Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7	78711-2070 (512) 4	63-5800 (TD	D 1-800-735-2989)
CANDIDAT	TE / OFFICEH	OLDER		FOF	ям С/ОН
CAMPAIGI	N FINANCE R	EPORT		Cover S	HEET PG 1
The C/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages file	d:
3 CANDIDATE /	-Tu-4-	FIRST	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Sab	ino		Date Received	
		teria	SUFFIX		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PÓ BOX; APT / SUIT	TE#, CITY,	STATE: ZIP CODE		
MAILING ADDRESS	1511 Has	kell St. F	WTIN/TX 7870	Date Hand-delivered o	r Postmarked
change of address	405 4005	WHARE D	EVTENDION	Receipt #	Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/2) 47867		EXTENSION	Date Processed	_1
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Cris	tina	MI	Date Imaged .	
	NICKNAME Val	des	SUFFIX	, t	AL AL
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE)	ASE): APT/SUITE#:	AUSTIN, TX	78702	USTIN CITY OR RECEIVED
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (5/2) 789	UMBER - 0309	EXTENSION		CLERK D 11 46
9 REPORT TYPE	January 15 30	IIIh day before election	Runoff	15th day after treasurer appo	intment
	July 15 8th	h day before election	Exceeded \$500 limit	Final report (All	
10 PERIOD COVERED	Marth Day Year 9 / 26 / 2014	THROUGH	Month Cay 10 /25	/2014	
11 ELECTION	Month ELECTION DATE Day Year 11 / 25 / 2014	ELECTION TYPE Primary	Runoff	General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know		
	NONE		AWTIN CIT	ty Council	•
	NOAC		Distric	+)	
		GOTOPA	GE 2		

CANDIDATE / OFFICEHOLDER	REPORT :
SUPPORT & TOTALS	

FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIAL	3	COVER SHEET PG 2	
14 C/OH NAME	bino P	lio Renteria	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS	<u> </u>	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	1 4 1//1	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1605.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED		MIZED \$ 43.86	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2853.03	
CONTRIBUTION BALANCE	-	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	~ 00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1000.			
18 AFFIDAVIT	THOMAS A. GRA	UZER is true and correct and includes at	of perjury, that the accompanying report	
	November 19.	expires	Entern	
		Signature of Car	ndidate or Officeholder	
AFFIX NOTARY STAM	scribed before	me, by the said Sabino Pio Lenting	this the	
	of Uctober	, 20 <u>14</u> , to certify which, witness	my hand and seal of office.	
I The a-	Kapes	Thomas A. Graver	potary public	
Signature of officer adm	iinistering oath	Printed name of officer administering oath	Title of omoer autilitistering odtri	

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	(512) 463-5800	(TDD 1-800-735-2989) SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
Sa	bino Pio Renteria		
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/18	Chris M Gray 6 Contributor address; City; State; Zip Code	50.00	
2014	1707 Rogge LN AustIN TX 78723	: Of travel outside (of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions) 10 Employer (See	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/17	Rodney K. Florence Contributor address; City: State; Zip Code	30.00	
,	303 Lightsey Rd Austin, Tx 78768	(If travel outside o	of Texas, complete Schedule T)
Principal occu	rpation / Job title (See Instructions) Employer (See		TOTAL STATE OF THE
Date 10/16	Full name of contributor out-of-state PAC (ID#) RICK Wallen Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2315 E 8th AUSTIN TX 78702		
Principal occu	upation / Job title (See Instructions)	·	of Texas, complete Schedule T)
Se	Jean Played by City Venc		
0 ate	Full name of contributor out-of-state PAC(ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	901 South Mopac AUSTIN, TX 78746	(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions) Employer (See	Instructions)	
Date 10/23	Full name of contributor oul-of-state PAC (ID#:) Drana McIver Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
	4101 Parkstone Heights AUSTIN, TX 78746	(If travel auto de	of Toyas, complete Schoolule Ti
Principal occi	upation / Job title (See Instructions) Employer (See	 	of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	abino Pio Renteria		3 ACCOUNT # (E	thics Commission Filers)
4 Date 10/07/ 2014	5 Full name of contributor out-of-state PAC(ID#:_ Larry Warshaw 6 Contributor address; City, State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7014	1000 E. 8 St. AUSTIN TX	78702	(If travel outside	I I of Texas, complete Schedule T)
9 Principal occup	Developer	10 Employer (See	ctive Ve	ntures
10/12/ 2014	Full name of contributor out-of-state PAC(ID#_ Eddie Rodriguez Contributor address: City: State: Zip Code P.O. Box 2436 Austin, 7	x. 78768	Amount of contribution (\$)	In-kind contribution description (if applicable)
	70.00			of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)	
10 (15/	Full name of contributor out-of-state PAC (ID# Cristina Valdes Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
2014	902 E 2nd Austin, T	× 78702	(If travel outside	of Texas, complete Schedule T)
Principal occu	Broker Associate	Employer (See Cristina	nstructions) Valdes R	ealty
10/15/	Full name of contributor out-of-state PAC(ID# Terry Wood roffe Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
2014	3001 Lyons Rd Austin,	(x 1810Z	/If traval autoida	
Principal occu	pation / Job title (See Instructions)	Employer (See		or rexas. complete schedule 1)
Date 10/16	Full name of contributor out-of-state PAC (ID#_South west Laborers District Contributor address: City: State: Zip Code 11720 E 21st Suite D	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	Tuka OK pation / Job title (See Instructions) Hendricks/Business Manager	Employer (See	· · · · · · · · · · · · · · · · · · ·	j of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES C		AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Sabino Pio Renteria 4 Date 10/09/14 Wells Fav 90 7 Payee address; City: State: Zip Code 6 Amount (\$) AUSTIN, TX 78702 1000 E 11th (a) Category (See categories listed at the top of this schedule) (b) Description (Il travel outside of Texas complete Schedule T) **PURPOSE** OF Accounting/Banking Fees EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code 2701 E 7th AUSTIN TX 78702 Description (If travel outside of Texas, complete Schedule T) PURPOSE Food/Beverage/event Exp EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder pame Sabino Pio Renteria Office held Complete ONLY if direct expenditure to benefit C/OH Date 10/17/14 Check Mark Typesetting Payee address: City, State, Zip Code 3217 N IH 35 AUSTIN TX 787 884.35 Description (If travel outside of Texas complete Schedule I) Category (See categories listed at the top of this schedule) **PURPOSE** Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Joe's Bakery + Coffee Payee address: City; State; Zip Code 2305 E 7th Auct W AUSTIN, Tx 78702 Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	
Accounting/Banking	Legal Services Solicitation/Fundrai	
Consulting Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District	Contributions/Donations Made By rict Candidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Ri	
1 263	The Instruction Guide explains how to d	•
4.7.1		
1 Total pages Schedule F:	Sabino Pio Renteri	3 ACCOUNT # (Ethics Commission Filers)
4 Date	Sabino Pio Kenteri	
10 4 14	Sams Club	
6 Amount (\$)	7 Payee address; City: State: Zip Code	- '
7.97	9900 S. IH 35 Aus	TIN Tx 78744
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Or religion to source	
EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Same Club	
10///19	0 - 1 - 1	
Amount (\$)	Payee address: City; State; Zip Code	
27.96	9900 SIH35 D.	1 -07/11
<i>L</i> / •	14 us	TIN, TX 78744
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	r 1/0	
EXPENDITURE	Food/Beverage	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date /	Payee name	
10/22/14	Murphy USA 7209 Payee address, City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
46.87	710 E Ben White A	JUSTIN, TX 78704
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Travel IN District	
EXPENDITURE	- race (/ to District	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
10/24	Brick Oven	
Amount (\$)	Payee address: City; State; Zip Code	
20.43	1209 Red River Austi	N, Tx 78701
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Frad / Paragram	
EXPENDITURE	Food/Beeverage	Check if Austin, TX, officeholder living expense
Camplete ONLY if disease	Candidate / Officeholder name	Office sought Office held
Camplete ONLY if direct expenditure to benefit C/		- -
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED
1	MITMORINDULIONAL COFILO OF THIS S	VOLICOVEL NO ITECHED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	, ,	n Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundral	- -	nsportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District Peting Expense Travel Out Of Diet		ntributions/Donations Made By Candidate/Officeholder/Political Committee	
Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R		HER (enter a category not listed above)	
1 003	The Instruction Guide explains how to		Tell (chical disologoly, his material activity)	
1 Total pages Schedule F:	2 FILER NAME 0 0 1		3 ACCOUNT # (Ethics Commission Filers)	
<i>\</i>	Sabino Pio Kenterio	a		
4 Date	5 Payee name			
10/20/14	Torchys Tacos #4			
6 Amount (\$)	7 Payee address: City: State: Zip Code			
12.91	2809 S. 1st St Anst	W Tx 1	18704	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (It tra	avel outside of Texas, complete Schedule Ty	
OF EXPENDITURE	Food/Beverage	_		
	1 ood Devering	Check if Austin	ı, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date ,	Payee name			
10/22/14	The Austin Chronic	cle		
Amount (\$)	The Austin Chronic Payee address: City: State: Zip Code			
1,472.00	P.O. BOX 49066 Aus		78765	
PURPOSE	Category (See categories listed at the top of this schedule)	Description ()f tra	ave, outside of Texas, complete Schedule 1)	
OF	A La lacence	!		
EXPENDITURE	Advertising	☐ Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
10/25/14	Best Buy # 1153 Payee address; City; State; Zip Code			
Amount (\$)	Payee address; City, State; Zip Code			
32.45	9607 Research BlVd	AUSTIN,	Tx 78723	
DI IDAGAS	Category (See categories listed at the top of this schedule)	Description (if to	avel outside of Texas, complete Schedule T)	
PURPOSE OF	dolina tiona Fro			
EXPENDITURE	adveritising Exp	Check if Austin	n. TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
10/25/14	Jan's Club			
Amount (\$)	Payee address: City: State; Zip Code			
	1		707164	
33.72	9900 S. IH35 Aust			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)	
OF	Travel IN District			
EXPENDITURE			n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District		Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist	Contributions/Donations Made By rict Candidate/Officeholder/Political C	ommittee
Fees	Printing Expense Office Overhead/R	·· · - ·	
	The Instruction Guide explains how to	• • •	·
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commiss	sion Filers)
4	Sabino Pio Rente		
10/17/14	Texas Sausage INC		
6 Amount (\$)	7 Payee address; City: State: Zip Code		
72.00	2915 E 12th Austin,	Tx 78702	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule	T)
EXPENDITURE	Fundraising Exp.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	!
Date 10 11 14	Payee name H&B		
Amount (\$)	Payee address: City: State: Zip Code	-07-1	
10.83	1000 E. 41st AUSTIN TX	· 78751	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule	Τ)
OF EXPENDITURE	Printing Expense		
EXPENDITURE	1 1 1 1 1 2 2 2 2 2	Check if Austin. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	ı
Data	Payee name		
10/24/14 Amount (\$)	City of Austin		
Amount (\$)	Payee address; City; State; Zip Code	C. AUSTIN TX 78704	L
125.84	505 Barton Spring 2	ndfl Austin Tx 78704	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule	:Т)
OF EXPENDITURE	advertsing Exp.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	1
Date	Payee name		
Amount (\$)	Payee address; City; State: Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule	e T j
OF			
EXPENDITURE		Check if Austin TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	i
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
b			