CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete		1 Filer ID (Et	thics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIR Mr Ma	RST Anuel		MI	OFFICE U	SE ONLY
NAME	NICKNAME LAS	 ST		SUFFIX	Date Received	
	Manny Pe	laez				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SU 3522 Paesanos Pkwy #30 San Antonio TX 78231	,	Y; STA	ATE; ZIP CODE		
5 CANDIDATE /	AREA CODE PHONE NU	JMBER	EXTEN	ISION		
OFFICEHOLDER PHONE	(210) 902-92	265			Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIR Ch			MI	Receipt #	Amount \$
NAME	NICKNAME LA				Date Processed	
		ylor			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BO 3115 Pinto Pass San Antonio TX 78247 AREA CODE PHONE NU (210) 875-87	JMBER	EXTEN		ATE; ZIP CODE	
9 REPORT TYPE						
	July 15: Semi-Annual					
10 PERIOD	Month D	ay Year		Month	Day Year	
COVERED	1/1/20)20	THROUG	GH 6/ 3	30/2020	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Primary	Runof	f Other Description		
	5/4/2019	X General	Specia	al 		
12 OFFICE	OFFICE HELD (if any)	1		13 OFFICE SOUGHT	Γ (if known)	
	Councilman			Council Distri	ict 8	
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)
Mr Manuel Pelaez	:			
16 NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEES TO SU THE CANDIDATE'S	PPORT THE CANDIDATE OR OFFICEHOLDER'S	/ OFFICEHOLDER. THESE EXPENDI	ICAL EXPENDITURES MADE BY POLITICAL TURES MAY HAVE BEEN MADE WITHOUT CANDIDATES AND OFFICEHOLDERS ARE ITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRE	ESS	
	SPECIFIC	COMMITTEE CAMPA	NON TREACURED NAME	
Additional Pages		COMMITTEE CAMPA	AIGN TREASURER NAME	
		COMMITTEE CAMPA	AIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CON DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$ 0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	R GUARANTEES OF LOANS)	\$ 3100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$ 113.84	
	4. TOTAL POLIT	TICAL EXPENDITURES		\$ 4719.36
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$ 13792.24
OUTSTANDING LOAN TOTALS	J 0.	CIPAL AMOUNT OF ALL (THE REPORTING PERI	OUTSTANDING LOANS AS OF THE OD	\$ o
18 AFFIDAVIT				
				f perjury, that the accompanying report linformation required to be reported by
* * * Electronically Certified * * *				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAM	IF / SEAL ABUVE			
Sworn to and subscribe				this the 15th day
of <u>July</u> ,	∠∪ ∠ U, to certify	wnich, withess my han	a and seal of office.	
Signature of officer adr	ninistering oath	Printed name of	officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
	Mr Manuel Pelaez	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3100.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	X SCHEDULE E: LOANS	\$ 0
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	\$4719.36
6.	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	IBUTIONS \$0
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH \$0
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BIBUTIONS \$0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	1	he Instruction Guide explains how to com	nplete this t	form.	1 Total pages Schedule A1: 1 of 2
2	FILER NAME Mr Manuel Pela	ez			3 Filer ID (Ethics Commission Filers)
4	Date 4/7/2020	5 Full name of contributor □ ou Micheal Nava	ut-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 13823 Ridge Chase Drive San Antonio, TX 78230	City; S	itate; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Self	ctions)
	Date 4/7/2020	Full name of contributor	ut-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13823 Ridge Chase Drive San Antonio, TX 78230	City; S	tate; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Self	ctions)
	Date 4/9/2020	Full name of contributor	ut-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 90898 San Antonio, TX 78209	City; S	tate; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Self	ctions)
	Date 5/6/2020	Full name of contributor	ut-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; PO Box 12495 San Antonio, TX 78212	City; S	tate; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru	ctions)

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

	т	he Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1: 2 of 2
2	FILER NAME Mr Manuel Pela	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/6/2020	5 Full name of contributor ☐ out-of-state Jacob Harris	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 51 Essex St. San Antonio, TX 78210	State; Zip Code	
8	Principal occupa Managing Partn	ntion / Job title (See instructions) ner	9 Employer (See instru Harris Bay	uctions)
	Date 5/27/2020	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 102 E. Hollywood Ave. San Antonio, TX 78212	State; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru Hope Medical	uctions)
	Date 5/27/2020	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 24165 IH 10 West #217 San Antonio, TX 78257	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Self Employed	uctions)
	Date 6/15/2020	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 266245 Houston, TX 77207	State; Zip Code	
	Principal occupa Engineer PAC	tion / Job title (See instructions)	Employer (See instru	uctions)

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 out-of-state PAC (ID#	9 In-kind contribution description
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T 11 Employer (FOR NON-JUDICIAL) (See instructions)
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	Date Full name of contributor out-of-state PAC (ID#	In-kind contribution description
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	ATTACH ADDITIONAL CODIES OF T	THE COURTH E AC MEETED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

	٦	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2	FILER NAME Mr Manuel F			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0
5	Date	6 Full name of pledgor out-of-state PAC (ID#) ode	8 Amount of Pledge \$ 9 In-kind contribution description
10	Principal occu	pation / Job title (See instructions)	11 Employer (Check if travel outside of Texas, complete Schedule T See instructions)
	Date	Full name of pledgor out-of-state PAC (ID#) ode	Amount of Pledge \$
				Check if travel outside of Texas, complete Schedule T
	Principal occu	upation / Job title (See instructions)	Employer (See instructions)
	Date	Full name of pledgor out-of-state PAC (ID#	ode	Amount of Pledge \$
				Check if travel outside of Texas, complete Schedule T
	Principal occu	pation / Job title (See instructions)	Employer (\$	See instructions)
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$
	Principal occu	upation / Job title (See instructions)	Employer (\$	Check if travel outside of Texas, complete Schedule T
		ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDUL	E AS NEEDED
		If contributor is out-of-state PAC, please see instruction g	juide for additio	nal reporting requirements

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 01/01/2020

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Manuel Pelaez 4 TOTAL OF UNITEMIZED LOANS \$ o 5 Date of loan 7 Name of lender out-of-state PAC (ID#_ 9 Loan Amount (\$) 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial institution? 11 Maturity date **12** Principal occupation / Job title (See instructions) 13 Employer (See instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code 20 Principal occupation (See instructions) 21 Employer (See instructions) Date of loan Name of lender out-of-state PAC (ID#_ Loan Amount (\$) Is lender a Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) **Description of Collateral** Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: Zip Code not applicable Principal occupation (See instructions) Employer (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE F1

Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Consulting Expense
Contributions/Donations Made By

Event Expense Food/Beverage Expense

Gifts/Awards/Memorials Expense

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

Travel in District Travel Out Of District

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to comp	lete this form
1 Total pages Schedule F1: 1 of 9	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2020	5 Payee name Mail Chimp	
6 Amount (\$) 63.95	7 Payee address; City; State; Zip C 675 Ponce De Leon Ave #5000 Atlanta, GA 30308	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Email program
	(c) Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
Date 1/16/2020	Payee name Cool Cat Caricatures	
Amount (\$) 125.00	Payee address; City; State; Zip C 849 E. Commerce San Antonio, TX 78205	Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description fiesta medal design
	Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G		Office sought Office held
Date 1/24/2020	Payee name Cool Cat Caricatures	
Amount (\$) 125.00	Payee address; City; State; Zip C 849 E. Commerce San Antonio, TX 78205	Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Fiesta Medal design
	Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 of 9 **Mr Manuel Pelaez** 4 Date 5 Payee name 1/28/2020 Nationbuilder 6 Amount (\$) 7 Pavee address: City; State; Zip Code 89.00 520 S. Grand Ave Los Angeles, CA 90071 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Website Fees **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 1/28/2020 Viva Strategy Group Amount (\$) Pavee address: City: State: Zip Code 1087.00 1850 Fredericksburg Rd. San Antonio, TX 78201 Category (See categories listed at the top of this schedule) Description **Fundraising Consulting Expense PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 1/31/2020 Facebook Amount (\$) Payee address; City; Zip Code State; 55.40 1 Hacker Way Menlo Park, CA 94025 Category (See categories listed at the top of this schedule) Description **Advertising Expense** ad **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Offi Food/Beverage Expense Poll Gifts/Awards/Memorials Expense Prir	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor omplete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 3 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 2/10/2020	5 Payee name Girl Scout Troop 1257				
6 Amount (\$) 200.00	7 Payee address; City; State; 2 PO Box 684162 Austin, TX 78768	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	cookie gifts			
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held		
Date 2/18/2020	Payee name Mail Chimp				
Amount (\$) 63.95	Payee address; City; State; 2 675 Ponce De Leon #5000 Atlanta, GA 30308	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Fees	Description email program			
	Check if travel outside of Texas, complete sched	dule T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 2/24/2020	Payee name Monica Alcantara Campaign				
Amount (\$) 750.00	Payee address; City; State; 2 655 Freiling San Antonio, TX 78213	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description donation			
	Check if travel outside of Texas, complete sched	dule T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDI	ED		

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mr Manuel Pelaez	·	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2020	5 Payee name Monarch Trophy Studio		
6 Amount (\$) 680.60	7 Payee address; City; State; 16227 San Pedro San Antonio, TX 78232	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Gift/Awards/Memorials Expense	(b) Description Fiesta Medal	
9 Complete ONLY if direct expenditure to benefit C/C		Check if A	Austin, TX, officeholder living expense Office held
Date 2/28/2020	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; 520 S. Grand Ave Los Angeles, CA 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Fees	edule) Description website	
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/2/2020	Payee name Facebook		
Amount (\$) 59.60	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	edule) Description ads	
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2020	5 Payee name Mail Chimp		
6 Amount (\$) 90.00	7 Payee address; City; State 675 Ponce De Leon #5000 Atlanta, GA 30308	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Fees	(b) Description email program	
9 Complete ONLY if direct expenditure to benefit C/C		Schedule T Check if A	Austin, TX, officeholder living expense Office held
Date 3/30/2020	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State 520 S. Grand Ave Los Angeles, CA 90071	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Fees	Description website	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 3/31/2020	Payee name Facebook		
Amount (\$) 60.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Advertising Expense	chedule) Description ads	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	E D

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 6 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2020	5 Payee name Mailchimp		
6 Amount (\$) 90.60	7 Payee address; City; State 675 Ponce De Leon Ave NE #5000 Atlanta, GA 30308	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Fees	email program	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 4/18/2020	Payee name Zoom		
Amount (\$) 15.96	Payee address; City; State 55 Almaden Blvd. San Jose, TX 95113	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Fees	chedule) Description virtual meetings	
	Check if travel outside of Texas, complete	e schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/28/2020	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State 520 S. Grand Ave. Los Angeles, CA 90071	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Fees	chedule) Description website	
	Check if travel outside of Texas, complete	e schedule T Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor W to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Mr Manuel Pelaez	·	3 Filer ID (Ethics Commission Filers)		
4 Date 4/30/2020	5 Payee name Facebook				
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Advertising Expense	promotion			
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held		
Date 5/6/2020	Payee name Constant Contact				
Amount (\$) 101.27	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Fees	Description email program			
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 5/17/2020	Payee name Zoom				
Amount (\$) 15.96	Payee address; City; State 55 Almaden Blvd. San Jose, TX 95113	; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Fees	Description virtual meetings			
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	ED		

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 8 of 9	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)		
4 Date 5/28/2020	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 so Fees	(b) Description website			
9 Complete ONLY if direct expenditure to benefit C/C		Schedule T Check if A	Austin, TX, officeholder living expense Office held		
Date 6/6/2020	Payee name Constant Contact				
Amount (\$) 101.27	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Fees	hedule) Description email program			
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 6/15/2020	Payee name Facebook				
Amount (\$) 250.00	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sc Advertising Expense	hedule) Description promotions			
	Check if travel outside of Texas, complete	schedule T Check if /	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	ĒD		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 of 9 **Mr Manuel Pelaez** 4 Date 5 Payee name 6/18/2020 Zoom 6 Amount (\$) 7 Payee address; City; State; Zip Code 15.96 55 Almaden Blvd. San Jose, TX 95113 (a) Category (See categories listed at the top of this schedule) 8 (b) Description virtual meetings Fees **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 6/29/2020 Nationbuilder Amount (\$) Pavee address: City: State: Zip Code 89.00 520 S. Grand Ave. Los Angeles, CA 90071 Category (See categories listed at the top of this schedule) Description website Fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State; Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees Food/Beverage Expense

Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political Co	Gifts/Awards/Memorials Expense Printing Expense pmmittee Legal Services Salaries/Wages/Contract La	Travel Out Of District bor Other (enter a category not listed above)
	The Instruction Guide explains how to complete this fo	
1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS	\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Desc	cription
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description	cription
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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;				
		Oity,	State, Zip Gode			
	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

Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	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 UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ O
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Descrip	otion
	(c) Check if travel outside of Texas, complete schedule T	heck if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Descrip	ption
	Check if travel outside of Texas, complete schedule T	heck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Fees Food/Beverage Expense Gifts/Awards/Memorials Expense

Polling Expense Printing Expense Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officeholder/Political C		ies/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to co	mplete this form		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1 of 1	Mr Manuel Pelaez			
4 Date	5 Payee Name			
6 Amount (\$)	7 Payee address; City; State; Zi	p Code		
Reimbursement from political contributions				
intended				
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE OF				
EXPENDITURE				
LAI LIIDII GILL	(c) Check if travel outside of Texas, complete schedu	ıle T Check it	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	t Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/0	OH			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zi	p Code		
Reimbursement from political contributions				
intended				
DUDDOOF	Category (See categories listed at the top of this schedule) Description			
	PURPOSE OF			
EXPENDITURE				
	Check if travel outside of Texas, complete schedu	ıle T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/0	OH			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zi	p Code		
Reimbursement from				
political contributions				
intended				
PURPOSE	Category (See categories listed at the top of this schedule)	Description		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete schedu	ıle T Check it	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OΠ			
	ATTACH ADDITIONAL CODIES OF THE	COUEDINE AC NEED	ED	
	ATTACH ADDITIONAL COPIES OF THIS S	OCHEDULE AS NEED	בט	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By

Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense

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

Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form
1 Total pages Schedule 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
9 Complete ONLY if direct expenditure to benefit C/0	
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description
Complete ONLY if direct expenditure to benefit C/0	
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description
Complete ONLY if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE

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	1		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description	otion (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	otion (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.)	otion (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.)	otion (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	1 Total pages Schedule K: 1 of 1	
2 FILER NAME Mr Manuel Pela	ez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code
	7 Purpose for which amount is received CI	neck 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 Cl	neck 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 CI	neck 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 CI	neck 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 Ins	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 Comm	ission Filers)	
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor / P	ayee		
5 Contribution / Expendi	ture reported on				
Schedule A2	Schedule		Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of pers		Schedule 11	Scriedule COTFOC	Ochedule B-00
O Dates of traver	7 Name of pers	son(s) traveling			
	8 Departure cit	y or name of departure location	ı		
	9 Destination of	ity or name of destination locati	ion		
10 Means of transporta	ation	11 Purpose of travel (including	name of conference, sem	ninar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor / P	ayee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(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 L	abor Organization / Pledgor / P	ayee		
Contribution / Expendi	ture renorted on				
			Cabadula 00	Cabadule D	Cabadula 54
Schedule A2 Schedule F2	Schedule Schedule		Schedule C2 Schedule H	Schedule D Schedule COH-UC	Schedule F1 Schedule B-SS
Dates of travel		son(s) traveling	Scriedule H	Scriedule COH-OC	Scriedule B-33
Departure city or name of departure location					
	Destination city or name of destination location				
Means of transporta	ation	Purpose of travel (including	name of conference, sem	ninar, or other event)	
	ATTA	CH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• C/OH NAME Filer ID (Ethics Commission Filers) Mr Manuel Pelaez **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. .. **CAMPAIGN FUNDS** A. 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. В. **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