

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: 58		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Manuel	MI	OFFICE USE ONLY		
	NICKNAME Manny	LAST Pelaez	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12402 Abbey Park San Antonio TX 78249			Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 902-9265	EXTENSION			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Chad	MI			Receipt #
	NICKNAME	LAST Taylor	SUFFIX	Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3115 Pinto Pass San Antonio TX 78247					
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 875-8747	EXTENSION			
9 REPORT TYPE	30th Day Before General Election					
10 PERIOD COVERED	Month Day Year 1/1/2021		THROUGH	Month Day Year 3/22/2021		
11 ELECTION	ELECTION DATE Month Day Year 5/1/2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) Council District 8		13 OFFICE SOUGHT (if known) Council District 8			

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)	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)	\$ 41219.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 31.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 18899.85
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 3rd day of April, 2021, 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	\$ 41219.00
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	\$ 18899.85
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	\$ 998.49

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
1/12/2021

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

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**1423 Greystone Rig
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Auto Dealers Assoc.

Date
1/12/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1423 Greystone Rig
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Auto Dealers Assoc.

Date
1/21/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1507 Palmer View
San Antonio, TX 78260**

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

Employer (See instructions)
CAARS INC

Date
1/21/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5018 Kenton View
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Vista Travel

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 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sohail Shakil 6 Contributor address; City; State; Zip Code 1507 Palmer View San Antonio, TX 78260	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) CAARS Inc
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Oliver Contributor address; City; State; Zip Code 1224 County Rd #218 Hobson, TX 78117	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Management		Employer (See instructions) Mission Wrecker
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Oliver Contributor address; City; State; Zip Code 1224 County Rd #218 Hobson, TX 78117	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) Mission Wrecker
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tricia Choudary Contributor address; City; State; Zip Code 9210 Jole Cove Windcrest, TX 78239	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Business owner
<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: 3 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ahsan Choudary 6 Contributor address; City; State; Zip Code 9210 Jole Cove San Antonio, TX 78239	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Self		9 Employer (See instructions) Business owner
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vernon Oliver Contributor address; City; State; Zip Code PO Box 961 Converse, TX 78109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Management		Employer (See instructions) Mission Wrecker
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vanessa Muecke Contributor address; City; State; Zip Code PO Box 961 Converse, TX 78109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HNB Investment LLC Contributor address; City; State; Zip Code 10623 Cavellier Point San Antonio, TX 78264	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) self		Employer (See instructions) Business owner
<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 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
1/21/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1507 Palmer View
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Doctor

Date
1/21/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1507 Palmer View
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
Family business

Date
1/21/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**708 Morningside Dr
Terrell Hills, TX 78209**

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
business owner

Date
1/21/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**708 Morningside Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
business owner

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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:
5 of 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
1/21/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
1959 Emerald Point Lane
League City, TX 77573

8 Principal occupation / Job title (See instructions)
self

9 Employer (See instructions)
Auto business

Date
1/21/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1959 Emerald Point Lane
League City, TX 77573

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
Auto business

Date
1/21/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1959 Emerald Point Lane
League City, TX 77572

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
Auto business

Date
1/21/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1959 Emerald Point Lane
League City , TX 77573

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
Auto business

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: 6 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justin Scully 6 Contributor address; City; State; Zip Code 1959 Emerald Point Lane League City, TX 77573	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) self		9 Employer (See instructions) Auto business
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sierra Hinkle Contributor address; City; State; Zip Code 1959 Emerald Point Lane League City, TX 77573	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) self		Employer (See instructions) Auto business
Date 1/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marie Cavazos Contributor address; City; State; Zip Code 19427 Strauss San Antonio, TX 78256	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) mediator		Employer (See instructions) self
Date 1/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marjorie Lucey Contributor address; City; State; Zip Code 12835 Castle Ben San Antonio, TX 78230	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) None
<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:
7 of 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
1/24/2021

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**8915 Datapoint #45B
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)
Nurse

9 Employer (See instructions)
n/a

Date
1/24/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**000 No address
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
USAA

Date
1/24/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**127 Burr Rd. #124
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
n/a

Date
1/25/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**306 Pershing Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Community Engagement & Investments

Employer (See instructions)
Valero

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 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
1/31/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**11 Stone Hill Ct
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Health Warrior

9 Employer (See instructions)
Self

Date
2/1/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**215 N Center St #1808
San Antonio, TX 78202**

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

Employer (See instructions)
n/a

Date
2/1/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**215 N Center St #1808
San Antonio, TX 78202**

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

Employer (See instructions)
n/a

Date
2/8/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Real Estate Business

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 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marjorie Lucey 6 Contributor address; City; State; Zip Code 12835 Castle Bend San Antonio, TX 78230	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) none
Date 2/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ernest Malchor Contributor address; City; State; Zip Code 2136 Salinas San Antonio, TX 78207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) Self
Date 2/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adnan Ahmed Contributor address; City; State; Zip Code 9502 Computer Dr San Antonio, TX 78229	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) Self
Date 2/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Adnan Ahmed Contributor address; City; State; Zip Code 9502 Computer Dr San Antonio, TX 78229	Amount of contribution (\$) 500.00
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 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Asghar Ali Shaikh

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
2101 Leal St
San Antonio, TX 78207

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

9 Employer (See instructions)
Self

Date
2/9/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs. Asghar Ali Shaikh

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2101 Leal St
San Antonio, TX 78207

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
000 no address
San Antonio, TX 00000

Principal occupation / Job title (See instructions)
Business Owner

Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
000 no address
San Antonio, TX 00000

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:
11 of 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**6111 Vance Jackson
San Antonio, TX 78230**

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

9 Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6111 Vance Jackson
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3906 W Martin St
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3906 W Martin St
San Antonio, TX 78207**

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: 12 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Lawrence 6 Contributor address; City; State; Zip Code 13307 Hunters Hollow San Antonio, TX 78230	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) n/a
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eman Mina Contributor address; City; State; Zip Code 94 Champion Clf San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Self
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marina Mina Contributor address; City; State; Zip Code 94 Champion Clf San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Student		Employer (See instructions) n/a
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Mery Contributor address; City; State; Zip Code 8118 Datapoint San Antonio, TX 78229	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glen Grossenbacher 6 Contributor address; City; State; Zip Code 24165 W I 10 #217 San Antonio, TX 78257	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Ernest Salinas Contributor address; City; State; Zip Code 2136 Salinas San Antonio, TX 78207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) Self
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Worth Contributor address; City; State; Zip Code 270 Terrell Rd. San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Real Estate Business
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristi Sutterfield Contributor address; City; State; Zip Code 18523 Wild Onion San Antonio, TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Greater SA Builders Assoc
<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: 14 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raul Lomeli 6 Contributor address; City; State; Zip Code 3318 Sable Creek San Antonio, TX 78259	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Chairman		9 Employer (See instructions) Saber ES Poder
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Smyle Contributor address; City; State; Zip Code 13411 Voelcker Ranch San Antonio, TX 78231	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Controller		Employer (See instructions) Methodist Healthcare
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth Stewart Contributor address; City; State; Zip Code 11318 Woodridge Path San Antonio, TX 78249	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Former Nurse Educator		Employer (See instructions) n/a
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricardo & Sandra Castro Contributor address; City; State; Zip Code 000 no address San Antonio, TX 78249	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
2/12/2021

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

7 Amount of contribution (\$)
47.00

6 Contributor address; City; State; Zip Code
**8323 Magdalena Run
San Antonio, TX 78023**

8 Principal occupation / Job title (See instructions)
Electronics Engineer

9 Employer (See instructions)
US Air Force

Date
2/12/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**000 no address
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
2/12/2021

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

Amount of contribution (\$)
47.00

Contributor address; City; State; Zip Code
**000 no address
San Antonio, TX 00000**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
2/12/2021

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

Amount of contribution (\$)
47.00

Contributor address; City; State; Zip Code
**000 No address
San Antonio, TX 00000**

Principal occupation / Job title (See instructions)
Software Engineer

Employer (See instructions)
USAA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel Ellis Rodriguez 6 Contributor address; City; State; Zip Code 3807 E Songbird San Antonio, TX 78229	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) n/a		9 Employer (See instructions) n/a
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Lisk Contributor address; City; State; Zip Code 8922 Brae Bend San Antonio, TX 78249	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 2/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Lee Kelley Contributor address; City; State; Zip Code 7 Links Green San Antonio, TX 78257	Amount of contribution (\$) 235.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
Date 2/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward Kelley Contributor address; City; State; Zip Code 7 Links Green San Antonio, TX 78257	Amount of contribution (\$) 235.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Nash 6 Contributor address; City; State; Zip Code 12903 Pronghorn Oak San Antonio, TX 78253	7 Amount of contribution (\$) 47.00
8 Principal occupation / Job title (See instructions) Speaking Coach		9 Employer (See instructions) Self
Date 2/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gina Sandoval Contributor address; City; State; Zip Code 6963 Willow Oak St San Antonio, TX 78249	Amount of contribution (\$) 30.00
Principal occupation / Job title (See instructions) IT Scrum Master		Employer (See instructions) USAA
Date 2/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald Oroian Contributor address; City; State; Zip Code 2515 Plumbrook San Antonio, TX 78258	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Civil Engineer		Employer (See instructions) ADA Consulting Group
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joanne Wells Contributor address; City; State; Zip Code 610 E Market Street #3302 San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) Dailey Wells
<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: 18 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Wells 6 Contributor address; City; State; Zip Code 610 E Market St #3302 San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Executive		9 Employer (See instructions) Dailey Wells
Date 2/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bobby Perez Contributor address; City; State; Zip Code 327 E Huisache San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) SSE
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Shearn Contributor address; City; State; Zip Code 1405 Spyglass Austing, TX 78746	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Investor		Employer (See instructions) Self
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Shearn Contributor address; City; State; Zip Code 1405 Spyglass Austin, TX 78746	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) Business owner
<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: 19 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelton Birch 6 Contributor address; City; State; Zip Code 7111 Washita Way San Antonio, TX 78256	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) n/a
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jude Garcia Contributor address; City; State; Zip Code 7319 San Antonio San Antonio, TX 78256	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Aroble Marketing
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SABPAC I Political Contributions Contributor address; City; State; Zip Code 3625 Paesanos Pkwy San Antonio, TX 78231	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Pac		Employer (See instructions) Pac
Date 3/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tracy Potts Contributor address; City; State; Zip Code 430 Sand Ash Trail San Antonio, TX 78256	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) U.S. Airmen		Employer (See instructions) US Air Force
<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: 20 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Prichard 6 Contributor address; City; State; Zip Code 43 Granburg Circle San Antonio, TX 78218	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) n/a		9 Employer (See instructions) n/a
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs David Prichard Contributor address; City; State; Zip Code 43 Grandburg Circle San Antonio, TX 78218	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) attorney		Employer (See instructions) self
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tamara Benavides Contributor address; City; State; Zip Code 17135 Darlington Run San Antonio, TX 78247	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self
Date 3/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Rose Brown Contributor address; City; State; Zip Code 43 Vineyard San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Exec VP		Employer (See instructions) NuStar
<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: 21 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marjorie Lucey 6 Contributor address; City; State; Zip Code 12835 Castle Bend San Antonio, TX 78230	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) none
Date 3/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Carrasco Contributor address; City; State; Zip Code 000 No address San Antonio, TX 00000	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) software engineer		Employer (See instructions) USAA
Date 3/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chad Clark Contributor address; City; State; Zip Code 18931 De Enclave San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) VP		Employer (See instructions) Real Estate
Date 3/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corey Clark Contributor address; City; State; Zip Code 1102 Campanile San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Business owner		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:
22 of 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
3/5/2021

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

7 Amount of contribution (\$)
500.00

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

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

9 Employer (See instructions)
business owner

Date
3/6/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6334 Spring Time St
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
none

Date
3/6/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1800 W Commerce St
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Herrera Law Firm

Date
3/8/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 780489
San Antonio, TX 78278**

Principal occupation / Job title (See instructions)
Chairman

Employer (See instructions)
Nustar

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shad Smith 6 Contributor address; City; State; Zip Code 318 Waxberry Trail San Antonio, TX 78256	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See instructions) n/a		9 Employer (See instructions) n/a
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emma Guerrero Contributor address; City; State; Zip Code 3916 Skylark Ave San Antonio, TX 78210	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) none
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Arechiga Contributor address; City; State; Zip Code 2310 Winding View San Antonio, TX 78260	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Principal		Employer (See instructions) Hillstar Investments
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marco Barros Contributor address; City; State; Zip Code 110 Broadway #360 San Antonio, TX 78205	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) n/a
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NuStar PAC 6 Contributor address; City; State; Zip Code PO Box 781609 San Antonio, TX 78278	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) n/a		9 Employer (See instructions) NuStar Pac
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin & Ashley Kurian Contributor address; City; State; Zip Code 000 No address San Antonio, TX 78249	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Psychologist		Employer (See instructions) Dept. of Veteran Affairs
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marta Pelaez Prada Contributor address; City; State; Zip Code 2 Daventry Lane San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) FVPS
Date 3/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Angers Contributor address; City; State; Zip Code 5750 E Calle Aurora Tucson, AZ 85711	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Chef		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: 25 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricardo Pelaez 6 Contributor address; City; State; Zip Code 5410 Montbury Lane Katy, TX 77450	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Mi Te SRL
Date 3/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Elena Pelaez Contributor address; City; State; Zip Code 5410 Montbury Lane Katy, TX 77450	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Mi Te SRL
Date 3/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hermes Pelaez Contributor address; City; State; Zip Code 5410 Montbury Katy, TX 77450	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) business owner
Date 3/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olivia Marie Jorda Contributor address; City; State; Zip Code 5410 Montbury Lane Katy, TX 77450	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Architect		Employer (See instructions) Self employed
<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: 26 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valentina Canedo 6 Contributor address; City; State; Zip Code 5410 Montbury Lane Katy, TX 77440	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Medical student		9 Employer (See instructions) n/a
Date 3/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rajeev Purl Contributor address; City; State; Zip Code 602 Camp Bullis Rd San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real estate developer		Employer (See instructions) Athena Domain
Date 3/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrea Pelaez Contributor address; City; State; Zip Code 541 Montbury Lane Katy, TX 77450	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Commercial Manager		Employer (See instructions) Rehalife SRL
Date 3/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitch Meyer Contributor address; City; State; Zip Code 9 Penny Lane San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate		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:
27 of 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
3/16/2021

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**27519 Paseo Mesa
Boerne, TX 78015**

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

9 Employer (See instructions)
CJRE Development

Date
3/16/2021

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)
none

Date
3/17/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16735 La Cantera Pkwy #17407
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
General Manager

Employer (See instructions)
The Dominion HOA

Date
3/18/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3923 Tupelo Lane
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Software Engineer

Employer (See instructions)
Twitter Inc

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hannah Ross 6 Contributor address; City; State; Zip Code 3760 Hunters Circle San Antonio, TX 78230	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) none
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandro Pelaez Contributor address; City; State; Zip Code 5410 Montbury Lan Katy, TX 77450	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandro Pelaez Jr. Contributor address; City; State; Zip Code 5410 Montbury lane Katy, TX 77450	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) none		Employer (See instructions) none
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deanna Pelaez Contributor address; City; State; Zip Code 5410 Montbury Lane Katy, TX 77450	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) business owner		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: 29 of 30
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darril Wilburn 6 Contributor address; City; State; Zip Code 15618 Portales Pass Helotes, TX 78203	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) consultant		9 Employer (See instructions) Honsha
Date 3/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Jones Contributor address; City; State; Zip Code 000 No address San Antonio, TX 78230	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) USAA
Date 3/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Hotel & Lodging Association Contributor address; City; State; Zip Code 119 Heiman #300 San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) SA Hotel & Lodging Assoc
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnny Hernandez Contributor address; City; State; Zip Code 411 E. Cevallos San Antonio, TX 78204	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Chef/Owner		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:
30 of 30

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Manual Pelaez Sr.

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
3/22/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Yvonne & Luis Rodriguez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**303 Royal Oaks Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Tech

Employer (See instructions)
Rackspace

Date
3/22/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4927 Golden Quail
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
Lockhill Feed, Pet and Lawn Supply

Date
3/22/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**53 Lockspring
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Biologic Specialist

Employer (See instructions)
AstraZeneca

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)

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 Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)																																		
4 Date 1/1/2021		5 Payee name Viva Politics																																				
6 Amount (\$) 4000.00		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 Campaign																																			
	(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																																						
<table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																														
Candidate / Officeholder name	Office sought	Office held																																				
<table border="1"> <tr> <td>Date 1/4/2021</td> <td colspan="5">Payee name Constant Contact</td> </tr> <tr> <td>Amount (\$) 101.27</td> <td colspan="5">Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Fees</td> <td colspan="3">Description email program</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> <table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> </td> </tr> </table>						Date 1/4/2021	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					<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/4/2021	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																																					
<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held																													
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held																																			

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 Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 1/25/2021	5 Payee name Viva Strategy Group	
6 Amount (\$) 2469.15	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 Candidate / Officeholder name Office sought Office held		

Date 1/27/2021	Payee name Southerleigh		
Amount (\$) 246.36	Payee address; City; State; Zip Code 136 E Grayson St San Antonio, TX 78215		
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 1/27/2021	Payee name Southerleigh		
Amount (\$) 236.46	Payee address; City; State; Zip Code 136 E. Grayson St. San Antonio, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description food	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 11	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/2021	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 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 2/1/2021	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 2/5/2021	Payee name Mi Tierra		
Amount (\$) 28.00	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 food
	<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 Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/2021	5 Payee name Matthew Merchant Campaign		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 1844 Bandera Rd #300 Helotes, TX 78023		
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 candidate
	(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 2/22/2021	Payee name Vista Print		
Amount (\$) 59.85	Payee address; City; State; Zip Code 275 Wymam St Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description hats
	<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 2/22/2021	Payee name Viva Politics		
Amount (\$) 4050.00	Payee address; City; State; Zip Code 1850 Fredricksburg Rd San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Campaign management
	<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: 5 of 11	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2021	5 Payee name Sign Busters		
6 Amount (\$) 2840.00	7 Payee address; City; State; Zip Code PO Box 241018 San Antonio, TX 78224		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description sign placement
	(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 2/22/2021	Payee name Paesanos Ristorante		
Amount (\$) 173.63	Payee address; City; State; Zip Code 3622 Paesano Pkw San Antonio, TX 78231		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description food
	<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 2/25/2021	Payee name HEB		
Amount (\$) 75.00	Payee address; City; State; Zip Code 8503 NW Military Hwy San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description 3 gift cards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 11	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2021	5 Payee name Constant Contact		
6 Amount (\$) 101.27	7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description email 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 3/1/2021	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S Grand Ave Los Angeles, TX 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			
Date 3/4/2021	Payee name Amazon		
Amount (\$) 100.00	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description Gift cards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 11	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2021	5 Payee name Hills and Dales		
6 Amount (\$) 201.00	7 Payee address; City; State; Zip Code 15403 White Fawn Dr. San Antonio, TX 78255		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Food Truck, sign pick up event w/volunteers
	(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 3/9/2021	Payee name Sergio Buentello		
Amount (\$) 440.00	Payee address; City; State; Zip Code 1827 Wood Grove San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Sign placement
	<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 3/16/2021	Payee name TX Dem Van Access		
Amount (\$) 865.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Van program
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 11	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2021	5 Payee name JVC Media		
6 Amount (\$) 974.75	7 Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description signs
	(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 3/18/2021	Payee name Amazon		
Amount (\$) 73.00	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description promotional giveaways
	<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 3/19/2021	Payee name Paesanos Ristorante		
Amount (\$) 103.43	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) Food/Beverage Expense		Description Staff/volunteer 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 11	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2021	5 Payee name Zoom	
6 Amount (\$) 15.96	7 Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Zoom program/meetings
	(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 3/21/2021	Payee name Ginos Deli Stop	
Amount (\$) 84.32	Payee address; City; State; Zip Code 13210 Huebner St San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Volunteers/ Sign pick up 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 3/22/2021	Payee name Alamo Mailing	
Amount (\$) 747.55	Payee address; City; State; Zip Code 13114 Look Out Run San Antonio, TX 78233	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Mailer/postage
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 11	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Payee name Paesanos		
6 Amount (\$) 112.98	7 Payee address; City; State; Zip Code 3622 Paesano Pkwy San Antonio, TX 78231		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description 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 3/22/2021	Payee name Home Depot		
Amount (\$) 57.25	Payee address; City; State; Zip Code 12871 I 10 DeZavala San Antonio, TX 78249		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description supplies for sign maintenance
	<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 3/22/2021	Payee name Ajuua		
Amount (\$) 48.47	Payee address; City; State; Zip Code 11703 Huebner Road #208 San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 11	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Payee name Mon Chou Chou		
6 Amount (\$) 92.34	7 Payee address; City; State; Zip Code 312 Pearl Parkway San Antonio, TX 78521		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event 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	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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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
	(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	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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

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

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

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

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

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

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

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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	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
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 Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	
	(b) Description	
	(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 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
	(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	Candidate / Officeholder name Office sought Office held	
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		
Date	Candidate / Officeholder name Office sought Office held	
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		
Date	Candidate / Officeholder name Office sought Office held	
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		

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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.)

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 3

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
1/26/2021

5 Name of person from whom amount is received

Manny Pelaez

8 Amount (\$)
91.59

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

event expense-Paisano's

☐ Check if political contribution returned to filer

Date
1/29/2021

Name of person from whom amount is received

Manny Pelaez

Amount (\$)
246.36

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 team - Southerleigh

☐ Check if political contribution returned to filer

Date
2/11/2021

Name of person from whom amount is received

Manny Pelaez

Amount (\$)
28.00

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

event expense - Mi Tierra

☐ Check if political contribution returned to filer

Date
2/22/2021

Name of person from whom amount is received

Manny Pelaez

Amount (\$)
59.85

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

promotional items - vista print

☐ 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 3

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
2/23/2021

5 Name of person from whom amount is received
Manny Pelaez

8 Amount (\$)
173.63

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
campaign - Paesano's

☐ Check if political contribution returned to filer

Date
3/5/2021

Name of person from whom amount is received
Manny Pelaez

Amount (\$)
92.34

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
Event - Mon Chou Chou

☐ Check if political contribution returned to filer

Date
3/5/2021

Name of person from whom amount is received
Manny Pelaez

Amount (\$)
57.25

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
Home Depot - sign supplies

☐ Check if political contribution returned to filer

Date
3/7/2021

Name of person from whom amount is received
Manny Pelaez

Amount (\$)
48.47

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
Ajuua - volunteers

☐ 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 3

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
3/8/2021

5 Name of person from whom amount is received
Manny Pelaez

8 Amount (\$)
201.00

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
campaign event - Food truck

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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 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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Mr Manuel Pelaez

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder