

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089610	2 Total pages filed: 5	
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/24/2025	
	NICKNAME LAST SUFFIX San Antonio For Everyone 501 (c)			
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 40501 San Antonio, TX 78229		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 816-2195		Date Processed	
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		Date Imaged	
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff			
7 PERIOD COVERED	Month Day Year 01/01/2025		Month Day Year 04/23/2025	
8 ELECTION	ELECTION DATE Month Day Year 05/03/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Manny Pelaez SA Mayor	
			B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported	
			B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
GO TO PAGE 2				

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FORM DCE
COVER SHEET PG 2

10 FILER NAME San Antonio For Everyone 501 (c)(4)		11 Filer ID (Ethics Commission Filers) 00089610
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 136,334.00

13 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.

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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 - DCE

FORM DCE
COVER SHEET PG 3
3 of 5

14 FILER NAME San Antonio For Everyone 501 (c)(4)		15 Filer ID (Ethics Commission Filers) 00089610	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	112,050.00
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	24,284.00
3.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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: Sch: 1/1 Rpt: 4/5	2 FILER NAME San Antonio For Everyone 501 (c)(4)	3 Filer ID (Ethics Commission Filers) 00089610
4 Date 04/07/2025	5 Payee name Growth Consulting	
6 Amount (\$) \$106,600.00	7 Payee address; City; State; Zip Code 2310 Blackoak Bend San Antonio, TX 78248	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. KSAT TV Commercials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Pelaez, Manny	Office sought SA Mayor Office held City Council
Date 03/20/2025	Payee name Picture Box Productions	
Amount (\$) \$5,450.00	Payee address; City; State; Zip Code 1023 Springdale Road Bldg 10, Suite C Austin, TX 78721	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Production of ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Pelaez, Manny	Office sought SA Mayor Office held City Council

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 5/5	2 FILER NAME San Antonio For Everyone 501 (c)(4)	3 Filer ID (Ethics Commission Filers) 00089610
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date 03/17/2025	6 Payee name DSPolitical
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7 Amount (\$) \$12,284.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 1133 15th St NW Suite 800 Washington, DC 20005
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Connected TV Ads in Districts 8, 9, 10
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Pelaez, Manny	Office sought SA Mayor	Office held City Council
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Date 03/17/2025	Payee name DSPolitical
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Amount (\$) \$12,000.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1133 15th St NW Suite 800 Washington, DC 20005
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Connected TV Ads in Districts 3, 4, 5
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Pelaez, Manny	Office sought SA Mayor	Office held City Council
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