

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 10		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Manny</b>	MI			Date Received		
	NICKNAME	LAST <b>Pelaez</b>	SUFFIX					
4 ORIGINAL REPORT TYPE	July 15: Semi-Annual					Date Hand-delivered or Date Postmarked		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Receipt #	Amount \$
		4/2/2024	THROUGH	6/30/2024	Date Processed			Date Imaged

## 6 EXPLANATION OF CORRECTION

Inadvertently omitted several donations received and reported two donations that had been received but not been deposited into the bank (deleted from the corrected report). Additionally, updated job titles and occupations on eight entries and included a credit card processing fee that had been inadvertently omitted.

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

\*\*\* Electronically Certified \*\*\*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Manny Pelaez this the 18th day of July, 20 24, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received		
<input type="checkbox"/> Change of Address	3522 Paesano Pkwy #301 San Antonio TX 78231			7/18/2024 2:41:30PM		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #		
	NICKNAME	LAST	SUFFIX	Amount \$		
	31305 Keeneland Drive Boerne TX 78015			Date Processed		
				7/18/2024 2:41:30PM		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
(Residence or Business)	31305 Keeneland Drive Boerne TX 78015					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	July 15: Semi-Annual					
10 PERIOD COVERED	Month	Day	Year	Month	Day	
	4/2/2024		THROUGH	6/30/2024		
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other		
	5/3/2025		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	City Councilman District 8			Mayor		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <b>Manny Pelaez</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small>
--	--

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 29560.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$ 38924.66</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 8963.24</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 0</b>

## 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 **Manny Pelaez**, this the **18th** day of **July**, **2024**, 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

<b>19</b> FILER NAME <b>Manny Pelaez</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 29326.50</b>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 233.50</b>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 37094.05</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 1830.61</b>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 5**

2 FILER NAME  
**Manny Pelaez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/9/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Gary Greenberg**

7 Amount of contribution (\$)  
**250.00**

6 Contributor address; City; State; Zip Code  
**5311 Auburn Rdg  
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)  
**Retired**

9 Employer (See instructions)  
**Retired**

Date  
**4/10/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Brent Farney**

Amount of contribution (\$)  
**1000.00**

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

Principal occupation / Job title (See instructions)  
**Attorney**

Employer (See instructions)  
**Thomas J Henry Law PC**

Date  
**4/11/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**David McGee**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**000 000  
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)  
**CEO**

Employer (See instructions)  
**Amegy Bank**

Date  
**4/11/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Fermin Rajunov**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**5 Wayward Oaks  
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)  
**Business Owner**

Employer (See instructions)  
**Self-employed**

**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 5**

2 FILER NAME  
**Manny Pelaez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/11/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rene Capistran**

7 Amount of contribution (\$)  
**1000.00**

6 Contributor address; City; State; Zip Code  
**3512 La Soledad Court  
Brownsville, TX 78520**

8 Principal occupation / Job title (See instructions)  
**Consultant**

9 Employer (See instructions)  
**Self-employed**

Date  
**4/21/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lawrence Mann**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**8000 Donore Pl #50  
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)  
**Retired**

Employer (See instructions)  
**Retired**

Date  
**4/23/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**William Wortman**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**10760 Capesthorne Way  
Las Vegas, NV 89153**

Principal occupation / Job title (See instructions)  
**Director**

Employer (See instructions)  
**Exact Imaging**

Date  
**4/23/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ken Brown**

Amount of contribution (\$)  
**1000.00**

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

Principal occupation / Job title (See instructions)  
**Partner**

Employer (See instructions)  
**Brown & McDonald PLLC**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 of 5**

2 FILER NAME  
**Manny Pelaez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/24/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Linebarger Goggan Blair & Sampson LLP**

7 Amount of contribution (\$)  
**1000.00**

6 Contributor address; City; State; Zip Code  
**PO Box 17428  
Austin, TX 78760**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**6/13/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Walter Serna**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**237 W Travis Street #100  
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)  
**Attorney**

Employer (See instructions)  
**Self-employed**

Date  
**6/13/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Royal Lea Law Office PLLC**

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

Contributor address; City; State; Zip Code  
**1901 NW Military HWY #218  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**6/13/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Weiping Chan**

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

Contributor address; City; State; Zip Code  
**19418 Cannon Hills Lane  
Richmond, TX 77407**

Principal occupation / Job title (See instructions)  
**Professional Engineer**

Employer (See instructions)  
**Self-employed**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 5**

2 FILER NAME  
**Manny Pelaez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/13/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Richard Karam**

7 Amount of contribution (\$)  
**250.00**

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

8 Principal occupation / Job title (See instructions)  
**Attorney**

9 Employer (See instructions)  
**Self-employed**

Date  
**6/22/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lee Finklea**

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

Contributor address; City; State; Zip Code  
**126 Foxhall Ln  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)  
**Physician**

Employer (See instructions)  
**Methodist Healthcare**

Date  
**6/27/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rob McDaniel**

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

Contributor address; City; State; Zip Code  
**20 Dominion Dr  
San Antonio , TX 78256**

Principal occupation / Job title (See instructions)  
**Director**

Employer (See instructions)  
**Dominion HOA**

Date  
**6/27/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Wendy Black**

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

Contributor address; City; State; Zip Code  
**431 King William St  
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**Self-employed**

Employer (See instructions)  
**Self-employed**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**5 of 5**

**2** FILER NAME  
**Manny Pelaez**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**6/28/2024**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jason Morrow**

**7** Amount of contribution (\$)  
**250.00**

**6** Contributor address; City; State; Zip Code  
**28215 Heritage Trl  
Boerne, TX 78015**

**8** Principal occupation / Job title (See instructions)  
**Physician**

**9** Employer (See instructions)  
**UT Health**

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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

<b>1</b> Total pages Schedule F1: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Manny Pelaez</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>6/30/2024</b>	<b>5</b> Payee name <b>Stripe</b>				
<b>6</b> Amount (\$) <b>555.48</b>	<b>7</b> Payee address; City; State; Zip Code <b>185 Berry Street #550 San Francisco, CA 94107</b>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Total credit card processing fees for reporting period</b>			
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

  

Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

  

Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**