

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: 42	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
		Manuel		Date Received	
		Manny	Pelaez		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	12402 Abbey Park San Antonio TX 78249				
	<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(210)	902-9265			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	
		Mr	Chad	Date Imaged	
		Taylor			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	3115 Pinto Pass San Antonio TX 78247-				
	(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(210)	857-8747			
9 REPORT TYPE	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year Month Day Year				
	7/1/2021 THROUGH 12/31/2021				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	5/1/2021		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	Council		Council District 8		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Manuel Pelaez	15 Filer ID (Ethics Commission Filers)
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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.
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 782.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 14651.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Manuel Pelaez, this the 19th day of January, 2022, 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 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	\$ 14550.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 14651.58
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	\$ 27218.74

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 10

2 FILER NAME
Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
8/5/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Alex Zepeda

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**322 Inspiration Way
Del Rio, TX 78840**

8 Principal occupation / Job title (See instructions)
Real estate

9 Employer (See instructions)
self

Date
8/17/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 500
San Antonio, TX 78292**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
Valero

Date
9/21/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**9706 Dove Shadow
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
real estate

Employer (See instructions)
self

Date
9/21/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7203 Ashton Pl
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
real estate

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:
2 of 10

2 FILER NAME
Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
9/28/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sarah Shakil

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**25534 Vista Bella
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
business owner

9 Employer (See instructions)
self

Date
9/28/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Allan Polunsky

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**17806 IH 10 #450
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
9/29/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert Worth

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**270 Terrell Road
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self

Date
9/29/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Katie Reed

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**7317 Ashton Place
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
elected official

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: 3 of 10
2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Greller 6 Contributor address; City; State; Zip Code 11735 Elmscourt San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Veternarian		9 Employer (See instructions) Self
Date 10/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Jaime Arechiga Contributor address; City; State; Zip Code 2310 Winding Way San Antonio, TX 78260	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Hillstar Investments		Employer (See instructions) self
Date 10/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandro Tirado Contributor address; City; State; Zip Code 25607 Texas Ash San Antonio, TX 78261	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
Date 10/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald Lee Contributor address; City; State; Zip Code 1111 Austin Hwy #2109 San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) lobbyist		Employer (See instructions) Andrade-Van de Putte consulting firm
<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:
4 of 10

2 FILER NAME
Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
10/14/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Inderjit Mehat

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**11219 Jadestone Blvd
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
business owner

9 Employer (See instructions)
self

Date
10/14/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel Ortiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9103 Mellbrook St.
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
self

Date
10/21/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mark Ross

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 28490
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
business owner

Employer (See instructions)
Ross Properties

Date
10/22/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lloyd Denton

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1 Bitterblue LN
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
business owner

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: 5 of 10
2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Mery 6 Contributor address; City; State; Zip Code 8118 Datapoint Dr. San Antonio, TX 78229	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self
Date 10/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Goggan, Blair & Sampson LLP 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
Date 10/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Ruiz Contributor address; City; State; Zip Code 18 Devon Wood San Antonio, TX 78257	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Doctor		Employer (See instructions) self
Date 11/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Frost Contributor address; City; State; Zip Code 520 Geneseo Rd San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) owner		Employer (See instructions) Frost Bank

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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: <div style="text-align: right;">6 of 10</div>
2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillip Green 6 Contributor address; City; State; Zip Code 157 Cibolo Ridge San Antonio, TX 78015	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) business owner		9 Employer (See instructions) self
Date 12/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suzannah Thomas Contributor address; City; State; Zip Code 13106 Hill Forest St San Antonio, TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cassandra Ortiz Contributor address; City; State; Zip Code 9103 Mellbrook St San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glen Grossenbacher Contributor address; City; State; Zip Code 24615 IH 10W #217 San Antonio, TX 78257	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Attorney		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 10
2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irfan Butt 6 Contributor address; City; State; Zip Code 9006 Eagle Bend San Antonio, TX 78249	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) business owner		9 Employer (See instructions) self
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salman Khan Contributor address; City; State; Zip Code 1503 Aubrey PT San Antonio, TX 78260	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Christensen Contributor address; City; State; Zip Code 826 W Craig Pl San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) attorney		Employer (See instructions) self
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Menache Contributor address; City; State; Zip Code 6 Wayward Oaks San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) Sunbelt
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: 8 of 10
2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marisol De Fis 6 Contributor address; City; State; Zip Code 6 Wayward San Antonio, TX 78248	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) business owner		9 Employer (See instructions) self
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harry Adams Contributor address; City; State; Zip Code 614 Many Oaks San Antonio, TX 78232	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) n/a
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charisse Adams Contributor address; City; State; Zip Code 614 Many Oaks San Antonio, TX 78232	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BJ McCombs Contributor address; City; State; Zip Code PO Box 003 San Antonio, TX 78201	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Auto Business		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:
9 of 10

2 FILER NAME
Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
12/15/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs. BJ McCombs

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
PO Box 003
San Antonio, TX 78201

8 Principal occupation / Job title (See instructions)
auto business

9 Employer (See instructions)
self

Date
12/15/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs. Ken Brown

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2454 Tofftrees
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

Date
12/15/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mohammad Rana

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
13426 Baldwin Ridge
San Antonio, TX 78249

Principal occupation / Job title (See instructions)
business owner

Employer (See instructions)
self

Date
12/15/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Anwar Tahir

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
10623 Cavelier Point
San Antonio, TX 78254

Principal occupation / Job title (See instructions)
business owner

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: 10 of 10
2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Brown 6 Contributor address; City; State; Zip Code 2454 Toftrees Dr San Antonio, TX 78209	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) attorney		9 Employer (See instructions) self
Date 12/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin Treuhaft Contributor address; City; State; Zip Code 3434 Fallen Leaf San Antonio, TX 78230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
Date 12/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catherine Mann Contributor address; City; State; Zip Code 8000 Donore San Antonio, TX 78229	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
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 Manuel Pelaez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
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 <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 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
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 11		2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/1/2021		5 Payee name Celia Kriger			
6 Amount (\$) 270.00		7 Payee address; City; State; Zip Code 606 Glencrest Dr San Antonio, TX 78229			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description LULAC senior program		
	(c) <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 7/2/2021		Payee name Constant Contact			
Amount (\$) 101.27		Payee address; City; State; Zip Code 3675 Precision Drive Loveland, CO 80538			
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					
Date 7/6/2021		Payee name Go Daddy			
Amount (\$) 127.79		Payee address; City; State; Zip Code 14455 North Hayden Rd Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description web hosting		
	<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: 2 of 11	2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/15/2021	5 Payee name Lisa Uresti Dasher Campaign		
6 Amount (\$) 450.00	7 Payee address; City; State; Zip Code PO Box 241684 San Antonio, TX 78224		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description campaign contribution
	(c) <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 7/30/2021	Payee name WiX		
Amount (\$) 155.88	Payee address; City; State; Zip Code 500 Terry Francois Blvd San Francisco, CA 94158		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website, mail boxes
	<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 8/2/2021	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Drive Loveland, CO 80538		
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 11	2 FILER NAME Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 8/5/2021	5 Payee name Association of Convenience Store Owners	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 9502 Computer Dr #111 San Antonio, TX 78229	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Scholarship donation
	(c) <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 8/16/2021	Payee name WiX		
Amount (\$) 220.83	Payee address; City; State; Zip Code 500 Terry Francois Blvd San Francisco, CA 94158		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description web hosting	
	<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 8/23/2021	Payee name Wallace Strategy Group		
Amount (\$) 707.85	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Fundraising and campaign reports	
	<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: 4 of 11	2 FILER NAME Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 8/23/2021	5 Payee name Cruz Shaw Campaign	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1630 Houston St #102 San Antonio, TX 78202	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description campaign donation
	(c) <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 9/1/2021	Payee name Constant Contact	
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description email program
	<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 9/4/2021	Payee name Ruben Gallego Campaign	
Amount (\$) 1000.00	Payee address; City; State; Zip Code PO Box 0000 Phoenix, AR 85001	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description campaign contribution
	<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: 5 of 11	2 FILER NAME Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2021	5 Payee name Travel expense	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code PO Box 0000 Las Vegas, NV 88901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: travel expense	(b) Description Error expense: used the wrong card. Reimbursement will show in the next report. Travel was for the US Hispanic Chamber of Commerce Conference.
	(c) <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 9/30/2021	Payee name Fiesta Liquor		
Amount (\$) 176.92	Payee address; City; State; Zip Code 15503 Babcock Rd San Antonio, TX 78255		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description event expense	
	<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 10/4/2021	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description email program	
	<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: 6 of 11	2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2021	5 Payee name Mi Familia Restaurant		
6 Amount (\$) 428.81	7 Payee address; City; State; Zip Code 18403 IH 10 W San Antonio, TX 78257		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description event fundraiser
	(c) <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 10/16/2021	Payee name The Board Couple		
Amount (\$) 433.00	Payee address; City; State; Zip Code 2218 N. Zaramora San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description event
	<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 10/16/2021	Payee name Rosalinda Champion		
Amount (\$) 400.00	Payee address; City; State; Zip Code 6732 S Flores St San Antonio, TX 78221		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description musical entertainment
	<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: 7 of 11	2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2021	5 Payee name Armando Cruz		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 9139 Sycamore Cove San Antonio, TX 78245		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description event set up, break up
	(c) <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 10/16/2021	Payee name Lucy Parron		
Amount (\$) 500.00	Payee address; City; State; Zip Code 000 000 San Antonio, TX 00000		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Cleaning service
	<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 10/16/2021	Payee name Groomers		
Amount (\$) 815.54	Payee address; City; State; Zip Code 9801 Mccullough San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description event expense
	<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: 8 of 11	2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2021	5 Payee name Total Wine		
6 Amount (\$) 311.52	7 Payee address; City; State; Zip Code 125 NW Loop 419 San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description event
	(c) <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 10/16/2021	Payee name HEB		
Amount (\$) 503.46	Payee address; City; State; Zip Code 24165 IH 10 W San Antonio, TX 78256		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description event
	<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 11/1/2021	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description email program
	<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: 9 of 11	2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/2021	5 Payee name Viva Strategy Group		
6 Amount (\$) 2547.80	7 Payee address; City; State; Zip Code 1850 Fredericksburg Rd San Antonio, TX 78201		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description fundraising
	(c) <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 11/9/2021	Payee name J Prime Steakhoue		
Amount (\$) 196.83	Payee address; City; State; Zip Code 1401 N Loop 1604 San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description campaign meeting
	<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 11/15/2021	Payee name Paesanos		
Amount (\$) 336.30	Payee address; City; State; Zip Code 3622 Paesano Pkwy San Antonio, TX 78231		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description fundraising event
	<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			

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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: 10 of 11	2 FILER NAME Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/24/2021	5 Payee name 7-Eleven		
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1147 Callaghan RD San Antonio, TX 78229		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description gift card prizes
	(c) <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 12/1/2021	Payee name Constant Contact		
Amount (\$) 101.27	Payee address; City; State; Zip Code 3675 Precision Drive Loveland, CO 80538		
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			
Date 12/2/2021	Payee name Bobs Steak and Chop		
Amount (\$) 472.03	Payee address; City; State; Zip Code 5815 Rim Pass San Antonio, TX 78257		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description 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			

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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: 11 of 11	2 FILER NAME Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 12/7/2021	5 Payee name The Palm	
6 Amount (\$) 125.86	7 Payee address; City; State; Zip Code 233 E. Houston St San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting
	(c) <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 12/13/2021	Payee name Mi Tierra	
Amount (\$) 252.76	Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description event hosting
	<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 12/14/2021	Payee name Mi Tierra	
Amount (\$) 828.07	Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Event host
	<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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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 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 40%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See categories listed at the top of this schedule)	(b) Description	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
(a) Category (See categories listed at the top of this schedule)	(b) Description					
(c) <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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 40%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		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	
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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

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
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
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

☐

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/OH

Candidate / Officeholder name

Office sought

Office held

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 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 G: 1 of 1	2 FILER NAME 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	
	(c) <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 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
	(c) <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		

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 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.)

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 7

2 FILER NAME

Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
7/6/2021

5 Name of person from whom amount is received

Marta Pelaez

8 Amount (\$)
745.00

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

**2 Daventry
San Antonio, TX 78257**

7 Purpose for which amount is received

**Community/ volunteer party, supplies and
clean up**

☐ Check if political contribution returned to filer

Date
9/1/2021

Name of person from whom amount is received

Manuel Pelaez

Amount (\$)
337.53

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

**3522 Paisano Pkwy #301
San Antonio, TX 78231**

Purpose for which amount is received

event sponsorship

☐ Check if political contribution returned to filer

Date
9/8/2021

Name of person from whom amount is received

Manuel Pelaez

Amount (\$)
147.23

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

**3522 Paisano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received

event sponsorship

☐ Check if political contribution returned to filer

Date
9/9/2021

Name of person from whom amount is received

Manuel Pelaez

Amount (\$)
29.99

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

**3522 Paisano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received

Vista print reimbursement

☐ Check if political contribution returned to filer

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:

2 of 7

2 FILER NAME

Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
9/9/2021

5 Name of person from whom amount is received
Manuel Pelaez

8 Amount (\$)
160.23

6 Address of person from whom amount is received; City; State; Zip Code
**3522 Paisano Pkwy #301
San Antonio, TX 78231**

7 Purpose for which amount is received
campaign printing reimbursement ☐ Check if political contribution returned to filer

Date
9/14/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
199.15

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy #301
San Antonio, TX 78231**

Purpose for which amount is received
Team dinner meeting ☐ Check if political contribution returned to filer

Date
9/17/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
22500.00

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy #301
San Antonio, TX 78231**

Purpose for which amount is received
Money erroneously moved from the political account. Error filed with City Attorney and ☐ Check if political contribution returned to filer

Date
10/22/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
168.00

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received
campaign meeting in D.C. ☐ Check if political contribution returned to filer

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:

3 of 7

2 FILER NAME

Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/2021

5 Name of person from whom amount is received

Manuel Pelaez

8 Amount (\$)

211.53

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

3522 Paesano Pkwy
San Antonio, TX 78231

7 Purpose for which amount is received

Funders - The Range restaurant

☐ Check if political contribution returned to filer

Date

11/7/2021

Name of person from whom amount is received

Manuel Pelaez

Amount (\$)

566.50

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

3522 Paesano Pkwy
San Antonio, TX 78231

Purpose for which amount is received

Contribution to the Asian Real Estate
Association

☐ Check if political contribution returned to filer

Date

11/7/2021

Name of person from whom amount is received

Manuel Pelaez

Amount (\$)

164.80

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

3522 Paesano Pkwy
San Antonio, TX 78231

Purpose for which amount is received

campaign signage

☐ Check if political contribution returned to filer

Date

11/7/2021

Name of person from whom amount is received

Manuel Pelaez

Amount (\$)

90.00

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

3522 Paesano Pkwy
San Antonio, TX 78231

Purpose for which amount is received

Southerleigh - political meeting

☐ Check if political contribution returned to filer

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:
4 of 7

2 FILER NAME
Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date 11/7/2021	5 Name of person from whom amount is received Manuel Pelaez	8 Amount (\$) 108.53
	6 Address of person from whom amount is received; City; State; Zip Code 3522 Paesano Pkwy San Antonio, TX 78231	
	7 Purpose for which amount is received HEB, paella event supplies. Political event	

☐ Check if political contribution returned to filer

Date 11/7/2021	Name of person from whom amount is received Manuel Pelaez	Amount (\$) 62.78
	Address of person from whom amount is received; City; State; Zip Code 3522 Paesano Pkwy San Antonio, TX 78231	
	Purpose for which amount is received The Board Couple, event expense	

☐ Check if political contribution returned to filer

Date 12/9/2021	Name of person from whom amount is received Manuel Pelaez	Amount (\$) 63.80
	Address of person from whom amount is received; City; State; Zip Code 3522 Paesano Pkwy San Antonio, TX 78231	
	Purpose for which amount is received Guido's - fiesta medal giveaway event	

☐ Check if political contribution returned to filer

Date 12/9/2021	Name of person from whom amount is received Manuel Pelaez	Amount (\$) 73.86
	Address of person from whom amount is received; City; State; Zip Code 3522 Paesano Pkwy San Antonio, TX 78231	
	Purpose for which amount is received Pasha - political meeting (out of pocket reimbursement)	

☐ Check if political contribution returned to filer

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:
5 of 7

2 FILER NAME
Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
12/9/2021

5 Name of person from whom amount is received
Manuel Pelaez

8 Amount (\$)
74.57

6 Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

7 Purpose for which amount is received ☐ Check if political contribution returned to filer
**political lunch meeting - Hawaiian Barbecue -
(out of pocket reimbursement)**

Date
12/9/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
140.72

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received ☐ Check if political contribution returned to filer
**Sapores - Pizza lunch for political team (out of
pocket expense)**

Date
12/9/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
201.00

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received ☐ Check if political contribution returned to filer
**Hills & Dales - political event (out of pocket
reimbursement)**

Date
12/9/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
49.98

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received ☐ Check if political contribution returned to filer
HEB - event supplies

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:

6 of 7

2 FILER NAME

Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
12/9/2021

5 Name of person from whom amount is received
Manuel Pelaez

8 Amount (\$)
51.97

6 Address of person from whom amount is received; City; State; Zip Code
3522 Paesano Pkwy
San Antonio, TX 78231

7 Purpose for which amount is received
political meeting - Happy Monk (out of pocket expense) ☐ Check if political contribution returned to filer

Date
12/9/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
57.03

Address of person from whom amount is received; City; State; Zip Code
3522 Paesano Pkwy
San Antonio, TX 78231

Purpose for which amount is received
political meeting - La Fruteria (Reimbursement for out of pocket expense) ☐ Check if political contribution returned to filer

Date
12/9/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
58.55

Address of person from whom amount is received; City; State; Zip Code
3522 Paesano Pkwy
San Antonio, TX 78231

Purpose for which amount is received
HEB - event supplies (out of pocket reimbursement for a political event) ☐ Check if political contribution returned to filer

Date
12/9/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
82.74

Address of person from whom amount is received; City; State; Zip Code
3522 Paesano Pkwy
San Antoni, TX 78231

Purpose for which amount is received
campaign team lunch - Bar B Cutie's (out of pocket reimbursement) ☐ Check if political contribution returned to filer

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:
7 of 7

2 FILER NAME
Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
12/9/2021

5 Name of person from whom amount is received
Manuel Pelaez

8 Amount (\$)
239.16

6 Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

7 Purpose for which amount is received ☐ Check if political contribution returned to filer
Esquire - team event

Date
12/9/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
257.50

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received ☐ Check if political contribution returned to filer
Contribution to Asian Alliance event (out of pocket reimbursement)

Date
12/9/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
309.39

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received ☐ Check if political contribution returned to filer
Boiler House - political dinner event (out of pocket reimbursement)

Date
12/21/2021

Name of person from whom amount is received
Manuel Pelaez

Amount (\$)
67.20

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received ☐ Check if political contribution returned to filer
Political meeting (out of pocket reimbursement)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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 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;"> <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;"> <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;"> <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;"> <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
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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder