CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Commi	ssion Filers)		2 Total pages filed 6	l:		OFFICE US	SE ONLY
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Manny LAST Pelaez			MI SUFFIX	Date Received	
4	ORIGINAL REPORT TYPE	July 15: Semi-A	nnual				Deta Lland deliverse	l or Data Deatmorked
		July 15. Seilli-A	illiuai				Date Hand-delivered or Date Postmarked	
							Receipt #	Amount \$
5	ORIGINAL PERIOD	,	Year	Month	,	Year	Date Processed	
	COVERED	1/1/2023	TH	ROUGH	6/30/2023		Date Imaged	
6	EXPLANATION OF CO	ORRECTION						
	Updating a few mis	sed entitles						
7	AFFIDAVIT	I swear, or affirm, under penalty of perjury, that report is true and correct.				jury, that	this corrected	
	Check ONLY if applicable:							
		Semiannual reports: I swear, or affirm, that made in good faith and without an intent to misl 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.					l that or	
					* * * E!	lectronica	ally Certified * * *	
A	FFIX NOTARY STAM	P / SEAL ABOVE		S	ignature of	Candidate	or Officeholder	
	worn to and subscribe certify which, witness		-	Pelaez	this th	e <u>25th</u> 0	day of <u>July</u>	, 20 <u>23</u> ,
_	Signature of officer adm	inistering oath	Printed r	name of officer administering	ng oath		Title of officer admir	nistering 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 G	1 Filer ID (Ethics Commission Filers)		2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER		MR FIRST MI Manny		MI	OFFICE USE ONLY	
NAME		CKNAME LAST Pelaez		Date Received 7/25/2023 3:3		31PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; 3522 Paesano Pkwy #301 San Antonio TX 78231			CITY; STA	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION () -		ISION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER		FIRST Chad		MI	Receipt #	Amount \$
NAME		 ∟AST Taylor	;	SUFFIX	Date Processed 7/25/2023 3:37:3 Date Imaged	1PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	TREASURER ADDRESS San Antonio TX 78247					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 875-8747					
9 REPORT TYPE July 15: Semi-Annual						
10 PERIOD COVERED	Month Day Year Month Day Year 1/1/2023 THROUGH 6/30/2023					
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023 ELECTION TYPE Runoff Other Description X General Special					
12 OFFICE	OFFICE HELD (if any) Council District 8	,		13 OFFICE SOUGHT Council Distri	,	
		GO ТО	PAGE 2			

Revised 01/01/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Manny Pelaez				15 Filer II) (Ethics Commission Filers)
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.				
	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	GENERAL COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPA	IGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 1. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0			0	
		CICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	9400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.			\$	467.37
	4. TOTAL POLITICAL EXPENDITURES			\$	58603.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 32930.68			32930.68	
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 is true and correct and includes all me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	e or Officeho	older
Sworn to and subscribe of July ,	•	•		this t	the <u>25th</u> day
Signature of officer adn	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 Manny Pelaez	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9400.00
2.	. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION:	\$ \$0
3.	. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4.	. SCHEDULE E: LOANS	\$0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$53195.48
6.	. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7.	. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$0
8.	. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9.	. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS \$ 5408.45
10.	. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$0
11.	. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS \$0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL RETURNED TO FILER	JTIONS \$0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense 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 Credit Card Payment	Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District 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 F1: 1 of 2	2 FILER NAME Manny Pelaez 3 Filer ID (Ethics Commission Filers)			
4 Date 6/5/2023	5 Payee name Range			
6 Amount (\$) 171.43	7 Payee address; City; State; Zip Code 125 E Houston San Antonio, TX 78205			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense (b) Description campaign meeting			
	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct				
Date 6/7/2023	Payee name Constant Contact			
Amount (\$) 133.25				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees Description email program			
	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 6/8/2023	Payee name Extra Space			
Amount (\$) 198.00	Payee address; City; State; Zip Code 9738 Huebner San Antonio, TX 78240			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees Description campaign storage			
	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				

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 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 Other (enter a category not listed above) Legal Services 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 2 **Manny Pelaez** 4 Date 5 Payee name 6/9/2023 Range 6 Amount (\$) 7 Payee address; City; State; Zip Code 141.50 125 E Houston San Antonio, TX 78205 (a) Category (See categories listed at the top of this schedule) 8 (b) Description meeting Food/Beverage Expense **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 6/15/2023 Shutterfly Amount (\$) Pavee address: City: State: Zip Code 380.95 10 Almaden Blvd San Jose, CA 95113 Category (See categories listed at the top of this schedule) Description printing **Printing 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 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