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	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Manny		MI	OFFICE US	SE ONLY
NAME	NICKNAME	LAST Pelaez		SUFFIX	Date Received 1/15/2025 4:59:5	зРМ
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	ry; st	ATE; ZIP CODE		
OFFICEHOLDER PHONE	() -	L NOWBER			Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST April		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Ancira		SUFFIX	Date Processed 1/15/2025 4:59:53 Date Imaged	ВРМ
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO 31305 Keeneland Drive Boerne TX 78015		T / SUITE #;	CITY; ST	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE () -	E NUMBER	EXTEN	ISION		
9 REPORT TYPE	January 15: Semi-	Annual				
10 PERIOD COVERED	Month 7 <i>1</i> -	Day Year 1/2024	THROUG	Month GH 12	Day Year / 31/2024	
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025	Primary X General	Runot	Description		
12 OFFICE	OFFICE HELD (if any) Council District 8			13 OFFICE SOUGHT Mayor	(if known)	
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Manny Pelaez				15 Filer II) (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRE	SS			
	SPECIFIC					
Additional Dama		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)	\$	63717.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	76256.29	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 13333.07					
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 al me under Title 15, Election Code.			
			* * * Electronically			
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	te or Officeho	older	
Sworn to and subscribe of January ,		-		this t	the <u>15th</u> day	
Signature of officer adn	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAM	ΛΕ	20 Filer ID (Ethics Cor	mmission Filers)		
	Manny Pe	laez				
21		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 63717.00		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0		
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0		
4.	X	X SCHEDULE E: LOANS				
5.	X	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0		
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	S	\$ 0		
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0		
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 5772.51		
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	\$ 0			
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	IS	\$ 0		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 194.83		

SCHEDULE A1

	1	he Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 1 of 26
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 7/1/2024	5 Full name of contributor Shelley Baillargeon	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 8245 Fredericksburg Rd San Antonio, TX 78229	City; S	State; Zip Code	
8 Principal occupation / Job title (See instructions) Physician 9 Employer (See instructions) Self employed			9 Employer (See instru Self employed	ctions)	
	Date 7/1/2024	Full name of contributor Paul Rosencrans	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 142 Sentinel Dr Madera, CA 93636	City; S		
Principal occupation / Job title (See instructions) Employer (See in Transportation Dept Director FUSD			Employer (See instru FUSD	ctions)	
	Date 7/2/2024	Full name of contributor Yulanee Mcknight	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 512 Thelma Dr San Antonio, TX 78212	City; S		
	Principal occupa Retired	tion / Job title (See instructions)		Employer (See instru Retired	ctions)
	Date 7/2/2024	Full name of contributor Patricia Elizondo	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 13259 Hunters Vw San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)		Employer (See instru Retired	ctions)

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SCHEDULE A1

	-	The Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 2 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 7/2/2024	5 Full name of contributor ut-of-state Out-of-state	PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; PO Box 101507 San Antonio, TX 78201	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 7/2/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; PO Box 690771 San Antonio, TX 78269	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 7/2/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 1045 Cheever Blvd #103 San Antonio, TX 78217	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 7/2/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 2 Westelm Cir San Antonio, TX 78230	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 3 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 7/2/2024	5 Full name of contributor ☐ out-of-sta Christopher McKnight	te PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 1014 Denver Blvd San Antonio, TX 78210	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)	9 Employer (See instru Self employed	uctions)
	Date 7/2/2024	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 8118 Datapoint Dr San Antonio, TX 78229	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney			Employer (See instru Self employed	uctions)
	Date 7/2/2024	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 3923 Heights Wy San Antonio, TX 78230	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	uctions)
	Date 7/3/2024	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 108 River Oaks Dr Wimberley, TX 78678	State; Zip Code	
	Principal occupa Engineer	ation / Job title (See instructions)	Employer (See instru Self employed	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to comp	olete this for	m.	1 Total pages Schedule A1: 4 of 26
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 7/3/2024	Esther Pelaez	of-state PAC		7 Amount of contribution (\$) 1000.00
		Houston, TX 77066			
8	Principal occupa	tion / Job title (See instructions)	9	Employer (See instr Retired	uctions)
	Date 7/11/2024	Full name of contributor	of-state PAC	(ID#)	Amount of contribution (\$) 1000.00
		Contributor address; C 10507 Legacy Cv San Antonio, TX 78240	city; Sta	te; Zip Code	
	Principal occupa Business Owne	tion / Job title (See instructions) r		Employer (See instr Self employed	uctions)
	Date 7/11/2024	Cricket of San Antonio	of-state PAC		Amount of contribution (\$) 1000.00
		12911 Tulip Farm San Antonio, TX 78249			
	Principal occupa	tion / Job title (See instructions)		Employer (See instr	uctions)
	Date 7/11/2024	Full name of contributor	of-state PAC	(ID#)	Amount of contribution (\$) 250.00
		Contributor address; C 12911 Tulip Farm San Antonio, TX 78249	city; Sta	te; Zip Code	
	Principal occupa Business Owne	rtion / Job title (See instructions)		Employer (See instr Self employed	uctions)
		ATTACH ADDITIONAL OF		THIS SOUPER!!! 5 4.2	NEEDED
		ATTACH ADDITIONAL CO	OPIES OF	THIS SCHEDULE AS	NEEDED

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Revised 01/01/2021

SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 7/11/2024	5 Full name of contributor ☐ out-of-state PA Nanda Katepalli	.C (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; City; S 10507 Legacy Cv San Antonio, TX 78240	State; Zip Code	
8	Principal occupa Business Owne	tion / Job title (See instructions)	9 Employer (See instruction Self employed	ctions)
	Date 7/11/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 4822 Gus Eckert #1010 San Antonio, TX 78240		
	Principal occupa Business Owne	tion / Job title (See instructions)	Employer (See instruction Self employed	ctions)
	Date 7/11/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 27511 IH 10 Boerne, TX 78006	tate; Zip Code	
	Principal occupa Physician	tion / Job title (See instructions)	Employer (See instruction Self employed	ctions)
	Date 7/11/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 1445 SW Military Dr San Antonio, TX 78221	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instruc	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to comp	olete this	form.	1 Total pages Schedule A1: 6 of 26
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 7/11/2024	5 Full name of contributor	of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; C 8839 Culebra Rd #103 San Antonio, TX 78251	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	actions)
	Date 7/11/2024	Full name of contributor	of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; C 264 S 83rd St West Des Moines, IA 50266	City;	State; Zip Code	
			Employer (See instru Self employed	uctions)	
	Date 7/11/2024	Full name of contributor	-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; C 8910 Imperial Cross Helotes, TX 78023	City;		
	Principal occupa Business Owne	ation / Job title (See instructions)		Employer (See instru Self employed	actions)
	Date 7/11/2024	Full name of contributor	of-state P	AC (ID#)	Amount of contribution (\$) 300.00
		Contributor address; C 4511 Fern HI San Antonio, TX 78259	City;	State; Zip Code	
	Principal occupa Business Owne	ation / Job title (See instructions) er		Employer (See instru Self employed	uctions)

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

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 7/11/2024	5 Full name of contributor ☐ out-of-state P. Sharravanan Palanivel	7 Amount of contribution (\$) 200.00	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Self employed	uctions)
	Date 7/11/2024	Full name of contributor Suresh Patibandla Contributor address; City; 12911 Tulip Farm San Antonio, TX 78249	AC (ID#)	Amount of contribution (\$) 1000.00
	Principal occupa Business Owne	ation / Job title (See instructions)	Employer (See instru Self employed	uctions)
	Date 7/11/2024	Full name of contributor out-of-state P. Harinath Chandrasekaran Contributor address; City; 9939 Fredericksburg Rd #608 San Antonio, TX 78240	AC (ID#)	Amount of contribution (\$) 100.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 7/11/2024	Full name of contributor out-of-state P. Prasanna Rekapally Contributor address; City; 9835 Fredericksburg Rd #322 San Antonio, TX 78240	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 8 of 26
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 7/11/2024	5 Full name of contributor Savari LLC	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; 7719 Wexford Cv San Antonio, TX 78240	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 7/11/2024	Full name of contributor Zaheer Sarwar	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 17803 Maui Sands San Antonio, TX 78255	City;	State; Zip Code	
			Employer (See instru UT Health Science (•	
	Date 7/11/2024	Full name of contributor Srikanth Pandith	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 5100 USAA Blvd #901 San Antonio, TX 78240	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions) eer		Employer (See instructions) Self employed	
	Date 7/11/2024	Full name of contributor Donald Oroian	out-of-state PA	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 2515 Plumbrook Dr San Antonio, TX 78258	City;	State; Zip Code	
	Principal occupa Civil Engineer	tion / Job title (See instructions)		Employer (See instru	•

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SCHEDULE A1

	1	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 9 of 26
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 7/11/2024	5 Full name of contributor Frank Burney	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 112 E Pecan #1616 San Antonio, TX 78205	City; S	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		ctions) C.	
	Date 7/23/2024	Full name of contributor Javier Espinoza	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 10202 Heritage Blvd San Antonio, TX 78216	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Espinoza & Brock			
	Date 7/23/2024	Full name of contributor David Christian	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1800 McCullough San Antonio, TX 78212	City; S	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Self employed	ctions)
	Date 7/23/2024	Full name of contributor Sanskrutiben Patel	out-of-state PA	AC (ID#)	Amount of contribution (\$) 287.00
		Contributor address; 13714 Laramie HI Live Oak, TX 78233	City; S	State; Zip Code	
	Principal occupa Business Owne	ation / Job title (See instructions) er		Employer (See instru Self employed	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 10 of 26	
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 7/23/2024	 Full name of contributor Himanshu Patel 	C (ID#) State; Zip Code	7 Amount of contribution (\$) 1000.00
8	Principal occupa Business Owne	tion / Job title (See instructions) r	9 Employer (See instru Self employed	ctions)
	Date 7/23/2024	Full name of contributor out-of-state PA Byron LeFlore Contributor address; City; S 2161 NW Military Hwy #400 San Antonio, TX 78213		Amount of contribution (\$) 1000.00
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Pulman Cappuccio	,
	Date 7/26/2024	April Ancira	C (ID#)	Amount of contribution (\$) 1000.00
	Principal occupa VP	tion / Job title (See instructions)	Employer (See instru Ancira	ctions)
	Date 7/29/2024	Full name of contributor Sasha Begum Contributor address; City; S 5511 W Interstate 10 #3 San Antonio, TX 78201		Amount of contribution (\$) 1000.00
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Self employed	ctions)

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 11 of 26
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 7/31/2024	5 Full name of contributor Samuel Mcculloch	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 25.00
		6 Contributor address; 4610 Hawthorn Woods San Antonio , TX 78249	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Baptist	ictions)
	Date 8/2/2024	Full name of contributor Camille Denton	out-of-state PA	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 1 Bitterblue Lane San Antonio, TX 78218	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Business Owner			Employer (See instru Self employed	uctions)	
	Date 8/2/2024	Full name of contributor Sandra Teeter	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 7501 Loasa Cv Austin, TX 78735	City;	State; Zip Code	
	Principal occupa Business Owne	ation / Job title (See instructions) er	Employer (See instructions) Self employed		
	Date 8/2/2024	Full name of contributor Marjorie Lucey	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; 12835 Castle Bnd San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Retired	uctions)

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SCHEDULE A1

	7	The Instruction Guide explains how to complet	1 Total pages Schedule A1: 12 of 26	
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 8/5/2024	5 Full name of contributor ut-of-s	state PAC (ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; City 17211 Fawn Cloud Ln San Antonio, TX 78248	; State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instr Self employed	ructions)
	Date 8/5/2024	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City 68 Bristol Green San Antonio, TX 78209	; State; Zip Code	
, , , , , , , , , , , , , , , , , , , ,		Employer (See instr	ructions)	
	Date 8/6/2024	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City 6812 West Ave #100 San Antonio, TX 78213	; State; Zip Code	
	Principal occupa President	ation / Job title (See instructions)	Employer (See instr Mosaic Land Devel	•
	Date 8/6/2024	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 514 El Paso St San Antonio, TX 78207	; State; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instr Milmo Group	ructions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 13 of 26	
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 8/6/2024	5 Full name of contributor ut-of-state PA Sandrine Shelton-Denbow	C (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 22804 Steeple Blff San Antonio, TX 78256	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)	9 Employer (See instru Loyd & Pollom	ctions)
	Date 8/6/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 214 W Agaritta Ave San Antonio, TX 78212	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See inst Self employed		Employer (See instru Self employed	ctions)	
	Date 8/7/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 343 Schmeltzer San Antonio, TX 78213	State; Zip Code	
	Principal occupa Business Owne	tion / Job title (See instructions)	Employer (See instru Self employed	ctions)
	Date 8/7/2024	Full name of contributor		Amount of contribution (\$) 1000.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 14 of 26	
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 8/7/2024	5 Full name of contributor Albert Carrisalez	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 111 W Huisache San Antonio, TX 78212	City; S	State; Zip Code	
8		ation / Job title (See instructions) community Relations		9 Employer (See instr UTSA	ructions)
	Date 8/7/2024	Full name of contributor Guadalupe Valley Neurolog	out-of-state PA		Amount of contribution (\$) 1000.00
		Contributor address; 115 Gallery Cir #300 San Antonio, TX 78258	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)			ructions)		
	Date 8/7/2024	Full name of contributor Tim Carrasco	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1850 Fredericksburg Rd San Antonio, TX 78201	City; S	State; Zip Code	
	Principal occupa Part-time Instru	ation / Job title (See instructions)		Employer (See instr SAISD	ructions)
	Date 8/7/2024	Full name of contributor Alejandro Tolentino	out-of-state PA	NC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 23227 Whisper Cyn San Antonio, TX 78258	City; S	State; Zip Code	
	Principal occupa Real Estate	ation / Job title (See instructions)		Employer (See instr Uno Capital	ructions)

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SCHEDULE A1

	1	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 15 of 26
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 8/7/2024	5 Full name of contributor Dan Naranjo	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 4 Longsford San Antonio, TX 78209	City; S		
8	Principal occupa Attorney	ation / Job title (See instructions)		9 Employer (See instru Self employed	actions)
	Date 8/7/2024	Full name of contributor Marco Barros	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 110 Broadway #360 San Antonio, TX 78205	City; S	State; Zip Code	
		Employer (See instru Marco Barros Mana	•		
	Date 8/7/2024	Full name of contributor Lance Aaron	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 25622 Lakota Winter San Antonio, TX 78261	City; S	State; Zip Code	
	Principal occupa Adminstrator	ation / Job title (See instructions)		Employer (See instru Self employed	octions)
	Date 8/7/2024	Full name of contributor Roland Gonzales	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5103 Newcastle Ln San Antonio, TX 78249	City; S	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Germer PLLC	ictions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	T	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 16 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 8/8/2024	5 Full name of contributor ☐ out-of-st Alyssa Garcia	ate PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 343 Schmeltzer San Antonio, TX 78213	State; Zip Code	
8	B Principal occupation / Job title (See instructions) Business Owner 9 Employer (See instructions) Self employed			uctions)
	Date 8/11/2024	Full name of contributor ut-of-st	ate PAC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; 5011 E Cesar Chavez Austin, TX 78702	State; Zip Code	
Principal occupation / Job title (See instructions) CEO		Employer (See instreeCab	uctions)	
	Date 8/13/2024	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; 16 Camden San Antonio, TX 78231	State; Zip Code	
	Principal occupa President	tion / Job title (See instructions)	Employer (See instr Athena Domain Inc	•
	Date 8/13/2024	Full name of contributor ut-of-st	ate PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 966 Calico Gdn San Antonio, TX 78258	State; Zip Code	
Principal occupation / Job title (See instructions) Business Owner		•	Employer (See instr	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 17 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 8/16/2024	5 Full name of contributor ☐ out-of-state PA SA Professional Firefighters Association I		7 Amount of contribution (\$) 500.00
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ictions)
	Date 9/4/2024	Full name of contributor		Amount of contribution (\$) 250.00
		Contributor address; City; S 306 Huntingotn PI Shaveno Park, TX 78731	State; Zip Code	
Principal occupation / Job title (See instructions) Urban Planner		Employer (See instru UniversityHealth	actions)	
	Date 9/17/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 3708 Winding Creek Austin, TX 78735	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru Retired	ictions)
	Date 9/25/2024	Full name of contributor		Amount of contribution (\$) 500.00
	Principal occupa	San Antonio, TX 78257 ation / Job title (See instructions)	Employer (See instru Cavender Auto Gro	•

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 18 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 9/26/2024	5 Full name of contributor ☐ out-of-state PA Eman Mina	C (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; City; S 94 Champion Clf San Antonio, TX 78258		
8	Principal occupa Physician	ation / Job title (See instructions)	9 Employer (See instru Self employed	ctions)
	Date 9/26/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 29 Winthrop Downs San Antonio, TX 78257	tate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Business Owner Self employed			ctions)	
	Date 9/26/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 9939 Fredericksburg Rd #710 San Antonio, TX 78240	tate; Zip Code	
	Principal occupa Business Owne	ation / Job title (See instructions)	Employer (See instru Self employed	ctions)
	Date 9/26/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 7334 Blanco #200 San Antonio, TX 78216	tate; Zip Code	
	Principal occupa Real Estate	ation / Job title (See instructions)	Employer (See instru Self employed	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19 of 26	
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)	
4	Date 9/26/2024	Law Office of Andrew Trevino LLC	C (ID#)	7 Amount of contribution (\$) 1000.00	
		San Antonio, TX 78205			
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)	
	Date 9/26/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00	
Principal occupation / Job title (See instructions) Employer (See in Self employed			Employer (See instru Self employed	ctions)	
	Date 9/26/2024 Full name of contributor				
	Principal occupa Business Owne	ation / Job title (See instructions)	Employer (See instru Self employed	ctions)	
	Date 9/26/2024	Full name of contributor Jacques Braha Contributor address; City; San Antonio, TX 78230	C (ID#) State; Zip Code	Amount of contribution (\$) 1000.00	
		Employer (See instru Self employed	ctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 20 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 9/26/2024	5 Full name of contributor ut-of-state PA Maged Mina	AC (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; City; S 94 Champion Clf San Antonio, TX 78258	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Self employed	ctions)
	Date 9/26/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 111 Stanford San Antonio, TX 79212	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Physician Self employed		Employer (See instru Self employed	ctions)	
	Date 9/26/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 3 Horns Cross San Antonio, TX 78258	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru L5 Services LLC	ctions)
	Date 9/30/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 2500 S HWY 90 #420 San Antonio, TX 78744	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Redi	ctions)

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

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete th	s form.	1 Total pages Schedule A1: 21 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 10/10/2024	5 Full name of contributor ☐ out-of-state Filemon Vela	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 2619 Eastgrove Lane Houston, TX 77027	State; Zip Code	
8	Principal occupa Attorney	ation / Job title (See instructions)	9 Employer (See instru Self employed	actions)
	Date 10/10/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 10000.00
		Contributor address; City; 153 Treeline Park #300 San Antonio, TX 78209	State; Zip Code	
		Employer (See instru	ictions)	
	Date 10/31/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 4204 Gardendale St #209 San Antonio, TX 78229	State; Zip Code	
	Principal occupa Construction M	ation / Job title (See instructions) anager	Employer (See instru Waterman Construc	*
	Date 11/4/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; PO Box 1361 San Antonio, TX 78295	State; Zip Code	
		Employer (See instru	ictions)	

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

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SCHEDULE A1

	T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 11/18/2024	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; City; S 1 Bitterblue Lane San Antonio, TX 78218	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru Bitterblue, Inc	ctions)
	Date 12/3/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 3131 NW Loop 410 #200 San Antonio, TX 78230		
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Self employed	ctions)
	Date 12/3/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 8118 Datapoint Dr San Antonio, TX 78229		
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Self employed	ctions)
	Date 12/3/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 8118 Datapoint Dr San Antonio, TX 78229	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	1	he Instruction Guide explains how t	1 Total pages Schedule A1: 23 of 26		
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 12/3/2024	5 Full name of contributor Diego Lopez	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; 8118 Datapoint Dr San Antonio, TX 78229	City;	State; Zip Code	
8	Principal occupa Attorney	ation / Job title (See instructions)		9 Employer (See instru Self employed	uctions)
	Date 12/3/2024	Full name of contributor Sergio Alvidrez	out-of-state P	AC (ID#)	Amount of contribution (\$) 300.00
		Contributor address; 1231 Hildebrand San Antonio, TX 78201	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Commercial Stucco	,
	Date 12/3/2024	Full name of contributor Peggy Saleh	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 1110 Whispering Wind San Antonio, TX 78230	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Retired			Employer (See instru Retired	uctions)	
	Date 12/29/2024	Full name of contributor Pat Frost	out-of-state P	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 520 Genesseo Rd San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa President	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	-	The Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1: 24 of 26
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 12/30/2024	5 Full name of contributor □ out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; Ci 28215 Heritage Trail Boerne, TX 78015	ity; State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru UTHSA	ctions)
	Date 12/30/2024	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; Ci 335 Country Wood Dr San Antonio, TX 78216	ity; State; Zip Code	
Principal occupation / Job title (See instructions) Consultant		ation / Job title (See instructions)	Employer (See instructions) Aldrete Strategies	
	Date 12/30/2024	Full name of contributor		Amount of contribution (\$) 500.00
		Contributor address; Ci 1800 McCullough San Antonio, TX 78212	ity; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Self employed	ctions)
	Date 12/31/2024	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; Ci 3529 Eva Jane San Antonio, TX 78261	ity; State; Zip Code	
Principal occupation / Job title (See instructions) Chief of Staff		ation / Job title (See instructions)	Employer (See instru Government	ctions)

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SCHEDULE A1

Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 25 of 26		
FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
Date 12/31/2024	5 Full name of contributor Mario Cornejo	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 1000.00
	6 Contributor address; 1648 Sunstone New Braunfels, TX 78130	City;	State; Zip Code	
			9 Employer (See instru Self employed	uctions)
Date 12/31/2024	Full name of contributor Ken Wallace	out-of-state P	AC (ID#)	Amount of contribution (\$) 1000.00
	Contributor address; 3529 Eva Jane San Antonio, TX 78261	City;	State; Zip Code	
Principal occupa	ation / Job title (See instructions)		Employer (See instru Coffee	uctions)
Date 12/31/2024	Full name of contributor Dolores Flores	out-of-state P	AC (ID#)	Amount of contribution (\$) 35.00
	Contributor address; 7455 Moss Brook San Antonio, TX 78255	City;		
Principal occupa Retired	tition / Job title (See instructions)		Employer (See instru Retired	uctions)
Date 12/31/2024	Full name of contributor Joe Cronenberger	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
	Contributor address; 3923 Heights Wy San Antonio, TX 78230	City;	State; Zip Code	
Principal occupa Retired	tition / Job title (See instructions)		Employer (See instru Retired	uctions)
	Principal occupa Sales Date 12/31/2024 Principal occupa Sales Date 12/31/2024 Principal occupa Sales Date 12/31/2024 Principal occupa Sales Principal occupa Sales	FILER NAME Manny Pelaez Date 12/31/2024 5 Full name of contributor Mario Cornejo 6 Contributor address; 1648 Sunstone New Braunfels, TX 78130 Principal occupation / Job title (See instructions) Residential Care Date 12/31/2024 Full name of contributor Ken Wallace Contributor address; 3529 Eva Jane San Antonio, TX 78261 Principal occupation / Job title (See instructions) Sales Date 12/31/2024 Full name of contributor Olores Flores Contributor address; 7455 Moss Brook San Antonio, TX 78255 Principal occupation / Job title (See instructions) Retired Date 12/31/2024 Full name of contributor Job title (See instructions) Retired Principal occupation / Job title (See instructions) Retired Principal occupation / Job title (See instructions)	FILER NAME Manny Pelaez Date 12/31/2024 5 Full name of contributor Mario Cornejo 6 Contributor address; 1648 Sunstone New Braunfels, TX 78130 Principal occupation / Job title (See instructions) Residential Care Date 12/31/2024 Full name of contributor Ken Wallace Contributor address; 3529 Eva Jane San Antonio, TX 78261 Principal occupation / Job title (See instructions) Sales Date 12/31/2024 Full name of contributor Dolores Flores Contributor address; 7455 Moss Brook San Antonio, TX 78255 Principal occupation / Job title (See instructions) Retired Date 12/31/2024 Date Full name of contributor Job title (See instructions) Retired Principal occupation / Job title (See instructions) Principal occupation / Job title (See instructions) Retired Principal occupation / Job title (See instructions) Principal occupation / Job title (See instructions) Principal occupation / Job title (See instructions)	Date 12/31/2024

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 26 of 26		
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 12/31/2024	5 Full name of contributor Charles Jewell	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 13854 Bent Ridge Dr San Antonio, TX 78249	City;	State; Zip Code	
8	Principal occupa Professional Er	tion / Job title (See instructions)		9 Employer (See in: Self employed	structions)
	Date 12/31/2024	Full name of contributor Patricia Mann	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8000 Donore #49 San Antonio, TX 78229	City;	State; Zip Code	•
Principal occupation / Job title (See instructions) Administrative Assistant		Employer (See instructions) Atlantic Inland Group			
	Date 12/31/2024	Full name of contributor Marian Dyer	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 6830 Bella Colina San Antonio, TX 78256	City;	State; Zip Code	•
	Principal occupa Retired	tion / Job title (See instructions)		Employer (See ins Retired	structions)
	Date 12/31/2024	Full name of contributor Catherine Mann	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8000 Donore #50 San Antonio, TX 78222	City;	State; Zip Code	
	Principal occupa President	tion / Job title (See instructions)		Employer (See ins	,

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 1 of 1			
2	FILER NAME 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 MEEDED				

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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#) 	8 Amount of Pledge \$ 9 In-kind contribution description	
10	Principal occu	pation / 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#)	Amount of Pledge \$	
	Principal occu	pation / Job title (See instructions)	Employer (Check if travel outside of Texas, complete Schedule T See 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 See instructions)	
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Co)	Amount of Pledge \$	
	Principal occu	pation / Job title (See instructions)	Employer (Check if travel outside of Texas, complete Schedule T See instructions)	
		ATTACIL ADDITIONAL CODIEC OF T	UIS COLIFERNI	E AC NEEDED	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements				

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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** 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Event Expense

Food/Beverage Expense
Gifts/Awards/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Political C Credit Card Payment	ommittee 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 40	2 FILER NAME Manny Pelaez 3 Filer ID (Ethics Commission Filers)				
4 Date 7/5/2024	5 Payee name Handwrytten				
6 Amount (\$) 61.98	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) Solicitation/Fundraising Expense (b) Description Thank you cards				
	(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	Candidate / Officeholder name Office sought Office held OH				
Date 7/8/2024	Payee name Extra Space				
Amount (\$) 212.00	(\$) Payee address; City; State; Zip Code 9738 Huebner Rd San Antonio, TX 78240				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense Description Storage rental				
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH				
Date 7/8/2024	Payee name Handwrytten				
Amount (\$) 4.43					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense Description Thank you cards				
	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				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 how	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: 2 of 40	2 FILER NAME Manny Pelaez	·	3 Filer ID (Ethics Commission Filers)			
4 Date 7/8/2024	5 Payee name Best Buy					
6 Amount (\$) 108.24						
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Office supplies	(b) Description Office supplies				
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date 7/8/2024	Payee name Best Buy					
Amount (\$) 2233.16	Payee address; City; State; 125 NW Loop 410 #201 San Antonio, TX 78216	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Office equipment	Description Office equipment	:			
	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			
Date 7/8/2024	Payee name Constant Contact					
Amount (\$) 154.57	Payee address; City; State; 1601 Trapelo Rd. Waltham, MA 02451	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Eblast subscripti	on			
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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: 3 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 7/9/2024	5 Payee name Manny Pelaez				
6 Amount (\$) 2182.00	7 Payee address; City; State; 3522 Paesano Pkwy San Antonio, TX 78231	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Loan Repayment/Reimbursement		of expenditures from personal funds		
	(c) Check if travel outside of Texas, complete scl	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 7/10/2024	Payee name Manny Pelaez				
Amount (\$) 261.32					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Loan Repayment/Reimbursement		of expenditures from personal funds		
	Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 7/14/2024	Payee name USPS				
Amount (\$) 112.00	Payee address; City; State; 4835 Medical Dr San Antonio, TX 78229	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Postage	Description Postage			
	Check if travel outside of Texas, complete scl	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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 he	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)			
4 Date 7/24/2024	5 Payee name Best Buy					
6 Amount (\$) 86.59	7 Payee address; City; State; Zip Code 125 NW Loop 410 #201 San Antonio, TX 78216					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this something of the complete of the complete of the category of the catego	(b) Description Office supplies				
9 Complete ONLY if direct expenditure to benefit C/C		e schedule T Check if /	Austin, TX, officeholder living expense Office held			
Date 7/24/2024	Payee name Viva Politics					
Amount (\$) 13700.00	Payee address; City; State; Zip Code 1850 Fredericksburg San Antonio, TX 78201					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Consulting Expense	Description Consulting				
	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 7/24/2024	Payee name Pancake Joes					
Amount (\$) 89.91	Payee address; City; State 1011 Donaldson San Antonio, TX 78201	e; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Food/Beverage Expense	Description Staff lunch				
	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 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	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 5 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/24/2024	5 Payee name Paloma Blanca			
6 Amount (\$) 100.00	7 Payee address; City; State; 5800 Broadway #300 San Antonio, TX 78209	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Event Expense	(b) Description Deposit for room	rental	
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date 7/25/2024	Payee name Renard Johnson for Mayor			
Amount (\$) 500.00	Payee address; City; State; PO Box 972081 El Paso, TX 79997	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Contribution		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct				
Date 7/25/2024	Payee name Handwrytten			
Amount (\$) 4.48	Payee address; City; State; 9820 S. Kyrene Rd Tempe, AZ 85284	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Solicitation/Fundraising Expense	Description Thank you cards		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .	

	EXPENDITURE CATEGORIE	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	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: 6 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/25/2024	5 Payee name Dora Garcia		
6 Amount (\$) 65.00	7 Payee address; City; State; 100 W Houston St San Antonio, TX 78205	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Salaries/Wages/Contract Labor	(b) Description Contract labor	
	(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 7/29/2024	Payee name Cates Legal Group PLLC		
Amount (\$) 750.00	Payee address; City; State; 20210 Silver Stream San Antonio, TX 78259	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Legal Services	Description Legal services	
	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
Date 7/29/2024	Payee name Nationabuilder		
Amount (\$) 104.00	Payee address; City; State; 520 South Grand Ave. Los Angeles, CA 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Website	
	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 TI	HIS SCHEDULE AS NEEDE	E D

	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	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: 7 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/29/2024	5 Payee name Bexar County Democratic Party			
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Road San Antonio, TX 78201			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Event Sponsorsh	nip	
	(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 7/30/2024	Payee name Taqueria Datapoint			
Amount (\$) 78.01	Payee address; City; State; 4503 De Zavala Rd San Antonio, TX 78249	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense	Description Staff meal		
	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 7/31/2024	Payee name Wix.com			
Amount (\$) 233.82	Payee address; City; State; 500 Terry Francois Blvd San Francisco, CA 94158	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description Website hosting		
	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct				
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDI	E D	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense 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 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/31/2024	5 Payee name Stripe			
6 Amount (\$) 232.88	7 Payee address; City; State; Zip Code 185 Berry Street #550 San Francisco, CA 94107			
PURPOSE OF	(a) Category (See categories listed at the top of this sch Fees	(b) Description Credit card proce	essing fees	
EXPENDITURE	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date 8/5/2024	Payee name Phi Kapa Theta Alamo Alumni Associa	tion		
Amount (\$) 1000.00	Payee address; City; State; 4407 Yorkshire Ct Shavano Park, TX 78249	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Charitable contri	bution	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 8/8/2024	Payee name Paloma Blanca			
Amount (\$) 606.44	Payee address; City; State; 5800 Broadway #300 San Antonio, TX 78209	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Solicitation/Fundraising Expense	Description Fundraiser		
	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		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	Fees Office C Food/Beverage Expense Polling Gifts/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor uplete 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: 9 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/2024	5 Payee name Extra Space		
6 Amount (\$) 212.00	7 Payee address; City; State; Zip 9738 Huebner Rd San Antonio, TX 78240	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Storage rental	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 8/8/2024	Payee name Handwrytten		
Amount (\$) 4.48	Payee address; City; State; Zip 9820 S. Kyrene Rd Tempe, AZ 85284	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Thank you cards	
	Check if travel outside of Texas, complete schedule	e T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 8/9/2024	Payee name UTSA Annual Giving		
Amount (\$) 100.00	Payee address; City; State; Zip 1 UTSA Circle San Antonio, TX 78249	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Charitable contril	bution
	Check if travel outside of Texas, complete schedule	e 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 SO	CHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Lo Fees Of Food/Beverage Expense Po Gifts/Awards/Memorials Expense Pri	an Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/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: 10 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 8/9/2024	5 Payee name UTSA Annual Giving			
6 Amount (\$) 1900.00	7 Payee address; City; State; Zip Code 1 UTSA Circle San Antonio, TX 78249			
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 contribution			
9 Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Office sought Office held				
Date 8/13/2024	Payee name Columbia Association			
Amount (\$) 200.00	Payee address; City; State; PO Box 2649 West Covina, CA 91793	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Charitable contri	bution	
	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 8/14/2024	Payee name Facebook			
Amount (\$) 53.82	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Advertising Expense	Description Social media ads		
	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 CATEGORIE	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	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez	to complete une form	3 Filer ID (Ethics Commission Filers)
4 Date 8/16/2024	5 Payee name Wix.com		
6 Amount (\$) 376.71	7 Payee address; City; State; 500 Terry Francois Blvd San Francisco, CA 94158	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Website hosting	
EXI ENDITORE	(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 8/21/2024	Payee name Cates Legal Group PLLC		
Amount (\$) 750.00	Payee address; City; State; 20210 Silver Stream San Antonio, TX 78259	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Legal Services	Description Legal services	
	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
Date 8/21/2024	Payee name Cates Legal Group PLLC		
Amount (\$) 750.00	Payee address; City; State; 20210 Silver Stream San Antonio, TX 78259	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Legal Services	Description Legal services	
	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 TI	HIS SCHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGORIE	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	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: 12 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/26/2024	5 Payee name Go Daddy		
6 Amount (\$) 22.17	7 Payee address; City; State; 14455 N Hayden Rd #219 Scottsdale, AZ 85260	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Advertising Expense	(b) Description URL	
	(c) Check if travel outside of Texas, complete s	schedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 8/28/2024	Payee name Nationabuilder		
Amount (\$) 104.00	Payee address; City; State; 520 South Grand Ave. Los Angeles, CA 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Website	
	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		Office sought	Office held
Date 8/28/2024	Payee name North East Democrats		
Amount (\$) 1000.00	Payee address; City; State; 6653 San Pedro Avenue San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Labor Day event	sponsorship
	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		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS 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 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: 13 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/2024	5 Payee name Dora Garcia		
6 Amount (\$) 65.00	7 Payee address; City; State; 100 W Houston St San Antonio, TX 78205	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor	(b) Description Contract labor	
	(c) Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 8/31/2024	Payee name Stripe		
Amount (\$) 116.98	Payee address; City; State; 185 Berry Street #550 San Francisco, CA 94107	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	Description Credit card proce	essing fees
	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 9/3/2024	Payee name SweetFire Kitchen		
Amount (\$) 72.62	Payee address; City; State; 16641 La Cantera Pkwy San Antonio, TX 78256	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Food/Beverage Expense	Description Donor meal	
	Check if travel outside of Texas, complete sc	hedule 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	IS SCHEDULE AS NEED!	ED .

	EXPENDITURE CATEGORIE	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	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor A 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: 14 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/9/2024	5 Payee name Cheveron			
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 601 Roosevelt Comfort, TX 78013			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Travel Out Of District	(b) Description Gasoline		
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 9/9/2024	Payee name Broadway Bank			
Amount (\$) 2.00	Payee address; City; State; 1177 N.E. Loop 410 San Antonio, TX 78209	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Accounting/Banking	Description Service charge		
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 9/9/2024	Payee name Broadway Bank			
Amount (\$) 2.50	Payee address; City; State; 1177 NE Loop 410 San Antonio, TX 78209	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Accounting/Banking	Description Service Charge		
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED	

	EXPENDITURE CATEGORIE	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	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: 15 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/9/2024	5 Payee name Constant Contact			
6 Amount (\$) 167.36	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 sch Advertising Expense	(b) Description Eblast subscripti	on	
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 9/9/2024	Payee name Extra Space			
Amount (\$) 212.00	Payee address; City; State; 9738 Huebner Rd San Antonio, TX 78240	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Office Overhead/Rental Expense	Description Storage rental		
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 9/9/2024	Payee name Manny Pelaez			
Amount (\$) 572.59	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 sch Loan Repayment/Reimbursement		of expenditures from personal funds	
	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/OH Complete ONLY if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED	

SCHEDULE F1

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: 16 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/11/2024	5 Payee name Season 52			
6 Amount (\$) 137.70	7 Payee address; City; State; Zip Code 255 E Basse Rd #1400 San Antonio, TX 78209			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Food/Beverage Expense	(b) Description Dinner with dono	r	
-	(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 9/24/2024	Payee name Vista Print			
Amount (\$) 356.66	Payee address; City; State; 275 Wymam St Waltham, MA 02451	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Printing Expense	Description Cards		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct				
Date 9/26/2024	Payee name Go Daddy			
Amount (\$) 22.17	Payee address; City; State; 14455 North Hayden Rd #219 Scottsdale, AZ 85260	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description Website		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/30/2024	5 Payee name Stripe			
6 Amount (\$) 72.85	7 Payee address; City; State; Zip Code 185 Berry Street #550 San Francisco, CA 94107			
PURPOSE OF	(a) Category (See categories listed at the top of this scheres	(b) Description Credit card proce	essing fees	
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/OH Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Office sought Office held				
Date 9/30/2024	Payee name San Antonio Police Officers Associatio	n		
Amount (\$) 27.06	Payee address; City; State; 1939 NE Loop 410 #300 San Antonio, TX 78217	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Donation		
	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	
Date 9/30/2024	Payee name Nationabuilder			
Amount (\$) 104.00	Payee address; City; State; 520 South Grand Ave. Los Angeles, CA 90071	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	edule) Description Website		
	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 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	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: 18 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/3/2024	5 Payee name Viva Politics			
6 Amount (\$) 14711.95	7 Payee address; City; State; 1850 Fredericksburg San Antonio, TX 78201	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Consulting Expense	(b) Description Consulting		
-	(c) Check if travel outside of Texas, complete s	schedule 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			
Date 10/4/2024	Payee name El Paraiso Original			
Amount (\$) 4.48	Payee address; City; State; 1934 Fredericksburg San Antonio, TX 78201	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Event Expense		
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 8	
Date 10/4/2024	Payee name Prestige Printing			
Amount (\$) 1845.66	Payee address; City; State; 8 Burwood Ln San Antonio, TX 78216	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scherinting Expense	Description Cards		
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDIT	URE CATEGORIES FOR	BOX 8(a)	
Accounting/Banking	Event Expense		epayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees		overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Ex		Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Mem committee Legal Services		Expense /Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	•	Guide explains how to com	-	Carlos (enter a category net noted above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
19 of 40	Manny Pelaez			Ther is (Ethes Commission Filers)
4 Date	5 Payee name			
10/7/2024	Constant Contact			
6 Amount (\$)	7 Payee address;	City; State; Zip	Code	
167.36	3675 Precision Drive			
	Loveland, CO 80538			
0	(a) Category (See categories list	ad at the ten of this schedule)	(h) Description	
8	Advertising Expense	ed at the top of this scriedule)	(b) Description Eblast subscription	on
PURPOSE OF	Advoitioning Expense			
EXPENDITURE				
	(c) Check if travel outside	of Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officehol	der name	Office sought	Office held
expenditure to benefit C/C)H		· ·	
Date	Payee name			
10/7/2024	Broadway Bank			
Amount (\$)	Payee address;	City; State; Zip	Code	
2.00	1177 N.E. Loop 410			
	San Antonio, TX 78209			
	Catagory (Soc entergrice list	ad at the ten of this schedule)	Description	_
DUDD005	Category (See categories list Other: Banking	ed at the top of this schedule)	Description Service Charge	
PURPOSE OF	Other: Dunking			
EXPENDITURE				
EXI ENDITORE	Chook if traval autoida	of Tayon, complete ashedule	T Chook if A	Luctio TV officeholder living evenes
0 1 0 0 1 1 0 1 1 1		of Texas, complete schedule	<u>—</u>	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehol Manny Pelaez	der name	Office sought Mayor	Office held Council District 8
experience to beliefit 6/6	wialiliy Felaez		Wayor	Council District o
Date	Payee name			
10/7/2024	Broadway Bank			
Amount (\$)	Payee address;	City; State; Zip	Code	
5.60	1177 N.E. Loop 410			
	San Antonio, TX 78209			
	Category (See categories list	ed at the top of this schedule)	Description	
PURPOSE	Other: Banking	,	Surcharge	
OF	_			
EXPENDITURE				
	Check if travel outside	of Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		•	Office sought	Office held
expenditure to benefit C/C		as. name	Mayor	Council District 8
	. ,		•	
	ATTACH ADDITIONA	L COPIES OF THIS SO	HEDULE AS NEEDE	:D

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Offic Food/Beverage Expense Pollin Gifts/Awards/Memorials Expense Print	Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense g Expense Travel in District ng Expense Travel Out Of District les/Wages/Contract Labor Other (enter a category not listed above) mplete this form	
1 Total pages Schedule F1: 20 of 40	2 FILER NAME Manny Pelaez	3 Filer ID (Ethics Commission Filers)	
4 Date 10/7/2024	5 Payee name Broadway Bank		
6 Amount (\$) 0.01	7 Payee address; City; State; Zi 1177 N.E. Loop 410 San Antonio, TX 78209	p Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Mistaken Charge	(b) Description Mistakenly charged to campaign account. Reimbursement to follow	
	(c) Check if travel outside of Texas, complete schedu	ıle 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 10/7/2024	Payee name Broadway Bank		
Amount (\$) 0.01	Payee address; City; State; Zi 1177 N.E. Loop 410 San Antonio, TX 78209	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Mistaken Charge	Description Mistakenly charged to campaign account. Reimbursement to follow	
	Check if travel outside of Texas, complete schedu	ıle T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held	
Date 10/7/2024	Payee name Broadway Bank		
Amount (\$) 0.01	Payee address; City; State; Zi 1177 N.E. Loop 410 San Antonio, TX 78209	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Mistaken Charge	Description Mistakenly charged to campaign account. Reimbursement to follow	
	Check if travel outside of Texas, complete sched	lle 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	

	EXPENDITURE CATEGORIE	S 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	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 21 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
10/7/2024	Broadway Bank			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
0.01	1177 N.E. Loop 410			
	San Antonio, TX 78209			
8	(a) Category (See categories listed at the top of this sch	edule) (b) Description		
PURPOSE	Other: Mistaken Charge		ed to campaign account.	
OF		Reimbursement t	to follow	
EXPENDITURE				
	(c) Check if travel outside of Texas, complete s	chedule 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	DH			
Date	Payee name			
10/7/2024	Broadway Bank			
Amount (\$)	Payee address; City; State;	Zip Code		
0.01	1177 N.E. Loop 410			
	San Antonio, TX 78209			
	Category (See categories listed at the top of this sch	edule) Description		
PURPOSE	Other: Mistaken Charge		ed to campaign account.	
OF		Reimbursement t		
EXPENDITURE				
	Check if travel outside of Texas, complete s	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/C		· ·		
Date	Payee name			
10/7/2024	Broadway Bank			
Amount (\$)	Payee address; City; State;	Zip Code		
0.01	1177 N.E. Loop 410			
	San Antonio, TX 78209			
	Category (See categories listed at the top of this sch		ad to commains	
PURPOSE	Other: Mistaken Charge	Mistakeniy charg	ed to campaign account.	
OF		Reimbursement	to follow	
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/C	ות			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ĒD	
				

	EXPENDITURE CATEGORIE	S 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	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 22 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/7/2024	5 Payee name Broadway Bank			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
0.04	1177 N.E. Loop 410	2.p 0000		
	San Antonio, TX 78209			
8	(a) Category (See categories listed at the top of this sch			
PURPOSE	Other: Mistaken Charge		ed to campaign account.	
OF		Reimbursement t	to follow	
EXPENDITURE	(5)			
	(C) Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	JΠ			
Date	Payee name			
10/7/2024	Broadway Bank			
Amount (\$)	Payee address; City; State;	Zip Code		
0.05	1177 N.E. Loop 410			
	San Antonio, TX 78209			
	Category (See categories listed at the top of this sch	edule) Description		
DUDDOCE	Other: Mistaken Charge		ed to campaign account.	
PURPOSE OF		Reimbursement t		
EXPENDITURE				
LAFENDITORE	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		Office Sought	Office field	
·				
Date	Payee name			
10/7/2024	Broadway Bank			
Amount (\$)	Payee address; City; State;	Zip Code		
0.06	1177 N.E. Loop 410			
	San Antonio, TX 78209			
	Category (See categories listed at the top of this sch	·		
PURPOSE	Other: Mistaken Charge		ed to campaign account.	
OF		Reimbursement t	to follow	
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/C	חע			
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		Common Ad NEEDL		

	EXPENDITURE CATEGORIE	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	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: 23 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/7/2024	5 Payee name Broadway Bank			
6 Amount (\$) 0.15	7 Payee address; City; State; 1177 N.E. Loop 410 San Antonio, TX 78209	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Mistaken Charge	I	ged to campaign account. to follow	
	(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/OH Candidate / Officeholder name Office sought Office held				
Date 10/7/2024	Payee name Broadway Bank			
Amount (\$) 0.16	Payee address; City; State; 1177 N.E. Loop 410 San Antonio, TX 78209	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Mistaken Charge		ged to campaign account. to follow	
	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	
Date 10/7/2024	Payee name Broadway Bank			
Amount (\$) 1.22	Payee address; City; State; 1177 N.E. Loop 410 San Antonio, TX 78209	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Mistaken Charge	'	ged to campaign account. to follow	
	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/OH Complete ONLY if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDI	ED	

	EXPENDITURE CATEGO	RIES 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	ommittee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form	
1 Total pages Schedule F1: 24 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/2024	5 Payee name Uber		
6 Amount (\$) 0.79	7 Payee address; City; Sta PO Box 505000 Louisville, KY 40233	ate; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this Other: Mistaken Charge	T T T T T T T T T T	ged to campaign account. to follow
EXPENDITURE	(6)		A T.V
	(c) Check if travel outside of Texas, comple		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 10/7/2024	Payee name Uber		
Amount (\$) 0.79	Payee address; City; Sta PO Box 505000 Louisville, KY 40233	ate; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this Other: Mistaken Charge		ged to campaign account. to follow
EXPENDITURE	Check if travel outside of Texas, comple	ete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10/7/2024	Payee name Uber		
Amount (\$) 0.79	Payee address; City; Sta PO Box 505000 Louisville, KY 40233	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Mistaken Charge	· ·	ged to campaign account. to follow
	Check if travel outside of Texas, comple	ete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees (Committee Fees (Committe	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how to	o complete this form		
1 Total pages Schedule F1: 25 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/7/2024	5 Payee name Uber			
6 Amount (\$) 0.79	7 Payee address; City; State; PO Box 505000 Louisville, KY 40233	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Mistaken charge (b) Description Mistakenly charged to campaign account. Reimbursement to follow			
	(c) Check if travel outside of Texas, complete sci	hedule T Check if A	ustin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 10/7/2024	Payee name Uber			
Amount (\$) 0.79	Payee address; City; State; PO Box 505000 Louisville, KY 40233	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Mistaken Charge	· ·	ed to campaign account. o follow	
	Check if travel outside of Texas, complete scl	hedule T Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 10/7/2024	Payee name Uber			
Amount (\$) 3.78	Payee address; City; State; PO Box 505000 Louisville, KY 40233	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Mistaken Charge	· ·	ed to campaign account. o follow	
	Check if travel outside of Texas, complete scl	hedule T Check if A	austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	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: 26 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/2024	5 Payee name Uber		
6 Amount (\$) 4.83	7 Payee address; City; State; PO Box 505000 Louisville, KY 40233	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Other: Mistaken Charge		ged to campaign account. to follow
	(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		Office sought	Office held
Date 10/7/2024	Payee name Uber		
Amount (\$) 5.67	Payee address; City; States PO Box 505000 Louisville, KY 40233	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Mistaken Charge		ged to campaign account. to follow
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 10/7/2024	Payee name Uber		
Amount (\$) 14.94	Payee address; City; State; PO Box 505000 Louisville, KY 40233	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Mistaken Charge	·	ged to campaign account. to follow
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	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 Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor v 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: 27 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/7/2024	5 Payee name Uber			
6 Amount (\$) 16.29	7 Payee address; City; State; PO Box 505000 Louisville, KY 40233	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sci Other: Mistaken Charge		ged to campaign account. to follow	
	(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		Office sought	Office held	
Date 10/7/2024	Payee name Delta Airlines			
Amount (\$) 599.00	Payee address; City; State; PO Box 20980 Atlanta, GA 30320	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Other: Mistaken Charge		ged to campaign account. to follow	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 10/8/2024	Payee name Palanco Lobby			
Amount (\$) 116.30	Payee address; City; State; 29 Andrés Bello Mexico City, TX 11560	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Travel Out Of District	hedule) Description Hotel		
	X Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS 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	Fees O Food/Beverage Expense P Gifts/Awards/Memorials Expense P	oan Repayment/Reimbursement office 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: 28 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2024	5 Payee name Extra Space		
6 Amount (\$) 212.00	7 Payee address; City; State; 9738 Huebner Rd San Antonio, TX 78240	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Office Overhead/Rental Expense	(b) Description Storage rental	
	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 10/15/2024	Payee name Go Daddy		
Amount (\$) 45.34	Payee address; City; State; 14455 North Hayden Rd #219 Scottsdale, AZ 85260	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduled Advertising Expense	Description URL	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 10/16/2024	Payee name Manny Pelaez		
Amount (\$) 3000.00	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 scheduled Loan Repayment/Reimbursement		of expenditures from personal funds
	Check if travel outside of Texas, complete sch	edule 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 THE	S SCHEDULE AS NEEDI	E D

	EXPENDITURE CATEGORIE	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	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: 29 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/2024	5 Payee name Nationabuilder			
6 Amount (\$) 104.00	7 Payee address; City; State; Zip Code 520 South Grand Ave. Los Angeles, CA 90071			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Advertising Expense	(b) Description Website		
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 10/28/2024	Payee name Estate Coffee			
Amount (\$) 31.18	Payee address; City; State; 1320 E Houston St #101 San Antonio, TX 78205	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Food/Beverage Expense	Description Lunch with dono	r	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 10/31/2024	Payee name Stripe			
Amount (\$) 312.65	Payee address; City; State; 185 Berry Street #550 San Francisco, CA 94107	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Fees	Description Credit card proce	essing fees	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	E D	

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 30 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/5/2024	5 Payee name Chuck Robinson			
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1850 Frederickburg San Antonio, TX 78201			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Salaries/Wages/Contract Labor	Contract labor		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held	
Date 11/6/2024	Payee name Handwrytten			
Amount (\$) 4.48	Payee address; City; State 9820 S. Kyrene Rd Tempe, AZ 85284	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Solicitation/Fundraising Expense	chedule) Description Thank you cards		
	Check if travel outside of Texas, complete	schedule T Check if /	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 11/7/2024	Payee name Constant Contact			
Amount (\$) 167.36	Payee address; City; State 3675 Precision Drive Loveland, CO 80538	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	chedule) Description Eblast subscripti	ion	
	Check if travel outside of Texas, complete	schedule T Check if /	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	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: 31 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/8/2024	5 Payee name Extra Space		
6 Amount (\$) 212.00	7 Payee address; City; State; 9738 9738 Huebner Rd San Antonio, TX 78240	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scheroffice Overhead/Rental Expense	(b) Description Storage rental	
	(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	Candidate / Officeholder name	Office sought	Office held
Date 11/12/2024	Payee name Taqueria Datapoint		
Amount (\$) 25.00	Payee address; City; State; 4503 De Zavala Rd San Antonio, TX 78249	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Food/Beverage Expense	Description Staff lunch	
	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 11/12/2024	Payee name Panaderia Jimenez		
Amount (\$) 31.96	Payee address; City; State; 1846 Fredericksburg Rd San Antonio, TX 78201	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Food/Beverage Expense	Description Staff snack	
	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 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	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: 32 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/2024	5 Payee name Fruteria Cano			
6 Amount (\$) 20.00	7 Payee address; City; State; Zip Code 102 Produce Row San Antonio, TX 78207			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Food/Beverage Expense	(b) Description Staff lunch		
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date 11/18/2024	Payee name Taqueria Datapoint			
Amount (\$) 48.06	Payee address; City; State; 4503 De Zavala Rd San Antonio, TX 78249	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense	Description Breakfast with do	onor	
	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 11/19/2024	Payee name Dora Garcia			
Amount (\$) 75.00	Payee address; City; State; 100 W Houston St San Antonio, TX 78205	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	Description Contract labor		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2024	5 Payee name Handwrytten		
6 Amount (\$) 5.48	7 Payee address; City; State 9820 S. Kyrene Rd Tempe, AZ 85284	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Solicitation/Fundraising Expense	(b) Description Thank you cards	
	(c) Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 11/24/2024	Payee name Manny Pelaez		
Amount (\$) 572.59	Payee address; City; States 3522 Paesano Pkwy San Antonio, TX 78231	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Loan Repayment/Reimbursement		of expenditures from personal funds
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 11/24/2024	Payee name Manny Pelaez		
Amount (\$) 449.28	Payee address; City; States 3522 Paesano Pkwy San Antonio, TX 78231	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Loan Repayment/Reimbursement		of expenditures from personal funds
	Check if travel outside of Texas, complete	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 1	THIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIE	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	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: 34 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/24/2024	5 Payee name Manny Pelaez		
6 Amount (\$) 56.62	7 Payee address; City; State; 3522 Paesano Pkwy San Antonio, TX 78231	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Loan Repayment/Reimbursement		of expenditures from personal funds
	(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 11/24/2024	Payee name Manny Pelaez		
Amount (\$) 71.43	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 sch Loan Repayment/Reimbursement		of expenditures from personal funds
	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
Date 11/25/2024	Payee name Image Avenue		
Amount (\$) 1638.87	Payee address; City; State; 4522 Fredericksburg Rd San Antonio, TX 78201	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Mistaken Charge		ged to campaign account. to follow
-	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 TI	HIS SCHEDULE AS NEEDE	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: 35 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2024	5 Payee name Nationabuilder		
6 Amount (\$) 104.00	7 Payee address; City; State; 520 South Grand Ave. Los Angeles, CA 90071	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Website	
-	(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 11/30/2024	Payee name Manny Pelaez		
Amount (\$) 1050.00	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		of expenditures from personal funds
	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 12/5/2024	Payee name Walgreens		
Amount (\$) 100.00	Payee address; City; State; 10858 Wurzbach San Antonio, TX 78230	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Gift/Awards/Memorials Expense	Description Gift card for char	ity
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE 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 Po Gifts/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense illing Expense inting Expense laries/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: 36 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/6/2024	5 Payee name Portell Foundation			
6 Amount (\$) 79.00	7 Payee address; City; State; Zip Code 51 Main Street Milford, CT 06776			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9 Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Office sought Office held				
Date 12/9/2024	Payee name Max & Louies			
Amount (\$) 65.30	Payee address; City; State; 226 W Bitters Rd #126 San Antonio, TX 78216	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul Food/Beverage Expense	Description Lunch with dono	г	
	Check if travel outside of Texas, complete sche	edule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 12/9/2024	Payee name Extra Space			
Amount (\$) 212.00	Payee address; City; State; 9738 9738 Huebner Rd San Antonio, TX 78240	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul Office Overhead/Rental Expense	Description Storage rental		
	Check if travel outside of Texas, complete sche	edule 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	S SCHEDULE AS NEED!	E D	

	EXPENDITURE CATEGORIE	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	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: 37 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/9/2024	5 Payee name Mi Famiia		
6 Amount (\$) 1397.40	7 Payee address; City; State; 18403 IH 10W San Antonio, TX 78257	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Solicitation/Fundraising Expense	(b) Description Fundraiser	
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 12/9/2024	Payee name Constant Contact		
Amount (\$) 167.36	Payee address; City; State; 3675 Precision Drive Loveland, CO 80538	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Eblast subscripti	on
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 12/10/2024	Payee name Total Wine		
Amount (\$) 375.52	Payee address; City; State; 125 NW Loop 419 San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Gift/Awards/Memorials Expense	Description Holiday gifts	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS 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 Off Food/Beverage Expense Pol Gifts/Awards/Memorials Expense Prii	an Repayment/Reimbursement ice Overhead/Rental Expense lling 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: 38 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/10/2024	5 Payee name Seva Foundation			
6 Amount (\$) 1000.00	7 Payee address; City; State; 2 1786 Fifth Street Berkeley, CA 94710	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			
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held	
Date 12/23/2024	Payee name P.S. Bake Shop			
Amount (\$) 42.44	Payee address; City; State; 2 10302 Caspian Falls San Antonio, TX 78254	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Gift/Awards/Memorials Expense	e) Description Holiday gifts		
	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 12/23/2024	Payee name Bakery Lorraine			
Amount (\$) 10.39	Payee address; City; State; 2 17503 La Cantery pkwy San Antonio, TX 78257	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Food/Beverage Expense	Description Coffee with donc	or	
	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	

SCHEDULE F1

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 how	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: 39 of 40	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/23/2024	5 Payee name Bakery Lorraine			
6 Amount (\$) 22.50	7 Payee address; City; State; Zip Code 17503 La Cantery pkwy San Antonio, TX 78257			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense (b) Description Breakfast with donor			
	(c) Check if travel outside of Texas, complete se	chedule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 12/30/2024	Payee name Nationabuilder			
Amount (\$) 104.00	Payee address; City; State; 520 South Grand Ave. Los Angeles, CA 90071	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Advertising Expense	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	
Date 12/30/2024	Payee name Jacke Guenther			
Amount (\$) 10000.00	Payee address; City; State; 153 Treeline Park #300 San Antonio, TX 78209	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Other: Refund		on because exceeds the limit allowed	
	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	HIS SCHEDULE AS NEED!	ED	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Office Overhead/Rental 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) 40 of 40 **Manny Pelaez** 4 Date 5 Payee name 12/31/2024 Stripe 6 Amount (\$) 7 Payee address; City; Zip Code State; 181.52 185 Berry Street #550 San Francisco, CA 94107 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Credit card processing fees 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

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 Polling Expense

Travel in District

Solicitation/Fundraising Expense

Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F2:	The Instruction Guide explains I 2 FILER NAME Manny Pelaez	now to complete this form	3 Filer ID (Ethics Commission Filers)	
	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-Polit	ical		
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 se	chedule T Check	if Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Polit	ical		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	edule) Description	n	
<u> </u>	Check if travel outside of Texas, complete s	chedule T Check	s 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 NE	EDED	

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 C	ommittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	Other (enter a category not listed above)	
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 expenditure to benefit C/C		Office held	
	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 Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 of 3 Manny Pelaez 4 Date 5 Payee Name 8/8/2024 **Cafe Press** 6 Amount (\$) 7 Payee address; City; State; Zip Code 572.59 1190 Shelbyville Road **X** Reimbursement from Louisville, KY 40243 political contributions intended (a) Category (See categories listed at the top of this schedule) T-shirts 8 (b) Description **PURPOSE Advertising Expense** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/15/2024 **UTSA Annual Giving** Amount (\$) Payee address; City; Zip Code State; 3000.00 1 UTSA Circle Reimbursement from San Antonio, TX 78249 political contributions intended Category (See categories listed at the top of this schedule) Charitable donation Description **PURPOSE** Contributions/Donations Made By OF Candidate/Officeholder/Political **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 11/15/2024 San Antonio Hispanic Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code 1050.00 3006 General Hudnell Dr. **X** Reimbursement from San Antonio, TX 78226 political contributions intended Category (See categories listed at the top of this schedule) Description Membership dues **PURPOSE** Other: Membership dues OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
2 of 3	Manny Pelaez
4 Date	5 Payee Name
11/20/2024	Kenny & Ziggys
6 Amount (\$) 56.62 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1743 Post Oak Blvd Houston, TX 77056
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense (b) Description Lunch with Elected Official
	(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	Payee name
11/20/2024	Amazon
Amount (\$) 449.28 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 Terry Av Seattle, WA 98109
PURPOSE OF	Category (See categories listed at the top of this schedule) Other: Office equipment Description Wireless microphones
EXPENDITURE	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 11/24/2024	Payee name Taqueria Datapoint
Amount (\$) 71.43 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4503 De Zavala Rd San Antonio, TX 78249
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense Description Staff lunch
	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Advertising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 of 3 Manny Pelaez 4 Date 5 Payee Name 11/24/2024 **Cafe Press** 6 Amount (\$) 7 Payee address; City; State; Zip Code 572.59 1190 Shelbyville Road **X** Reimbursement from Louisville, KY 40243 political contributions intended (a) Category (See categories listed at the top of this schedule) 8 (b) Description T-shirts **PURPOSE Advertising Expense** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

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	•	Office (effice 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	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 SCHEDIN	LE AC NEEDED	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1 of 1
2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/12/2024	5 Name of person from whom amount is received Best Buy	8 Amount (\$) 108.24
	6 Address of person from whom amount is received; City; State; 125 NW Loop 410 #201 San Antonio, TX 78216	Zip Code
	7 Purpose for which amount is received Ch	eck if political contribution returned to filer
Date 7/24/2024	Name of person from whom amount is received Best Buy	Amount (\$) 86.59
	Address of person from whom amount is received; City; State; 125 NW Loop 410 #201 San Antonio, TX 78216	Zip Code
	Purpose for which amount is received Refund Ch	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 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 L	abor Organization / Pledgor / Pa	ayee		
5 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
			Scriedule H	Scriedule COH-OC	Scriedule B-33
6 Dates of travel	7 Name of pers	son(s) traveling			
	8 Departure cit	y or name of departure location			
	9 Destination of	ity or name of destination locati	on		
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
			Scriedule H	Scriedule COH-OC	Scriedule B-33
Dates of travel	Name of per	son(s) traveling			
	Departure cit	y or name of departure location			
	Destination o	ity or name of destination locati	on		
Means of transporta	ation	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	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 o	ity or name of destination locati	on		
Means of transporta	ation	Purpose of travel (including	name of conference, sem	inar, or other event)	
	ATTA	CH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to com •• Complete only if "Report Type" on page 1 is ma		
C/OH NA		Filer ID (Ethics Commission Filers)	
SIGNA	TURE		
a repo	ot expect any further political contributions or political expenditures in conr ort as a final report terminates my campaign treasurer appointment. I also outions 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 incor	me earned from political contributions.	
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
В.	ASSETS		
Chec	k only one:		
	I do not retain assets purchased with political contributions or interest or	other income from political contributions.	
	I do retain assets purchased with political contributions or interest or oth 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 am also aware that I will be required to file reports of unexpended contril retain political contributions, interest of other income from political continuerest or other income from political contributions.	butions if, after filing the last required report as an officeholder	
		Signature of Officeholder	