedule) **Legal Services** 8 (b) Description **PURPOSE Legal Services** 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 3/25/2024 Cates Legal Group PLLC Payee address; City; Zip Code Amount (\$) State; 750.00 20210 Silver Stream Reimbursement from San Antonio, TX 78259 political contributions intended Category (See categories listed at the top of this schedule) **Legal Services** Description **PURPOSE Legal Services** 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 3/25/2024 Cates Legal Group PLLC Amount (\$) Payee address; City; State; Zip Code 750.00 20210 Silver Stream **X** Reimbursement from San Antonio, TX 78259 political contributions intended Category (See categories listed at the top of this schedule) Description **Legal Services PURPOSE Legal Services** 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

Event Expense Food/Beverage Expense

Office Overhead/Rental Expense Polling Expense

Loan Repayment/Reimbursement

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

Contributions/Donations Made By Candidate/Officeholder/Political (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	•	Other (efficer a category not listed above)
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	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so	hedule) (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		Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State	e; Zip Code	
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 Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State	e; Zip Code	
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 Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEED	DED

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) De	escription (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.)	escription (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.)	escription (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.)	escription (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL CODIES OF THIS SCHEDU	LE AC 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	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 Ch	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 1 of 1						
2 FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expendi	ture reported on	<u> </u>				
Schedule A2	Schedule		Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS	
			Scriedule H	Scriedule COH-OC	Scriedule B-33	
6 Dates of travel	es of travel 7 Name of person(s) traveling					
	8 Departure cit	y or name of departure location				
	9 Destination city or name of destination location					
10 Means of transporta	ıtion	11 Purpose of travel (including	name of conference, sem	inar, or other event)		
·						
Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	ayee			
Contribution / Expendi	ture reported on	•				
Schedule A2	Schedule		Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	ayee			
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				
	Destination of	ity or name of destination locati	on			
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Means of transportation		Purpose of travel (including	name of conference, sem	inar, 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		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 ear convert unexpended political contributions or unexpended interest or in also understand that I must file an annual report of unexpended contrib or unexpended interest or income earned on political contributions long understand that I must dispose of unexpended political contributions ar contributions in accordance with the requirements of Election Code, § 2	come earned on political contributions to personal use. I utions and that I may not retain unexpended contributions per than six years after filing this final report. Further, I and unexpended interest or income earned on political		
В.	ASSETS			
Chec	k only one:			
	I do not retain assets purchased with political contributions or interest of	or other income from political contributions.		
	I do retain assets purchased with political contributions or interest or of 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 conti I retain political contributions, interest of other income from political contributions.	ributions if, after filing the last required report as an officeholder		
		Signature of Officeholder		