CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to comple	ete this form.	1 Filer ID (Et	thics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER		R FIRST MI Manny		MI	OFFICE U	SE ONLY
NAME			• • • • • •	SUFFIX	Date Received 7/25/2023 3:37:3	33PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3522 Paesano Pkwy #301 San Antonio TX 78231					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE () -	NUMBER	EXTEN	ISION	Date Hand-delivered	I or Date Postmarked
6 CAMPAIGN TREASURER		FIRST Chad		MI	Receipt #	Amount \$
NAME		 _AST Taylor		SUFFIX	Date Processed 7/25/2023 3:37:3 Date Imaged	3PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3115 Pinto Road San Antonio TX 78247					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 875-8747					
9 REPORT TYPE	July 15: Semi-Annu	ıal				
10 PERIOD COVERED	Month 1/1/	Day Year // 2023	THROUG	Month GH 6/ 3	Day Year 30/2023	
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023	Primary X Genera		Description		
12 OFFICE	OFFICE HELD (if any) Council District 8	,		13 OFFICE SOUGHT Council Distri	,	
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Manny Pelaez				15 Filer II) (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
		COMMITTEE CAMPA	IGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		CICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	9400.00
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPEND		NDITURES.	\$	467.37	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	58603.93
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	32930.68
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	0
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	te or Officeho	older
Sworn to and subscribe of July ,	•	•		this t	the <u>25th</u> day
Signature of officer adn	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

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SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

FILER N	AME	20 Filer ID (Ethics Co.	mmission Filers)
Manny I	Pelaez		
	SUBTOTAL AMOUNT		
X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9400.00
X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0
X	SCHEDULE E: LOANS		\$ 0
X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 53195.48
X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0
X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 5408.45
X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH	\$ 0
X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS	\$ 0
X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0
	SCHEDUNAME OF X	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS X SCHEDULE B: PLEDGED CONTRIBUTIONS X SCHEDULE E: LOANS X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	SCHEDULE SUBTOTALS NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS X SCHEDULE B: PLEDGED CONTRIBUTIONS X SCHEDULE E: LOANS X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS

SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 6
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 4/27/2023	5 Full name of contributor ☐ out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S PO Box 2746 Austin, TX 78768	State; Zip Code	
8	Principal occupa Realtors	tion / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 5/2/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 28490 San Antonio, TX 78228	State; Zip Code	
Principal occupation / Job title (See instructions) property management			Employer (See instru Ross Properties	ctions)
	Date 5/2/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 33240 San Antonio, TX 78265	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Zachry Group	ctions)
	Date 5/2/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 7 Grand Terrace San Antonio, TX 78257			
Principal occupation / Job title (See instructions) Employer (See instructions) self			Employer (See instru self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	T	he Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 2 of 6
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 5/2/2023	5 Full name of contributor □ out-of-state PAC (ID#) Paul Rolfs		7 Amount of contribution (\$) 200.00	
		6 Contributor address; 2611 Eisenhauer Rd #301 San Antonio, TX 78209	City; S	State; Zip Code	
8 Principal occupation / Job title (See instructions) business owner 9 Employer (See instructions) self		9 Employer (See instru	uctions)		
	Date 5/2/2023	Full name of contributor Andrea Sitterle	out-of-state PA	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 339 Ridgemont Ave San Antonio, TX 78232	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) home builder		Employer (See instru self	uctions)		
	Date 5/2/2023	Full name of contributor Charles Gottsman	out-of-state PA	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 2438 Freedom San Antonio, TX 78217	City; S	State; Zip Code	
	Principal occupa	rtion / Job title (See instructions)		Employer (See instru	ictions)
	Date 5/2/2023	Full name of contributor Rosyln Sords	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 8000 Donore PI San Antonio, TX 78229	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instrund) n/a	uctions)

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

SCHEDULE A1

	,	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 6
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 5/2/2023	5 Full name of contributor ☐ out-of-state PA Bridget Hershap	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 17707 Maui Sands San Antonio, TX 78255	State; Zip Code	
8	Principal occup Labratory dir	ation / Job title (See instructions)	9 Employer (See instru Corepath	ctions)
	Date 5/2/2023	Full name of contributor ut-of-state PA William & Carole Vaughn	\C (ID#)	Amount of contribution (\$) 750.00
		Contributor address; City; S 1423 Greystone Ridge San Antonio, TX 78258	State; Zip Code	
Principal occupation / Job title (See instructions) Auto Dealer		Employer (See instru self	ctions)	
	Date 5/2/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 143 Blue Bonnett Blvd San Antonio, TX 78209	State; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru self	ctions)
	Date 5/2/2023	Full name of contributor ut-of-state PA Patricia Mann	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 8000 Donore #49 San Antonio, TX 78229	State; Zip Code	
	Principal occup oil business	ation / Job title (See instructions)	Employer (See instru self	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 4 of 6
2	FILER NAME Manny Pelaez			3 Filer ID (Ethics Commission Filers)
4	Date 5/2/2023	5 Full name of contributor ☐ out-of-state F Denise Bunk	PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 8034 Chambers San Antonio, TX 78229	State; Zip Code	
8	Principal occupa retired	tion / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 5/2/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 14000 San Antonio, TX 78214	State; Zip Code	
		Employer (See instru	ctions)	
	Date 5/2/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; PO Box 8278 San Antonio, TX 78218	State; Zip Code	
	Principal occupa Medical Center	tion / Job title (See instructions) Alliance	Employer (See instru	ctions)
	Date 5/8/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 12300 IH 10 West San Antonio, TX 78230	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)

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

SCHEDULE A1

	7	The Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 5 of 6
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2023	5 Full name of contributor USAA PAC	out-of-state PA	.C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 9800 Fredericksburg Rd San Antonio, TX 78288	City; S	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru USAA PAC	ictions)
	Date 5/16/2023	Full name of contributor Richard Karam	out-of-state PA	.C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 8118 Datapoint Dr San Antonio, TX 78229	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instalted in Self			Employer (See instru Self	actions)	
	Date 5/16/2023	Full name of contributor 3RNV Real Estate LLC	out-of-state PA	.C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 443 Pueblo Pintado Helotes, TX 78203	City; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ictions)
	Date 5/16/2023	Full name of contributor Marc E Rodriguez	out-of-state PA	.C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 317 E Rosewood San Antonio, TX 78212	City; S	tate; Zip Code	
	Principal occupation / Job title (See instructions) business			Employer (See instru Self	ictions)

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

SCHEDULE A1

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 6 of 6
2	FILER NAME Manny Pelaez				3 Filer ID (Ethics Commission Filers)
4	Date 5/16/2023	5 Full name of contributor Judas S Garcia	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 300.00
		6 Contributor address; 7319 Washita Way San Antonio, TX 78256	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	actions)
	Date 5/16/2023	Full name of contributor Max & Irene Navarro	out-of-state P	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 23207 Linwood Ridge San Antonio, TX 78256	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) self		Employer (See instru self	actions)		
	Date 5/16/2023	Full name of contributor SA Apartman Association	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 7525 Babcock San Antonio, TX 78249	City;		
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ictions)
	Date 5/16/2023	Full name of contributor Albert Carrizalez	out-of-state P/	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 111 W Huisache Ave San Antonio, TX 78212	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Community/ Urban Relations		Employer (See instru UTSA	actions)		

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

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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 Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5	Date 6 Full name of contributor out-of-state PAC (ID#		8 Amount of Contribution \$ 9 In-kind contribution description	
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FC	Check if travel outside of Texas, complete Schedule T OR 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 co	ontributor's spouse (if any) (FOR JUDICIAL)	
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Date Full name of contributor out-of-state PAC (ID#	Code	Amount of Contribution \$ In-kind contribution description Check if travel outside of Texas, complete Schedule T	
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FC	OR 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 TH	IIS SCHEDIII E	AS NEEDED	

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

	1	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1		
2	FILER NAME Manny Pelae	ez		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0		
5	Date	6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor address; City; State; Zip Code		8 Amount of Pledge \$ 9 In-kind contribution description		
10	Principal occu	pation / Job title (See instructions)	1 Employer (S	Check if travel outside of Texas, complete Schedule T ee instructions)		
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$		
	Principal occu	pation / Job title (See instructions)	Employer (S	Check if travel outside of Texas, complete Schedule T ee instructions)		
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$		
	Principal occu	pation / Job title (See instructions)	Employer (S	Check if travel outside of Texas, complete Schedule T ee instructions)		
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description		
	Principal occu	pation / Job title (See instructions)	Employer (Se	Check if travel outside of Texas, complete Schedule T ee 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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Manny Pelaez** 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 8 Lender address; City; State; Zip Code 10 Interest rate financial institution? 11 Maturity date **12** Principal occupation / Job title (See instructions) 13 Employer (See instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code 20 Principal occupation (See instructions) 21 Employer (See instructions) Date of loan Name of lender out-of-state PAC (ID#_ Loan Amount (\$) Is lender a Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) **Description of Collateral** Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: Zip Code not applicable Principal occupation (See instructions) Employer (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	·	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above) lete this form		
1 Total pages Schedule F1: 1 of 17	2 FILER NAME Manny Pelaez	3 Filer ID (Ethics Commission Filers)		
4 Date 4/27/2023	5 Payee name Maria Bonita Restaurant			
6 Amount (\$) 160.88	7 Payee address; City; State; Zip 0 5019 W Commerce St San Antonio, TX 78237	Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description fundraiser		
9 Complete ONLY if direct expenditure to benefit C/C		T Check if Austin, TX, officeholder living expense Office sought Office held		
Date 4/27/2023	Payee name Maria Bonita Restaurant			
Amount (\$) 576.99	Payee address; City; State; Zip 0 5019 W Commerce St San Antonio, TX 78237	Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description fundraiser		
	Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held		
Date 4/28/2023	Payee name Sushi Zushi			
Amount (\$) 137.25	Payee address; City; State; Zip 0 9867 W IH 10 San Antonio, TX 78230	Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Fundraising meeting		
	Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense L. Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense rinting Expense salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 17	2 FILER NAME Manny Pelaez	·	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/2023	5 Payee name Nationbuilder	-	
6 Amount (\$) 104.00	7 Payee address; City; State; 520 S Grand Ave Los Angeles, TX 90071	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedules Fees	(b) Description website/email	
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 5/1/2023	Payee name JVC Media		
Amount (\$) 242.48	Payee address; City; State; 3106 Fall Crest Dr San Antonio, TX 78247	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Printing Expense	ule) Description signs	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/3/2023	Payee name Gus Villareal		
Amount (\$) 75.00	Payee address; City; State; 1850 Fredricksburg San Antonio, TX 78201	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Salaries/Wages/Contract Labor	Description senior center eve	ent
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2023	5 Payee name Home Depot		
6 Amount (\$) 121.92	7 Payee address; City; State; 12871 IH 10 San Antonio, TX 78249	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sc Other: supplies	campaign supplie	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 5/4/2023	Payee name Prestige Printing		
Amount (\$) 3354.67	Payee address; City; State; 8 Burwood Lane San Antonio, TX 78216	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Printing Expense	hedule) Description printing	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/7/2023	Payee name Laura Garza		
Amount (\$) 2000.00	Payee address; City; State; 13230 Baldwin Ridge San Antonio, TX 78249	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Salaries/Wages/Contract Labor	hedule) Description campaign work	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 4 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2023	5 Payee name Marta Pelaez		
6 Amount (\$) 750.11	7 Payee address; City; State 2 Daventry Lane San Antonio, TX 78257	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Loan Repayment/Reimbursement		- Paella Fest food
9 Complete ONLY if direct expenditure to benefit C/C		Schedule T Check if A	Austin, TX, officeholder living expense Office held
Date 5/7/2023	Payee name Wallace Strategy Group LLC		
Amount (\$) 5000.00	Payee address; City; State 3529 Eva Jane San Antonio, TX 78261	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Consulting Expense	chedule) Description campaign	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/7/2023	Payee name Erin Nichols		
Amount (\$) 2000.00	Payee address; City; State 27846 Colorado Ridge Boerne, TX 78015	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Salaries/Wages/Contract Labor	Description campaign work	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form			
1 Total pages Schedule F1: 5 of 17	2 FILER NAME Manny Pelaez 3 Filer ID (Ethics Commission Filers)			
4 Date 5/8/2023	5 Payee name South Texas Blood & Tissue			
6 Amount (\$) 3000.00	7 Payee address; City; State; Zip Code 6211 IH 10 West San Antonio, TX 78201			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description contribution Contribution Contribution Contribution Contribution Contribution			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held			
Date 5/8/2023	Payee name Marina Gavito Campaign			
Amount (\$) 500.00	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) Contributions/Donations Made By Candidate/Officeholder/Political Committee Description contribution			
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C				
Date 5/8/2023	Payee name Sukh Kaur			
Amount (\$) 500.00	Payee address; City; State; Zip Code PO Box 120101 San Antonio, TX 78212			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Description contribution			
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 of 17 **Manny Pelaez** 4 Date 5 Payee name 5/8/2023 **Extra Space** 6 Amount (\$) 7 Payee address; City; State; Zip Code 198.00 9738 Huebner Rd San Antonio, TX 78240 (a) Category (See categories listed at the top of this schedule) 8 (b) Description storage **Fees PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 5/8/2023 **Constant Contact** Amount (\$) Pavee address: City: State: Zip Code 133.25 3675 Precision Drive Loveland, CO 80538 Category (See categories listed at the top of this schedule) Description email program Fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 5/8/2023 Mi Famiia Amount (\$) Payee address; City; Zip Code State; 1434.91 18403 IH 10W San Antonio, TX 78257 Category (See categories listed at the top of this schedule) Description **Election Day event Event Expense PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez	·	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2023	5 Payee name Mi Familia		
6 Amount (\$) 252.76	7 Payee address; City; State 18403 IH 10W San Antonio, TX 78257	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this see Event Expense	(b) Description Election Day ever	nt
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 5/8/2023	Payee name Norma Denham & Assoc		
Amount (\$) 3842.50	Payee address; City; State 15706 Knoll Creek San Antonio, TX 78247	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this see Consulting Expense	Description fundraising	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/8/2023	Payee name La Fogata		
Amount (\$) 130.33	Payee address; City; State 2427 Vance Jackson San Antonio, TX 78213	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Food/Beverage Expense	Description campaign meetin	g
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains he	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 8 of 17	2 FILER NAME Manny Pelaez	·	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2023	5 Payee name The Palm		
6 Amount (\$) 326.27	7 Payee address; City; Stat 233 E Houston San Antonio, TX 78205	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Food/Beverage Expense	fundraising	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 5/12/2023	Payee name Total Wine		
Amount (\$) 732.61	Payee address; City; Stat 17530 La Cantera Pkwy San Antonio, TX 78257	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sevent Expense	Description campaign team e	event
	Check if travel outside of Texas, complet	e schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/12/2023	Payee name HEB		
Amount (\$) 135.31	Payee address; City; Stat 12777 IH 10 San Antonio, TX 78230	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Food/Beverage Expense	Description team event	
	Check if travel outside of Texas, complet	e schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	ED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking	·	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense		Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	• .	Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C	Committee Legal Services S	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	o complete this form		
1 Total pages Schedule F1: 9 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)	
4 Date 5/17/2023	5 Payee name Alamo Mailing			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
3644.60	13114 Lookout Rd	,		
	San Antonio, TX 78233			
_		4.5		
8	(a) Category (See categories listed at the top of this sched Printing Expense	(b) Description postage		
PURPOSE	Finding Expense	postage		
OF EXPENDITURE				
EXPENDITORE	(c) Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		g		
Date	Payee name			
5/17/2023	General Public			
Amount (\$)	Payee address; City; State;	Zip Code		
122.38	17619 La Cantera Pkwy			
San Antonio, TX 78257				
	Category (See categories listed at the top of this sched	dula) Description		
DUDD005	Food/Beverage Expense	dule) Description finance meeting		
PURPOSE OF	1 oou/Botolage Expense			
EXPENDITURE				
EXI ENDITORE	Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		<u>—</u>		
expenditure to benefit C/C	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
•				
Date	Payee name			
5/18/2023	Norma Denham & Assoc			
Amount (\$)	Payee address; City; State;	Zip Code		
3000.00	15706 Knoll Cliff	Zip Code		
	San Antonio, TX 78247			
	·			
	Category (See categories listed at the top of this sched			
PURPOSE	Consulting Expense	fundraising		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	JH			
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	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees O' Food/Beverage Expense Po Gifts/Awards/Memorials Expense Po	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 10 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2023	5 Payee name Bobs Steak & Chop		
6 Amount (\$) 1938.34	7 Payee address; City; State; 5815 Rim Pass San Antonio, TX 78257	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedu Event Expense	(b) Description event	
	(c) Check if travel outside of Texas, complete scho	edule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/26/2023	Payee name Stouts Signature		
Amount (\$) 1076.94	Payee address; City; State; 227 4th street San Antonio, TX 78205	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Food/Beverage Expense	Description political meeting	
	Check if travel outside of Texas, complete scho	edule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/30/2023	Payee name Nationbuilder		
Amount (\$) 104.00	Payee address; City; State; 520 S Grand Ave Los Angeles, CA 95113	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduling Fees	Description website	
	Check if travel outside of Texas, complete scho	edule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor o complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 11 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Payee name Wallace Strategy Group		
6 Amount (\$) 7500.00	7 Payee address; City; State; 3529 Eva Jane San Antonio, TX 78261	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Consulting Expense	(b) Description campaign related	
	(c) Check if travel outside of Texas, complete sch	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 6/5/2023	Payee name Range		
Amount (\$) 171.43	Payee address; City; State; 125 E Houston San Antonio, TX 78205	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Food/Beverage Expense	Description campaign meetin	g
	Check if travel outside of Texas, complete sch	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 6/6/2023	Payee name Manny Pelaez		
Amount (\$) 74.70	Payee address; City; State; 3522 Paisano Pkwy San Antonio, TX 78231	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Food/Beverage Expense	Description Reimbursement	meeting
	Check if travel outside of Texas, complete sch	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 12 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/2023	5 Payee name Manny Pelaez		
6 Amount (\$) 124.87	7 Payee address; City; State 3522 Paisano Pkwy San Antonio, TX 78231	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Solicitation/Fundraising Expense (c) Check if travel outside of Texas, complete	Reimbursement	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Austin, TX, officeholder living expense Office held
Date 6/6/2023	Payee name Manny Pelaez		
Amount (\$) 129.77	Payee address; City; State 3522 Paisano Pkwy San Antonio, TX 78231	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Solicitation/Fundraising Expense	chedule) Description Reimbursement	
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 6/6/2023	Payee name Manny Pelaez		
Amount (\$) 289.40	Payee address; City; State 3522 Paisano Pkwy San Antonio, TX 78231	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Food/Beverage Expense	Chedule) Description Reimbursement -	- event
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense L Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P	coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Manny Pelaez	2 00 m p 100 0 m m	3 Filer ID (Ethics Commission Filers)
4 Date 6/6/2023	5 Payee name Manny Pelaez		
6 Amount (\$) 1381.83	7 Payee address; City; State; 3522 Paisano Pkwy San Antonio, TX 78231	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Event Expense		chamber sponsorship
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 6/6/2023	Payee name Manny Pelaez		
Amount (\$) 2700.00	Payee address; City; State; 3522 Paisano Pkwy San Antonio, TX 78231	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Reimbursement	- sponsorship
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct candidate / Officeholder name office sought office held expenditure to benefit C/OH			
Date 6/7/2023	Payee name Constant Contact		
Amount (\$) 133.25	Payee address; City; State; 3675 Precision Drive Loveland, CO 80538	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Fees	Description email program	
-	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEEDE	ED .

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor v to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 14 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2023	5 Payee name Extra Space		
6 Amount (\$) 198.00	7 Payee address; City; State 9738 Huebner San Antonio, TX 78240	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Fees (c) Check if travel outside of Texas, complete	campaign storage	e Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 6/9/2023	Payee name Range		
Amount (\$) 141.50	Payee address; City; States 125 E Houston San Antonio, TX 78205	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Food/Beverage Expense	Description meeting	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 6/15/2023	Payee name Shutterfly		
Amount (\$) 380.95	Payee address; City; States 10 Almaden Blvd San Jose, CA 95113	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Printing Expense	hedule) Description printing	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C	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: 15 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 6/22/2023	5 Payee name B&H Photo/Video		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
2560.06	400 Cedar Lane	•	
	Florence, NJ 08518		
•	(On antonomical linted at the top of this and		
8 PURPOSE	(a) Category (See categories listed at the top of this schees	(b) Description photo, video equ	ipment
OF			
EXPENDITURE			
	(C) Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	JH		
Date	Payee name		
6/23/2023	Manny Pelaez		
Amount (\$)	Payee address; City; State;	Zip Code	
334.02	3522 Paisano Pkwy		
	San Antonio, TX 78231		
	Category (See categories listed at the top of this sch	nedule) Description	
PURPOSE	Solicitation/Fundraising Expense	Reimbursement	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OH			
Date 6/23/2023	Payee name Manny Pelaez		
Amount (\$)	Payee address; City; State;	Zip Code	
147.75	3522 Paisano Pkwy	·	
	San Antonio, TX 78231		
DUDD005	Category (See categories listed at the top of this sch Event Expense		- Paella challenge event
PURPOSE	Event Expense		a dona onanongo orom
OF EXPENDITURE			
EXPENDITORE	Check if traval autoide of Tayan complete of	cohodulo T Chock if A	Austin TV officeholder living expense
Complete ONLY if direct	Candidate / Office helder name		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 16 of 17	2 FILER NAME Manny Pelaez		3 Filer ID (Ethics Commission Filers)
4 Date 6/23/2023	5 Payee name Manny Pelaez		
6 Amount (\$) 226.11	7 Payee address; City; State; 3522 Paisano Pkwy San Antonio, TX 78231	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sci Food/Beverage Expense	Reimbursement	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 6/26/2023	Payee name Pelican Products		
Amount (\$) 409.67	Payee address; City; State; 2395 S Burrell St Milwaukee, WI 53207	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci	Description equipment	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 6/26/2023	Payee name The Camera Exchange		
Amount (\$) 125.30	Payee address; City; State; 6635 San Pedro San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Fees	Description camera equipme	ent
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 17 of 17 **Manny Pelaez** 4 Date 5 Payee name 6/28/2023 Nationbuilder 6 Amount (\$) 7 Pavee address: City; State; Zip Code 104.00 520 S Grand Ave Los Angeles, CA 90071 (a) Category (See categories listed at the top of this schedule) 8 (b) Description website Fees **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Pavee address: City: State: Zip Code Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State; Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 1 of 1
2	FILER NAME Manny 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

Event Expense Fees

Food/Beverage Expense Gifts/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officerroider/Political C	The Instruction Guide explains how to complet	, , , , , , , , , , , , , , , , , , ,			
1 Total pages Schedule F4: 1 of 1	2 FILER NAME Manny Pelaez	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZ	ZED 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	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	b) Description			
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/4		sought Office held			
Date	Payee name				
Amount (\$) Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description				
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 of 3 **Manny Pelaez** 4 Date 5 Payee Name 6/6/2023 Mi Tierra 7 Payee address; 6 Amount (\$) City; State; Zip Code 1381.83 218 Produce Row **X** Reimbursement from San Antonio, TX 78207 political contributions intended event host 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE Event Expense** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 6/6/2023 The Palm Amount (\$) Payee address; City; Zip Code State; 289.40 233 E Houston Reimbursement from San Antonio, TX 78205 political contributions intended Category (See categories listed at the top of this schedule) Description meeting **PURPOSE** Food/Beverage Expense OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 6/6/2023 The Hayden Amount (\$) Payee address; City; State; Zip Code 124.87 4025 Broadway st Reimbursement from San Antonio, TX 78209 political contributions intended Category (See categories listed at the top of this schedule) Description meeting **PURPOSE** Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 C Credit Card Payment	
	The Instruction Guide explains how to complete this form
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
2 of 3	Manny Pelaez
4 Date	5 Payee Name
6/6/2023	J Alexanders
6 Amount (\$) 129.77 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 255 E Basse San Antonio, TX 78209
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense (b) Description meeting
	(C) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	
Date 6/6/2023	Payee name Range
Amount (\$) 74.70 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 125 E Houston San Antonio, TX 78205
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pood/Beverage Expense Description meeting
EXPENDITORE	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
Date 6/6/2023	Payee name Greater Chamber of Commerce
Amount (\$) 2700.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1100 NW Loop 410 San Antonio, TX 78213
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FO	R BOX 8(a)		
Accounting/Banking	·	Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense	Fees Office	Transportation Equipment & Related Expense		
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Pollin Gifts/Awards/Memorials Expense Printi	Travel in District Travel Out Of District		
Candidate/Officeholder/Political C	· · · · · · · · · · · · · · · · · · ·			
Credit Card Payment	The Instruction Guide explains how to co	-	,	
1 Total pages Schedule G:	2 FILER NAME	-	3 Filer ID (Ethics Commission Filers)	
3 of 3	Manny Pelaez		,	
4 Date	5 Payee Name			
6/6/2023	Old Ebbitt Grill			
6 Amount (\$)	7 Payee address; City; State; Zi	p Code		
226.11	675 15th Street NW			
X Reimbursement from	Washington, DC 20005			
political contributions				
intended				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description pol	itical meeting	
OF	Food/Beverage Expense			
EXPENDITURE	(2)	🗆		
	(c) Check if travel outside of Texas, complete schedu		Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/0	JH			
Date	Payee name			
6/23/2023	Annual Paella Challenge			
Amount (\$)	Payee address; City; State; Zi	p Code		
147.75	6030 Padre Drive			
X Reimbursement from	San Antonio, TX 78214			
political contributions				
intended		1		
PURPOSE	Category (See categories listed at the top of this schedule)	Description add	litional booth tickets	
OF Event Expense				
EXPENDITURE				
	Check if travel outside of Texas, complete schedu	ıle T Check if /	Austin, TX, officeholder living expense	
· — •			Office held	
expenditure to benefit C/C	JH			
Date	Payee name			
6/23/2023	Element San Antonio			
Amount (\$)	Payee address; City; State; Zi	p Code		
334.02	111 Soledad St			
X Reimbursement from	San Antonio, TX 78205			
political contributions	,			
intended				
PURPOSE	Category (See categories listed at the top of this schedule)	Description pol	itical mtg	
OF	Food/Beverage Expense			
EXPENDITURE				
	Check if travel outside of Texas, complete schedu		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
_				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	D	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(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 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

Candidate/Officeholder/Political C	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 Manny 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			
	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OH			
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description			
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH			
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description			
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I: 1 of 1	2 FILER NAME Manny 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.)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED	

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 Manny 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	eck 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 Che	eck 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 Che	eck 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 Che	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED

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

SCHEDULE T

The Ins	truction Guide e	xplains how to complete this	s form.	1 Total pages Schedule 1 of 1	• T:
2 FILER NAME Manny Pelaez				3 Filer ID (Ethics Comm	nission Filers)
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
5 Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of pers	son(s) traveling			
	8 Departure cit	y or name of departure location	on		
	9 Destination of	ity or name of destination loca	ation		
10 Means of transporta	ation	11 Purpose of travel (includin	g name of conference, sem	ninar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure city or name of departure location				
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure city or name of departure location				
	Destination of	ity or name of destination loca	ation		
Means of transporta	ation	Purpose of travel (includin	g name of conference, sem	ninar, or other event)	
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to cor •• Complete only if "Report Type" on page 1 is ma	•
C/OH NA		Filer ID (Ethics Commission Filers)
SIGNA	TURE	
a repo	ot expect any further political contributions or political expenditures in con ort as a final report terminates my campaign treasurer appointment. I also outions or make any campaign expenditures without a campaign treasure	understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or inco	me earned from political contributions.
	I have unexpended contributions or unexpended interest or income ear convert unexpended political contributions or unexpended interest or in also understand that I must file an annual report of unexpended contrib or unexpended interest or income earned on political contributions long understand that I must dispose of unexpended political contributions ar contributions in accordance with the requirements of Election Code, § 2	come earned on political contributions to personal use. I utions and that I may not retain unexpended contributions er than six years after filing this final report. Further, I and unexpended interest or income earned on political
В.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest of	or other income from political contributions.
	I do retain assets purchased with political contributions or interest or off may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political Code, § 254.204.	t or other income from political contributions to personal
		Signature of Candidate
	EHOLDER lete this section only if you are an officeholder. ••	
	I am aware that I remain subject to filing requirements applicable to an am also aware that I will be required to file reports of unexpended contributions, interest of other income from political continuerest or other income from political contributions.	ributions if, after filing the last required report as an officeholder
		Signature of Officeholder