

FORM C/OH
COVER SHEET PG 1

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)	\$ 16694.99
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 53.56
	4. TOTAL POLITICAL EXPENDITURES	\$ 11670.27
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 Mr Manuel Pelaez, this the 20th day of January, 2020, 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	\$ 16694.99
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	\$ 11396.54
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	\$ 273.73
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	\$ 273.72

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
9/3/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Darril Wilburn

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**15618 Portales Pass
Helotes, TX 78023**

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Honsha

Date
9/3/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**606 E. Mandalay
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Brown & Ortiz

Date
9/4/2019

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

Amount of contribution (\$)
20.00

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

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
9/6/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6811 Washita Way
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)
General Manager

Employer (See instructions)
Hills and Dales

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 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
9/9/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Brent Farney

7 Amount of contribution (\$) **500.00**

6 Contributor address; City; State; Zip Code
**8258 Pimlico Lane
Boerne, TX 78015**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Thomas J. Henry

Date
9/10/2019

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

Employer (See instructions)
Medical Foundation

Date
9/10/2019

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

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code
**8118 Datapoint
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
9/12/2019

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

Amount of contribution (\$) **25.00**

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

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Braubach 6 Contributor address; City; State; Zip Code 106 S. St. Marys #200 San Antonio, TX 78205	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self employed
Date 9/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saleem Ali Contributor address; City; State; Zip Code 2806 Winter George San Antonio, TX 78259	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Director		Employer (See instructions) STMA
Date 9/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rukmuddine Momin Contributor address; City; State; Zip Code 4302 McCullough San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Director		Employer (See instructions) STMA
Date 9/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ahmed Badarpura Contributor address; City; State; Zip Code 23931 Seven Winds San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Secretary		Employer (See instructions) STMA
<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 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 9/18/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Inayatalie Momin 6 Contributor address; City; State; Zip Code 19212 Deer Elk Crest San Antonio, TX 78258	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Treasurer		9 Employer (See instructions) STMA
Date 9/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STMA Business LLC Contributor address; City; State; Zip Code 12054 Starcrest San Antonio, TX 78247	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Merchants		Employer (See instructions) STMA
Date 9/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Mery Contributor address; City; State; Zip Code 8118 Datapoint Drive San Antonio, TX 78229	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 9/26/2019	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 (\$) 100.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Hotel & Lodging Association
<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 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
9/26/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Roland Gonzales

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**5103 Newcastle Lane
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Cokinos, Young

Date
9/26/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Polunsky, Beitel, Green

Date
9/26/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self

Date
9/26/2019

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

Amount of contribution (\$)
49.99

Contributor address; City; State; Zip Code
**111 West Huisache Ave.
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Chief of Staff

Employer (See instructions)
UTSA

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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:
6 of 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
9/26/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Julissa Carielo

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
211 Honeysuckle Lane
San Antonio, TX 78213

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Texas Premier Building Contractor

Date
9/26/2019

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
8000 Donore #51
San Antonio, TX 78229

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self

Date
9/26/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
5602 West Hausman #201
San Antonio, TX 78249

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
GFR Development

Date
9/26/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
5602 West Hausman #201
San Antonio, TX 78249

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
GFR

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 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michele Haussman 6 Contributor address; City; State; Zip Code 5612 Parade Ridge Austin, TX 78731	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Real Estate		9 Employer (See instructions) Land Use Solutions
Date 9/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blake Yantis Contributor address; City; State; Zip Code 12018 Indigo Bend San Antonio, TX 78213	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Self
Date 10/25/2019	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) Business Owner		Employer (See instructions) Self
Date 10/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lukin Gilliland Contributor address; City; State; Zip Code 901 NE Loop 410 #909 San Antonio, TX 78209	Amount of contribution (\$) 100.00
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		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davidson, Troilo, Ream, Garza 6 Contributor address; City; State; Zip Code 601 NW Loop 410 #100 San Antonio, TX 78216	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) attorneys		9 Employer (See instructions) Davidson, Troilo, Ream, Garza
Date 11/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathy Tilma Contributor address; City; State; Zip Code PO Box 782257 Wichita, KS 67278	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) self		Employer (See instructions) real estate
Date 11/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tyler Tilma Contributor address; City; State; Zip Code PO Box 782257 Wichita, KS 67278	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) self		Employer (See instructions) real estate
Date 11/5/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Goggan, Blair, Sampson Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) attorneys		Employer (See instructions) Linebarger, Goggan, Blair, Sampson LLP
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:
9 of 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
11/5/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Johnny Stevens

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**8120 Killarney Ct.
Wichita, KS 67206**

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

9 Employer (See instructions)
self

Date
11/5/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**8120 Killarney Ct.
Wichita, KS 67206**

Principal occupation / Job title (See instructions)
business owner

Employer (See instructions)
self

Date
11/5/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 434
Washington, TX 77880**

Principal occupation / Job title (See instructions)
business owner

Employer (See instructions)
self

Date
11/5/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 434
Washington, TX 77880**

Principal occupation / Job title (See instructions)
business owner

Employer (See instructions)
principal

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 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/5/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andleeb Ara 6 Contributor address; City; State; Zip Code 9006 Eagle Bend Helotes, TX 78023	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) none		9 Employer (See instructions) housewife
Date 11/5/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neema Sheikh Contributor address; City; State; Zip Code 7639 Mission Haven Boerne, TX 78915	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) manager		Employer (See instructions) retail
Date 11/5/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Muhammad Igbal Contributor address; City; State; Zip Code 6111 Vance Jackson San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) owner		Employer (See instructions) convenience store
Date 11/5/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Asghar Ali Contributor address; City; State; Zip Code 6111 Vance Jackson San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Manager		Employer (See instructions) Springs Food Market
<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:
11 of 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
11/5/2019

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

7 Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13538 Barsan Rd.
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Leal Food

Date
11/19/2019

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**6926 Dorothy Louise Dr.
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
none

Date
11/19/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9311 San Pedro #600
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Chairman

Employer (See instructions)
SWBC

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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	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 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)

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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 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2019	5 Payee name Nationbuilder		
6 Amount (\$) 89.00	7 Payee address; City; State; Zip Code 520 Grand Avenue Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description website <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 7/10/2019	Payee name Mailchimp		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce DeLeon #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			
Date 7/11/2019	Payee name Texas Democrats		
Amount (\$) 865.00	Payee address; City; State; Zip Code 1106 Lavaca #100 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description VAN access <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 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 7/29/2019	5 Payee name Nationbuilder		
6 Amount (\$) 89.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave. Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description website <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 8/12/2019	Payee name Mailchimp		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce DeLeon #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description email <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 8/12/2019	Payee name Amazon		
Amount (\$) 225.40	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description audio equipment <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 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/12/2019	5 Payee name Amazon		
6 Amount (\$) 358.99	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description video equipment <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 8/14/2019	Payee name Sushi Zushi		
Amount (\$) 217.38	Payee address; City; State; Zip Code 203 S. St. Marys #170 San Antonio, TX 78204		
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			
Date 8/16/2019	Payee name Viva Politics		
Amount (\$) 800.00	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) Event Expense		Description catering <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 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/2019	5 Payee name Gabriels Superstore		
6 Amount (\$) 326.88	7 Payee address; City; State; Zip Code 1309 N loop 1604 San Antonio, TX 78258		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description fundraising <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 8/20/2019	Payee name Wix		
Amount (\$) 144.00	Payee address; City; State; Zip Code 235 W23rd New York, NY 00000		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description website <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 8/22/2019	Payee name Wix		
Amount (\$) 204.00	Payee address; City; State; Zip Code 235 W 23rd New York, NY 00000		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description website <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>			

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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 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)			
4 Date 8/27/2019	5 Payee name Viva Strategy Group					
6 Amount (\$) 1219.11	7 Payee address; City; State; Zip Code 1850 Fredericksburg San Antonio, TX 78201					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description FR May, June, July <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 8/28/2019	Payee name Nationbuilder					
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S. Grand Ave. Los Angeles, CA 90071					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description website <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 9/3/2019	Payee name Facebook					
Amount (\$) 75.00	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 ads <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: 6 of 12	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 9/3/2019	5 Payee name Facebook	
6 Amount (\$) 100.00	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 social media ad <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 9/4/2019	Payee name Cappys	
Amount (\$) 112.21	Payee address; City; State; Zip Code 2415 N.Main Ave San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description campaign team <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 9/5/2019	Payee name La Fonda	
Amount (\$) 112.21	Payee address; City; State; Zip Code 2415 North Main San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description 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 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 12	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 9/10/2019	5 Payee name Mailchimp	
6 Amount (\$) 53.30	7 Payee address; City; State; Zip Code 675 Ponce DeLeon 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 Candidate / Officeholder name Office sought Office held		
Date 9/13/2019	Payee name FastSpring	
Amount (\$) 54.11	Payee address; City; State; Zip Code 801 Garden Street #201 San Barbara, CA 93101	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: power prompter	Description power prompter <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 9/16/2019	Payee name Walgreens	
Amount (\$) 80.00	Payee address; City; State; Zip Code 13619 Babcock Road San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description intern/volunteers <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 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/2019	5 Payee name HEB		
6 Amount (\$) 163.38	7 Payee address; City; State; Zip Code 1150 NW Loop 1604 San Antonio, TX 78248		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 9/26/2019	Payee name Sushi Zushi		
Amount (\$) 120.88	Payee address; City; State; Zip Code 9867 Interstate 10 San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description campaign team <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 9/28/2019	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S. Grand Ave. Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description website <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 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2019	5 Payee name Walgreens		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 13619 Babcock San Antonio, TX 78249		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description promotion <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 10/1/2019	Payee name Philip Cortez Campaign		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 7919 Liberty Office San Antonio, TX 78227		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description donation <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 10/15/2019	Payee name St. George Maronite Church		
Amount (\$) 1750.00	Payee address; City; State; Zip Code 6070 Babcock Rd. San Antonio, TX 78240		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description donation <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: 10 of 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2019	5 Payee name Mailchimp		
6 Amount (\$) 63.95	7 Payee address; City; State; Zip Code 675 Ponce De Leon Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:		(b) Description email <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 10/28/2019	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 920 S. Grand Ave. LA, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description website <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 11/14/2019	Payee name Viva Strategy Group		
Amount (\$) 1465.95	Payee address; City; State; Zip Code 1850 Fredericksburg Rd. San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		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 12	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2019	5 Payee name Mailchimp		
6 Amount (\$) 63.95	7 Payee address; City; State; Zip Code 675 Ponce De Leon Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:		(b) Description email <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 11/20/2019	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 920 S. Grand Ave. LA, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description website <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 12/16/2019	Payee name Mailchimp		
Amount (\$) 63.95	Payee address; City; State; Zip Code 975 Ponce De Leon Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description email <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: 12 of 12	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2019	5 Payee name Costco	
6 Amount (\$) 64.94	7 Payee address; City; State; Zip Code 1201 N. Loop 1604 E San Antonio, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description gift <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 12/23/2019	Payee name Costco	
Amount (\$) 208.79	Payee address; City; State; Zip Code 1201 N. Loop 1604 E San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description gift <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 12/30/2019	Payee name Nationbuilder	
Amount (\$) 89.00	Payee address; City; State; Zip Code 920 S. Grand Ave. LA, CA 90071	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:	Description website <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

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
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 12/23/2019	5 Payee Name Manny Pelaez	
6 Amount (\$) 64.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3522 Paesano Parkway #301 San Antonio, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description refunding political expense <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 12/23/2019	Payee name Manny Pelaez		
Amount (\$) 208.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3522 Paesano Parkway #301 San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description refunding political 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	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		

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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.)	

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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
12/23/2019

5 Name of person from whom amount is received

Manny Pelaez

8 Amount (\$)

64.94

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

3522 Paesano Parkway #301
San Antonio, TX 78231

7 Purpose for which amount is received

refunded political expense

☐ Check if political contribution returned to filer

Date
12/23/2019

Name of person from whom amount is received

Manny Pelaez

Amount (\$)

208.78

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

3522 Paesano Parkway #301
San Antonio, TX 78232

Purpose for which amount is received

refunded political expense

☐ 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;"> <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)	

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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