

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 39	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Manuel			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Manny Pelaez				
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12402 Abbey Park San Antonio TX 78249				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (210) 902-9265			Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3115 Pinto Pass San Antonio TX 78247 (Residence or Business)			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Chad			Receipt # Amount \$	
	NICKNAME LAST SUFFIX Taylor			Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION (210) 875-8747				
8 CAMPAIGN TREASURER PHONE	REPORT TYPE January 15: Semi-Annual				
9 REPORT TYPE	PERIOD COVERED Month Day Year 7/1/2018 THROUGH 12/31/2018				
10 PERIOD COVERED	ELECTION DATE Month Day Year 5/4/2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	OFFICE HELD (if any) Council District 8		13 OFFICE SOUGHT (if known) Council District 8		
12 OFFICE					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr Manuel Pelaez	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small>	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16514.99
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2044.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24328.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Mr Manuel Pelaez</u> , this the <u>14th</u> day of <u>February</u> , 20 <u>19</u> , to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr Manuel Pelaez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16014.99
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2044.54
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 18

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
7/13/2018

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Paul Martin

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**16505 La Cantera Parkway #1928
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Paul Martin Capital

Date
7/13/2018

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Rob McDaniel

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**8030 Platinum Court
Boerne, TX 78015**

Principal occupation / Job title (See instructions)
General Manager

Employer (See instructions)
Dominion properties

Date
7/13/2018

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Susan Lisk

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**8922 Brae Bend
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
after reasonable effort, unable to verify

Employer (See instructions)
after reasonable effort, unable to verify

Date
7/13/2018

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

Amount of contribution (\$)
20.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/16/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jim Reed 6 Contributor address; City; State; Zip Code 7317 Ashton Place San Antonio, TX 78229	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) San Antonio Medical Foundation
Date 7/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lacey Nichol Contributor address; City; State; Zip Code 8 Darby Gin San Antonio, TX 78257	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) despite reasonable effort, unable to verify		Employer (See instructions) despite reasonable effort, unable to verify
Date 7/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Robert Braubach Contributor address; City; State; Zip Code 106 South St. Marys St. #200 San Antonio, TX 78205	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 7/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward Kelly Contributor address; City; State; Zip Code 7 Links Green San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) despite reasonable effort, unable to verify		Employer (See instructions) despite reasonable effort, unable to verify
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Gary Cram 6 Contributor address; City; State; Zip Code PO Box 690265 San Antonio, TX 78269	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Cram Roofing Company
Date 7/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Alfaro Contributor address; City; State; Zip Code 6334 Spring Time St. San Antonio, TX 78249	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) despite reasonable effort, unable to verify		Employer (See instructions) despite reasonable effort, unable to verify
Date 7/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Smyle Contributor address; City; State; Zip Code 13411 Voelcker Ranch Dr. San Antonio, TX 78231	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Credit Manager		Employer (See instructions) Wells Fargo
Date 7/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gene Marck Contributor address; City; State; Zip Code 5018 Kenton View San Antonio, TX 78240	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) n/a
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/26/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Jones 6 Contributor address; City; State; Zip Code 2 Rogers Wood San Antonio, TX 78248	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) despite reasonable effort, unable to verify		9 Employer (See instructions) despite reasonable effort, unable to verify
Date 7/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay Hulings Contributor address; City; State; Zip Code 15523 Clover Ridge San Antonio, TX 78248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) David & Santos
Date 7/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marisa Balderas Contributor address; City; State; Zip Code 348 Redwood San Antonio, TX 78209	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 7/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danielle Hargrove Contributor address; City; State; Zip Code 515 Rio Springs San Antonio, TX 78258	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/26/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Mery 6 Contributor address; City; State; Zip Code 8118 Datapoint Drive San Antonio, TX 78229	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self
Date 7/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nazli Siddiqui Contributor address; City; State; Zip Code 4662 Sparrows Nest San Antonio, TX 78250	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Progressive Staffing
Date 7/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Barratachea Contributor address; City; State; Zip Code 431 Woodway Forest Dr. San Antonio, TX 78216	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) President & CEO		Employer (See instructions) San Antonio Hotel & Lodging Association
Date 7/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy DeLeon Contributor address; City; State; Zip Code 10902 Dreamland Dr. San Antonio, TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) despite reasonable effort, unable to verify		Employer (See instructions) despite reasonable effort, unable to verify
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
7/26/2018

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**118 Regents Park
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
despite reasonable effort, unable to verify

9 Employer (See instructions)
despite reasonable effort, unable to verify

Date
7/26/2018

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**9150 Dietz Elkhorn
Fair Oaks, TX 78015**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
7/26/2018

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**PO Box 6047
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
self

Date
7/26/2018

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**16011 University Oak
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Real Estate Broker

Employer (See instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/26/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aleem Chaudry 6 Contributor address; City; State; Zip Code 13210 Huebner Road San Antonio, TX 78230	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Gino's Deli
Date 7/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Carrasco Contributor address; City; State; Zip Code 6963 Willow Oak San Antonio, TX 78249	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Systems Analyst		Employer (See instructions) USAA
Date 7/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marjorie Lucey Contributor address; City; State; Zip Code 12835 Castle Bend St. San Antonio, TX 78230	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) n/a
Date 8/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ana Sandoval Campaign Contributor address; City; State; Zip Code 1222 Donaldson San Antonio, TX 78228	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Councilwoman		Employer (See instructions) City of San Antonio
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/3/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Cedillo 6 Contributor address; City; State; Zip Code 75 Longsford San Antonio, TX 78209	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) President & CEO		9 Employer (See instructions) SA Hispanic Chamber of Commerce
Date 8/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ludacrose Construction Contributor address; City; State; Zip Code 2439 NE Loop 410 #1702A San Antonio, TX 78217	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Ludacrose Construction LLC
Date 8/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia Loza Contributor address; City; State; Zip Code 7701 Wurzbach #1008 San Antonio, TX 78229	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) n/a
Date 8/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cliff Douglas Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Linebarger, Goggan, Blair & Sampson LLC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/11/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Kowalski 6 Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) The RK Group
Date 8/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margorie Lucey Contributor address; City; State; Zip Code 12835 Castle Bend St. San Antonio, TX 78230	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) n/a
Date 9/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Soliz Contributor address; City; State; Zip Code 8915 Datapoint #45B San Antonio, TX 78229	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) despite reasonable effort, unable to verify		Employer (See instructions) despite reasonable effort, unable to verify
Date 10/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marjorie Lucey Contributor address; City; State; Zip Code 12835 Castle Bend St. San Antonio, TX 78230	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) n/a
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Douglas Becker 6 Contributor address; City; State; Zip Code 29619 Double Eagle Circle San Antonio, TX 78015	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Vice President		9 Employer (See instructions) Chicago Title of Texas
Date 10/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter Embrey Contributor address; City; State; Zip Code 405 Wiltshire Avenue San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Founder		Employer (See instructions) Embry Parters LTD
Date 10/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA Employee PAC Contributor address; City; State; Zip Code 9800 Fredericksburg San Antonio, TX 78288	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) PAC		Employer (See instructions) USAA
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Luecke Contributor address; City; State; Zip Code 4902 Golden Quail Rd. San Antonio, TX 78240	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Dentist		Employer (See instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aleem Chaudry 6 Contributor address; City; State; Zip Code 14602 Parksite Woods San Antonio, TX 78249	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Gino's Deli
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodney Barrientos Contributor address; City; State; Zip Code 16011 University Oak San Antonio, TX 78249	Amount of contribution (\$) 60.00
Principal occupation / Job title (See instructions) Real Estate Broker		Employer (See instructions) Self
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Estes Contributor address; City; State; Zip Code 4927 Golden Quail #105 San Antonio, TX 78240	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) B&R Estes Corporation
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Braubach Contributor address; City; State; Zip Code 106 S. St. Marys St. #200 San Antonio, TX 78205	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
11/13/2018

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Pat Frost

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
604 Garraty Road
San Antonio, TX 78209

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Frost Bank

Date
11/13/2018

Full name of contributor ☐ out-of-state PAC (ID# _____)
Valero Political Action Committee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
PO Box 696000
San Antonio, TX 78269

Principal occupation / Job title (See instructions)
Valero Employee Pac

Employer (See instructions)
Valero Employee PAC

Date
11/13/2018

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
17803 La Cantera Terrace #10602
San Antonio, TX 78256

Principal occupation / Job title (See instructions)
Sr. Vice President

Employer (See instructions)
Sundt Construction

Date
11/13/2018

Full name of contributor ☐ out-of-state PAC (ID# _____)
SSFCU Political Action Committee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
16211 La Cantera Pkwy.
San Antonio, TX 78256

Principal occupation / Job title (See instructions)

Employer (See instructions)
SSFCU PAC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
11/13/2018

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rajeev Purl

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
8 Serena
San Antonio, TX 78248

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
11/13/2018

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
94 Champion Cliff
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Doctor

Employer (See instructions)
South Tx. Spine & Surgical

Date
11/13/2018

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
157 Cibolo Ridge
San Antonio, TX 78015

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
11/27/2018

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
23227 Whisper Cyn
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Uno Capital

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/4/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roland Gonzales 6 Contributor address; City; State; Zip Code 5103 Newcastle Lane San Antonio, TX 78249	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Cokinos & Young
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jorge Garcia Contributor address; City; State; Zip Code 26022 Budde Rd. Woodlands, TX 77380	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Martin & Drought
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oscar Rivas Contributor address; City; State; Zip Code 26022 Budde Rd. #A206 Woodlands, TX 77380	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Real Estate Broker		Employer (See instructions) OHR Realty
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oscar Rivas Contributor address; City; State; Zip Code 26022 Budde Rd. #A206 Woodlands, TX 77380	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Real Estate Broker		Employer (See instructions) OHR Realty
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Marie Grube 6 Contributor address; City; State; Zip Code 2136 West Summit Ave. San Antonio, TX 78201	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See instructions) Director of Operations		9 Employer (See instructions) Northwestern Mutual
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Alaniz Contributor address; City; State; Zip Code 12118 Harris Hawk San Antonio, TX 78253	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Momentum Physical Therapy
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alberto Milmo Contributor address; City; State; Zip Code 514 El Paso Street San Antonio, TX 78207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Milmo Group
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert Carrizales Contributor address; City; State; Zip Code 111 W. Huisache Ave. San Antonio, TX 78212	Amount of contribution (\$) 49.99
Principal occupation / Job title (See instructions) Chief of Staff		Employer (See instructions) UTSA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salvador Belmares 6 Contributor address; City; State; Zip Code 123 Wagon Trail Rd. San Antonio, TX 78231	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Principal		9 Employer (See instructions) Bella Mia Enterprises
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Diloreto Contributor address; City; State; Zip Code 8255 West Sunrise Blvd. Plantation, FL 33322	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Deputy Project Manager		Employer (See instructions) Parra & Company
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen Polunsky Contributor address; City; State; Zip Code 17806 IH 10 San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Zachary Contributor address; City; State; Zip Code PO Box 33240 San Antonio, TX 78265	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Zachary Construction

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LCP Commercial Development LLC 6 Contributor address; City; State; Zip Code 10918 Vance Jackson Rd. San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Company Ownership		9 Employer (See instructions) LCP Commercial Development LLC
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 2RT Capital Investments LLC Contributor address; City; State; Zip Code 16026 University Oak San Antonio, TX 78248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Ownership		Employer (See instructions) 2RT Capital Investments LLC
Date 12/6/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Inigo Arzac Contributor address; City; State; Zip Code 20006 Horizon Way San Antonio, TX 78258	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Managing Partner		Employer (See instructions) Axon Consultants
Date 12/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathleen W Vale Contributor address; City; State; Zip Code 102 E. Hollywood Ave San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Chairwoman		Employer (See instructions) San Antonio Symphony
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18 of 18
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Lisk 6 Contributor address; City; State; Zip Code 8922 Brae Bend San Antonio, TX 78249	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) despite reasonable effort, unable to verify		9 Employer (See instructions) despite reasonable effort, unable to verify
Date 12/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana Pelaez Contributor address; City; State; Zip Code 12402 Abbey Park San Antonio, TX 78249	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Alamo Colleges
Date 12/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Weber Contributor address; City; State; Zip Code 9150 Dietz Elkhorn Fair Oaks, TX 78015	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 12/6/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Esteban Lopez 7 Contributor address; City; State; Zip Code 6817 West Avenue San Antonio, TX 78213	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Provided food and beverages. <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Doctor		11 Employer (FOR NON-JUDICIAL) (See instructions) Blue Cross Blue Shield of Texas	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 6		2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/10/2018		5 Payee name Mailchimp			
6 Amount (\$) 53.30		7 Payee address; City; State; Zip Code 675 Ponce DeLeon Ave NE #5000 Atlanta, GA 30308			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other: email program		(b) Description email program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 7/20/2018		Payee name Viva Strategy Group LLC			
Amount (\$) 500.00		Payee address; City; State; Zip Code 15623 Powder River St. San Antonio, TX 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description Political campaign and fundraising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 7/30/2018		Payee name Nationbuilder			
Amount (\$) 59.00		Payee address; City; State; Zip Code 520 South Grand Ave. Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description Website and communications program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 6	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/2018	5 Payee name Mailchimp		
6 Amount (\$) 53.30	7 Payee address; City; State; Zip Code 675 Ponce DeLeon Ave NE #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: email program		(b) Description email program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 8/29/2018	Payee name Nationbuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 South Grand Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website & communications program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 9/10/2018	Payee name Mailchimp		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description email program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 6	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)			
4 Date 9/26/2018	5 Payee name Facebook					
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description ad promotions <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 10/1/2018	Payee name Nationbuilder					
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 South Grand Ave Los Angeles, CA 90071					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description website and communication program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 10/1/2018	Payee name Facebook					
Amount (\$) 4.93	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description ad promotion <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 6	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2018	5 Payee name Mailchimp		
6 Amount (\$) 53.30	7 Payee address; City; State; Zip Code 675 Ponce DeLeon Ave #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description email program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date 10/29/2018	Payee name Nationbuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 South Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description website and communications <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date 10/29/2018	Payee name El Paraiso Original		
Amount (\$) 102.00	Payee address; City; State; Zip Code 1934 Fredericksburg Rd. San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Event giveaway (paletas) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 6	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/2018	5 Payee name Boiler House Restaurant		
6 Amount (\$) 867.91	7 Payee address; City; State; Zip Code 312 Pearl Pkwy San Antonio, TX 78215		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description food, beverages <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date 11/13/2018	Payee name Mailchimp		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce DeLeon Ave #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description email program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date 11/29/2018	Payee name Nationbuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 South Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description website and communications program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

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 Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 6	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2018	5 Payee name Mailchimp	
6 Amount (\$) 53.20	7 Payee address; City; State; Zip Code 675 Ponce DeLeon Ave NE #5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description email program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/24/2018	Payee name Facebook	
Amount (\$) 50.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description ad promotion <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
----------------------------------------------------	------------------------------------------------	----------------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
----------------------------------------------------------	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	-----------------------------------------------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---------------------------------------------------------------------------

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	-------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
----------------------------------------------------	------------------------------------------------	----------------------------------------------

4 TOTAL OF UNITEMIZED 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---------------------------------------------------------------------------

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	-------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Mr Manuel Pelaez

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder