

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: 37	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Manuel			OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX Manny Pelaez				
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12402 Abbey Park San Antonio TX 78249				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (210) 902-9265			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr Chad			Receipt # Amount \$	
	NICKNAME LAST SUFFIX Taylor			Date Processed	
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3115 Pinto Pass San Antonio TX 78247			Date Imaged	
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION (210) 875-8747				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	8 CAMPAIGN TREASURER PHONE				
9 REPORT TYPE	8th Day Before General Election				
10 PERIOD COVERED	Month Day Year 3/26/2019 THROUGH 4/24/2019				
11 ELECTION	ELECTION DATE Month Day Year 5/4/2019		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) Councilman		13 OFFICE SOUGHT (if known) Council District 8		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr Manuel Pelaez	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small>	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17389.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 468.24
	4. TOTAL POLITICAL EXPENDITURES	\$ 13588.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30495.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT		
<p>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.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Mr Manuel Pelaez</u> , this the <u>29th</u> day of <u>April</u> , 20 <u>19</u> , 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	\$ 17389.00
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	\$ 13588.85
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	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 14

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
3/29/2019

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

7 Amount of contribution (\$)
99.00

6 Contributor address; City; State; Zip Code
**9202 Standing Creek Lane
San Antonio, TX 78230**

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

9 Employer (See instructions)
self

Date
3/29/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**306 Huntington Place
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Najim Family Foundation

Date
3/29/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4512 Elohi Dr.
Austin, TX 78746**

Principal occupation / Job title (See instructions)
UTSA Blvd LP

Employer (See instructions)
self

Date
3/29/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2995 Woodside Rd.
Woodside , CA 94062**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Schumacher Interests

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 14
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia Loza 6 Contributor address; City; State; Zip Code 7701 Wurzbach Rd. #1008 San Antonio, TX 78229	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired
Date 4/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Espinoza Contributor address; City; State; Zip Code 10202 Heritage Blvd. San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Espinoza Law Firm
Date 4/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross Properties LLC Contributor address; City; State; Zip Code PO Box 28490 San Antonio, TX 78228	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Ross Properties
Date 4/2/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Association of Realtors PAC Contributor address; City; State; Zip Code PO Box 2246 Austin, TX 78768	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) PAC		Employer (See instructions) PAC
<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 14

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
4/3/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Frances Camille Gong

7 Amount of contribution (\$) **50.00**

6 Contributor address; City; State; Zip Code
**14215 Woodlark
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
could not find

9 Employer (See instructions)
could not find

Date
4/3/2019

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

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

Contributor address; City; State; Zip Code
**3115 Iron Stone LN
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
business owner

Employer (See instructions)
self

Date
4/3/2019

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

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

Contributor address; City; State; Zip Code
**10623 Cavellier Point
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
self

Date
4/3/2019

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

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

Contributor address; City; State; Zip Code
**326 N. Zarzamora
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Sedra Mart

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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: 4 of 14
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nishat Hirani 6 Contributor address; City; State; Zip Code 2027 Sawgrass Rdg. San Antonio, TX 78260	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Business owner		9 Employer (See instructions) Self
Date 4/3/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neil Gandhi Contributor address; City; State; Zip Code 10811 Butterfly Flat San Antonio, TX 78254	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self
Date 4/3/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Qiaoying Zhou Contributor address; City; State; Zip Code 18206 Branson FLS San Antonio, TX 78255	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self
Date 4/3/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zulfiqar Ahmed Contributor address; City; State; Zip Code 18914 Llano Ledge San Antonio, TX 78256	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:
5 of 14

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
4/3/2019

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**13426 Baldwin Ridge
San Antonio, TX 78249**

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

9 Employer (See instructions)
self

Date
4/3/2019

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**115 Bulverde Crossin Rd.
Bulverde, TX 78163**

Principal occupation / Job title (See instructions)
business owner

Employer (See instructions)
self

Date
4/3/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11 San Isidro
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
business owner

Employer (See instructions)
self

Date
4/3/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11 San Isidro
San Antonio, TX 78261**

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: 6 of 14
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irfan Butt 6 Contributor address; City; State; Zip Code 9006 Eagle Bend Helotes, TX 78203	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See instructions) business owner		9 Employer (See instructions) self
Date 4/3/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roy Food Mart Contributor address; City; State; Zip Code 1338 Culebra Road San Antonio, TX 78201	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) business owner		Employer (See instructions) self
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duane Geiger Contributor address; City; State; Zip Code 12107 Silver Shore CT. Indianapolis, IN 46236	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) Steak N Shake
Date 4/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sardar Biglari Contributor address; City; State; Zip Code 138 Manchester San Antonio, TX 78249	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) self
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/2019

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**7 Legacy Park
San Antonio, TX 78257**

8 Principal occupation / Job title (See instructions)
PAC

9 Employer (See instructions)
Dominion PAC

Date
4/6/2019

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11703 Bridge Hampton
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
OCI Group

Date
4/7/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1104 Wessex Dr.
Waco, TX 76712**

Principal occupation / Job title (See instructions)
Dentist

Employer (See instructions)
Main Street Dental Care

Date
4/10/2019

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**17803 La Cantera Terrace #11215
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
Finance

Employer (See instructions)
Bilgari Capital

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:
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2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
4/11/2019

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1777 NE Loop 410 #600
San Antonio, TX 78217**

8 Principal occupation / Job title (See instructions)
Educator

9 Employer (See instructions)
St. Mark's School

Date
4/11/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
4/11/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 W French Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Chair Elect

Employer (See instructions)
SA Hispanic Chamber of Commerce

Date
4/12/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6963 Willow Oak St.
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Sr. Systems Analyst

Employer (See instructions)
USAA

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 14
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Smyle 6 Contributor address; City; State; Zip Code 13411 Voelcker Ranch Dr. San Antonio, TX 78231	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Banker		9 Employer (See instructions) Wells Fargo
Date 4/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Weaver Contributor address; City; State; Zip Code 700 E. Olmos Dr. San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) McCombs Enterprises
Date 4/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Swize Contributor address; City; State; Zip Code 3019 Elm Creek Pl San Antonio, TX 78230	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) could not find		Employer (See instructions) could not find
Date 4/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katherine Goethe Contributor address; City; State; Zip Code 4614 Green Willow Woods San Antonio, TX 78249	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
<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:
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2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
4/18/2019

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

7 Amount of contribution (\$)
100.00

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

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self

Date
4/18/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
4/18/2019

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
4/19/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**514 Bentley Manor
Shavano Park, TX 78249**

Principal occupation / Job title (See instructions)
CEO

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: 11 of 14
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enrique Davila 6 Contributor address; City; State; Zip Code 215 Center St. #1808 San Antonio, TX 78202	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) could not find		9 Employer (See instructions) could not find
Date 4/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Fraser Contributor address; City; State; Zip Code 111 Cliffside Dr. San Antonio, TX 78231	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) VP & Counsel		Employer (See instructions) Valero
Date 4/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Schneider Contributor address; City; State; Zip Code 1580 S. Main St. Boerne, TX 78006	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) self
Date 4/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Lennon Contributor address; City; State; Zip Code 13022 Chimney Oak San Antonio, TX 78249	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
<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: 12 of 14
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Victor Pena 6 Contributor address; City; State; Zip Code 800 Vista Valet #703 San Antonio, TX 78216	7 Amount of contribution (\$) 240.00
8 Principal occupation / Job title (See instructions) Business owner		9 Employer (See instructions) Drop The Spotlight
Date 4/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randall Fields Contributor address; City; State; Zip Code 3400 River North Dr. San Antonio, TX 78230	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Arlitt Fields
Date 4/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Lauren Polunsky Contributor address; City; State; Zip Code 17806 IH 10 West San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Polunsky Beitel Green
Date 4/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lara Brock Contributor address; City; State; Zip Code 17219 Sendero FLS San Antonio, TX 78232	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Javier Espinoza Law Firm
<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:
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2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
4/23/2019

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**PO Box 29084
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)
Doctor

9 Employer (See instructions)
self

Date
4/23/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**12404 Abbey Park
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Javier Espinoza Law Firm

Date
4/23/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**18 Devon Wood
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Doctor

Employer (See instructions)
Self

Date
4/24/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**745 Tuxedo Ave
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Attorney

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: 14 of 14
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald Oroian 6 Contributor address; City; State; Zip Code 2515 Plumbrook Dr. San Antonio, TX 78258	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See instructions) Business Owner		9 Employer (See instructions) ADA Consulting Group
Date 4/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aamir Ehsan Contributor address; City; State; Zip Code 23007 Steeple Bluff San Antonio, TX 78256	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Doctor		Employer (See instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

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
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 F1: 1 of 8	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 3/26/2019	5 Payee name J. Alexanders	
6 Amount (\$) 150.30	7 Payee address; City; State; Zip Code 255 East Basse Rd. San Antonio, TX 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description campaign event <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/6/2019	Payee name Noah Barshop	
Amount (\$) 65.00	Payee address; City; State; Zip Code 15715 Thrush Gate Lane San Antonio, TX 78248	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <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 4/6/2019	Payee name Orlando Serrano	
Amount (\$) 325.00	Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <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: 2 of 8	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2019	5 Payee name Emiio Serrano		
6 Amount (\$) 345.00	7 Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description canvassing <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 4/8/2019	Payee name Mitzy Joria		
Amount (\$) 75.00	Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <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 4/9/2019	Payee name Ruby Galindo		
Amount (\$) 90.00	Payee address; City; State; Zip Code 136 Continental San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 8	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)			
4 Date 4/13/2019	5 Payee name Alexander Anstead					
6 Amount (\$) 67.50	7 Payee address; City; State; Zip Code 2266 Regency Point San Antonio, TX 78231					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description canvassing <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 4/15/2019	Payee name Emilio Serrano					
Amount (\$) 75.00	Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 4/15/2019	Payee name Viva Politics					
Amount (\$) 4000.00	Payee address; City; State; Zip Code 1850 Fredericksburg Rd. San Antonio, TX 78201					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Campaign consulting <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 8	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)			
4 Date 4/15/2019	5 Payee name Viva Strategy Group					
6 Amount (\$) 1589.06	7 Payee address; City; State; Zip Code 1850 Frederickburg Rd. San Antonio, TX 78201					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Fundraising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 4/16/2019	Payee name U.S. Post Office					
Amount (\$) 175.00	Payee address; City; State; Zip Code 1064 Vance Jackson San Antonio, TX 78201					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: postage	Description 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 <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 4/16/2019	Payee name Prestige Printing					
Amount (\$) 1304.42	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description mailer-printing <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 8	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2019	5 Payee name Alamo Mailing		
6 Amount (\$) 2887.88	7 Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Mailing - postage <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 4/19/2019	Payee name Facebook		
Amount (\$) 251.45	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, TX 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description promotions <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 4/20/2019	Payee name Emilio Serrano		
Amount (\$) 150.00	Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <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
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 F1: 6 of 8	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2019	5 Payee name Jose Molina	
6 Amount (\$) 140.00	7 Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description canvassing <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 4/20/2019	Payee name Jose Molina	
Amount (\$) 225.00	Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <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 4/20/2019	Payee name Orlando Arzola	
Amount (\$) 160.00	Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <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 8	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2019	5 Payee name Noah Barshoop		
6 Amount (\$) 127.50	7 Payee address; City; State; Zip Code 15715 Thrush Gate Lane San Antonio, TX 78248		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description canvassing <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 4/20/2019	Payee name Orlando Serrano		
Amount (\$) 135.00	Payee address; City; State; Zip Code 1 Camino Santa Maria San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <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 4/22/2019	Payee name Deanna Duran		
Amount (\$) 145.00	Payee address; City; State; Zip Code 5450 Rowley Rd. #11215 San Antonio, TX 78240		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 8	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2019	5 Payee name Alexander Anstead	
6 Amount (\$) 232.50	7 Payee address; City; State; Zip Code 2366 Regency Point San Antonio, TX 78231	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description canvassing <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 4/22/2019	Payee name Noah Barshop	
Amount (\$) 405.00	Payee address; City; State; Zip Code 15715 Thrush Gate Lane San Antonio, TX 78248	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description canvassing <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 (\$)	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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr Manuel Pelaez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

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

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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

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 <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
		<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	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date

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

☐ 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

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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