

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 26		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			Date Received
	Mr	Manuel				
	NICKNAME	LAST	SUFFIX			Date Hand-delivered or Date Postmarked
	Manny	Pelaez		Receipt #	Amount \$	
4 ORIGINAL REPORT TYPE	30th Day Before General Election			Date Processed		
				Date Imaged		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
			1/1/2021	THROUGH		3/22/2021

6 EXPLANATION OF CORRECTION

Incomplete

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 Mr Manuel Pelaez this the 2nd day of April, 20 21, 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**

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 41219.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 31.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 18899.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Manuel Pelaez, this the 3rd day of April, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr Manuel Pelaez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 41219.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18899.85
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 998.49

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
1/24/2021

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

7 Amount of contribution (\$)
50.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
USAA

Date
1/24/2021

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
n/a

Date
1/31/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Health Warrior

Employer (See instructions)
Self

Date
2/9/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ernest Malchor

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2136 Salinas
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9502 Computer Dr
San Antonio, TX 78229**

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

9 Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9502 Computer Dr
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

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:
3 of 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2021

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

7 Amount of contribution (\$)
500.00

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

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

9 Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

Date
2/9/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Self

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 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Betancourt 6 Contributor address; City; State; Zip Code 3906 W Martin St San Antonio, TX 78207	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Business owner		9 Employer (See instructions) Self
Date 2/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Jaime Betancourt Contributor address; City; State; Zip Code 3906 W Martin St San Antonio, TX 78207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) Self
Date 2/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Lawrence Contributor address; City; State; Zip Code 13307 Hunters Hollow San Antonio, TX 78230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) n/a
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eman Mina Contributor address; City; State; Zip Code 94 Champion Clf San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Self
<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 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marina Mina 6 Contributor address; City; State; Zip Code 94 Champion Clf San Antonio, TX 78258	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Student		9 Employer (See instructions) n/a
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Mery Contributor address; City; State; Zip Code 8118 Datapoint San Antonio, TX 78229	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glen Grossenbacher Contributor address; City; State; Zip Code 24165 W I 10 #217 San Antonio, TX 78257	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Ernest Salinas Contributor address; City; State; Zip Code 2136 Salinas San Antonio, TX 78207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Business owner		Employer (See instructions) Self
<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: 6 of 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raul Lomeli 6 Contributor address; City; State; Zip Code 3318 Sable Creek San Antonio, TX 78259	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Chairman		9 Employer (See instructions) Saber ES Poder
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Carrasco Contributor address; City; State; Zip Code 000 No address San Antonio, TX 00000	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Software Engineer		Employer (See instructions) USAA
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Lisk Contributor address; City; State; Zip Code 8922 Brae Bend San Antonio, TX 78249	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth Stewart Contributor address; City; State; Zip Code 11318 Woodridge Path San Antonio, TX 78249	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Former Nurse Educator		Employer (See instructions) n/a
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricardo & Sandra Castro 6 Contributor address; City; State; Zip Code 000 no address San Antonio, TX 78249	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See instructions) n/a		9 Employer (See instructions) n/a
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Kennick Contributor address; City; State; Zip Code 8323 Magdalena Run San Antonio, TX 78023	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Electronics Engineer		Employer (See instructions) US Air Force
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Helen Cronenberger Contributor address; City; State; Zip Code 000 no address San Antonio, TX 78230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donna Hill Contributor address; City; State; Zip Code 000 no address San Antonio, TX 00000	Amount of contribution (\$) 47.00
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:
8 of 11

2 FILER NAME
Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
2/12/2021

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

7 Amount of contribution (\$)
47.00

6 Contributor address; City; State; Zip Code
**13411 Voelcker Ranch
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
Controller

9 Employer (See instructions)
Methodist Healthcare

Date
2/13/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Edward Kelley

Amount of contribution (\$)
235.00

Contributor address; City; State; Zip Code
**7 Links Green
San Antonio, TX 78257**

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

Employer (See instructions)
n/a

Date
2/13/2021

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

Amount of contribution (\$)
47.00

Contributor address; City; State; Zip Code
**12903 Pronghorn Oak
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
Speaking Coach

Employer (See instructions)
Self

Date
2/13/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gina Sandoval

Amount of contribution (\$)
30.00

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

Principal occupation / Job title (See instructions)
IT Scrum Master

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 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald Oroian 6 Contributor address; City; State; Zip Code 2515 Plumbrook San Antonio, TX 78258	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) Civil Engineer		9 Employer (See instructions) ADA Consulting Group
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joanne Wells Contributor address; City; State; Zip Code 610 E Market Street #3302 San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) Dailey Wells
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Wells Contributor address; City; State; Zip Code 610 E Market St #3302 San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Dailey Wells
Date 2/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bobby Perez Contributor address; City; State; Zip Code 327 E Huisache San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) SSE
<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: 10 of 11
2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Shearn 6 Contributor address; City; State; Zip Code 1405 Spyglass Austing, TX 78746	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Investor		9 Employer (See instructions) Self
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Shearn Contributor address; City; State; Zip Code 1405 Spyglass Austin, TX 78746	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) Business owner
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelton Birch Contributor address; City; State; Zip Code 7111 Washita Way San Antonio, TX 78256	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) n/a
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jude Garcia Contributor address; City; State; Zip Code 7319 San Antonio San Antonio, TX 78256	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Aroble Marketing
<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
3/2/2021

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

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**430 Sand Ash Trail
San Antonio, TX 78256**

8 Principal occupation / Job title (See instructions)
U.S. Airmen

9 Employer (See instructions)
US Air Force

Date
3/4/2021

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
software engineer

Employer (See instructions)
USAA

Date
3/12/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 781609
San Antonio, TX 78278**

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

Employer (See instructions)
NuStar Pac

Date
3/19/2021

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

Amount of contribution (\$)
25.00

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

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
USAA

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
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 1/4/2021	5 Payee name Constant Contact		
6 Amount (\$) 101.27	7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description email program
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 1/27/2021	Payee name Southerleigh		
Amount (\$) 246.36	Payee address; City; State; Zip Code 136 E Grayson St San Antonio, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Event
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 1/29/2021	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S Grand Ave Los Angeles , CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website program
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

Date 2/5/2021	Payee name Mi Tierra		
Amount (\$) 28.00	Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Event food	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 2/9/2021	Payee name Matthew Merchant Campaign		
Amount (\$) 200.00	Payee address; City; State; Zip Code 1844 Bandera Rd #300 Helotes, TX 78023		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description candidate	
	<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 2/22/2021	5 Payee name Vista Print		
6 Amount (\$) 59.85	7 Payee address; City; State; Zip Code 275 Wymam St Waltham, MA 02451		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description hats
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/22/2021	Payee name Viva Politics		
Amount (\$) 4050.00	Payee address; City; State; Zip Code 1850 Fredricksburg Rd San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Campaign management
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/22/2021	Payee name Sign Busters		
Amount (\$) 2840.00	Payee address; City; State; Zip Code PO Box 241018 San Antonio, TX 78224		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description sign placement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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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 3/1/2021	5 Payee name Constant Contact		
6 Amount (\$) 101.27	7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description email program
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/1/2021	Payee name Nationbuilder		
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S Grand Ave Los Angeles, TX 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description website
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/4/2021	Payee name Amazon		
Amount (\$) 100.00	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description Gift cards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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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 3/9/2021	5 Payee name Sergio Buentello		
6 Amount (\$) 440.00	7 Payee address; City; State; Zip Code 1827 Wood Grove San Antonio, TX 78232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Sign placement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/16/2021	Payee name TX Dem Van Access		
Amount (\$) 865.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Van program
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/17/2021	Payee name JVC Media		
Amount (\$) 974.75	Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description signs
	<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: 6 of 8	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2021	5 Payee name Amazon		
6 Amount (\$) 73.00	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description promotional giveaways
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/19/2021	Payee name Zoom		
Amount (\$) 15.96	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Zoom program/meetings
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/22/2021	Payee name Paesanos		
Amount (\$) 112.98	Payee address; City; State; Zip Code 3622 Paesano Pkwy San Antonio, TX 78231		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Fundraiser
	<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: 7 of 8	2 FILER NAME Mr Manuel Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Payee name Alamo Mailing		
6 Amount (\$) 747.55	7 Payee address; City; State; Zip Code 13114 Look Out Run San Antonio, TX 78233		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Mailer/postage
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/22/2021	Payee name Home Depot		
Amount (\$) 57.25	Payee address; City; State; Zip Code 12871 I 10 DeZavala San Antonio, TX 78249		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description supplies for sign maintenance
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/22/2021	Payee name Ajuua		
Amount (\$) 48.47	Payee address; City; State; Zip Code 11703 Huebner Road #208 San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Volunteers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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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 3/22/2021	5 Payee name Mon Chou Chou		
6 Amount (\$) 92.34	7 Payee address; City; State; Zip Code 312 Pearl Parkway San Antonio, TX 78521		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Fundraising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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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 3

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
1/26/2021

5 Name of person from whom amount is received

Manny Pelaez

8 Amount (\$)

91.59

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

**3522 Paesano Pkwy
San Antonio, TX 78231**

7 Purpose for which amount is received

event expense-Paisano's

☐ Check if political contribution returned to filer

Date
1/29/2021

Name of person from whom amount is received

Manny Pelaez

Amount (\$)

246.36

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

**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received

campaign team - Southerleigh

☐ Check if political contribution returned to filer

Date
2/11/2021

Name of person from whom amount is received

Manny Pelaez

Amount (\$)

28.00

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

**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received

event expense - Mi Tierra

☐ Check if political contribution returned to filer

Date
2/22/2021

Name of person from whom amount is received

Manny Pelaez

Amount (\$)

59.85

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

**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received

promotional items - vista print

☐ Check if political contribution returned to filer

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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:

2 of 3

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
2/23/2021

5 Name of person from whom amount is received
Manny Pelaez

8 Amount (\$)
173.63

6 Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

7 Purpose for which amount is received
campaign - Paesano's

☐ Check if political contribution returned to filer

Date
3/5/2021

Name of person from whom amount is received
Manny Pelaez

Amount (\$)
92.34

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received
Event - Mon Chou Chou

☐ Check if political contribution returned to filer

Date
3/5/2021

Name of person from whom amount is received
Manny Pelaez

Amount (\$)
57.25

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received
Home Depot - sign supplies

☐ Check if political contribution returned to filer

Date
3/7/2021

Name of person from whom amount is received
Manny Pelaez

Amount (\$)
48.47

Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

Purpose for which amount is received
Ajuua - volunteers

☐ Check if political contribution returned to filer

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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:

3 of 3

2 FILER NAME

Mr Manuel Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date
3/8/2021

5 Name of person from whom amount is received
Manny Pelaez

8 Amount (\$)
201.00

6 Address of person from whom amount is received; City; State; Zip Code
**3522 Paesano Pkwy
San Antonio, TX 78231**

7 Purpose for which amount is received
campaign event - Food truck

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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