

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

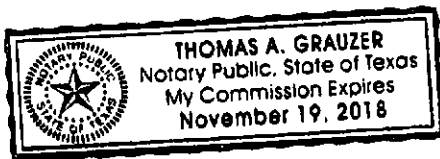
FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Sabino NICKNAME Pio LAST Renteria SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 4786770		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Cristina NICKNAME Valdes LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 902 E 2nd St. Austin, Tx 78702	2014 OCT 28 AM 11 46 AUSTIN CITY CLERK RECEIVED	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 789-0309		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 26 / 2014 10 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) Austin City Council District 3	
GOTO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <i>Sabino Pio Renteria</i>		15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 80.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1605.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 43.86
	4. TOTAL POLITICAL EXPENDITURES	\$ 2853.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 693.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000.00

18 AFFIDAVIT

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

Sabino Pio Renteria

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sabino Pio Renteria*, this the *28th* day of *October*, 20 *14*, to certify which, witness my hand and seal of office.

Thomas A. Grauer
Signature of officer administering oath

Thomas A. Grauer
Printed name of officer administering oath

notary public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Sabino P. Renteria		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18 2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Chris M Gray 6 Contributor address; City; State; Zip Code 1707 Rogge Ln Austin Tx 78723	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rodney K. Florence Contributor address; City; State; Zip Code 303 Lightsey Rd Austin, Tx 78768	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rick Wallen Contributor address; City; State; Zip Code 2315 E 8th Austin Tx 78702	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self employed/owner		Employer (See Instructions) City Vending Co	
Date 10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Scott Marks Contributor address; City; State; Zip Code 901 South Mopac Austin, TX 78746	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Diana McIver Contributor address; City; State; Zip Code 4101 Parkstone Heights Austin, TX 78746	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Sabino Pio Renteria		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/07/ 2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Larry Warsaw	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1000 E. 8th Austin Tx 78702		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Developer		10 Employer (See Instructions) Constructive Ventures	
Date 10/12/ 2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Eddie Rodriguez	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 2436 Austin, Tx. 78768		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/ 2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Cristina Valdes	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 902 E 2nd Austin, Tx 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Broker Associate		Employer (See Instructions) Cristina Valdes Realty	
Date 10/15/ 2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Terry Woodroffe	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3001 Lyons Rd Austin, Tx 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) South west Laborers District Council	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 11720 E 21st Suite D Tulsa, OK 74129		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Jeremy Hendricks/Business Manager		Employer (See Instructions) SWLDC PAC	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	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: <u>4</u>		2 FILER NAME <u>Sabino Pio Renteria</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/09/14</u>		5 Payee name <u>Wells Fargo</u>			
6 Amount (\$) <u>3.00</u>		7 Payee address: City: State: Zip Code <u>1000 E 11th Austin, TX 78702</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Accounting/Banking Fees</u>		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>10/17</u>		Payee name <u>HEB</u>			
Amount (\$) <u>143.00</u>		Payee address: City: State: Zip Code <u>2701 E 7th Austin TX 78702</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage/event Exp</u>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Sabino Pio Renteria</u>		Office sought <u>District 3</u>	Office held <u>—</u>
Date <u>10/17/14</u>		Payee name <u>Check Mark Typesetting</u>			
Amount (\$) <u>884.35</u>		Payee address: City: State: Zip Code <u>3217 N IH 35 Austin, TX 787</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>10/17/14</u>		Payee name <u>Joe's Bakery & Coffee</u>			
Amount (\$) <u>5.70</u>		Payee address: City: State: Zip Code <u>2305 E 7th Austin, TX 78702</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage</u>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	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: <div style="text-align: center;">4</div>	2 FILER NAME <div style="text-align: center;">Sabino Pio Renteria</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <div style="text-align: center;">10/4/14</div>	5 Payee name <div style="text-align: center;">Sams Club</div>	
6 Amount (\$) <div style="text-align: center;">7.97</div>	7 Payee address, City: State: Zip Code <div style="text-align: center;">9900 S IH 35 Austin Tx 78744</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <div style="text-align: center;">Printing Expense</div>	(b) Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date <div style="text-align: center;">10/7/14</div>	Payee name <div style="text-align: center;">Sams Club</div>	
Amount (\$) <div style="text-align: center;">27.96</div>	Payee address, City: State: Zip Code <div style="text-align: center;">9900 S IH 35 Austin, Tx 78744</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="text-align: center;">Food/Beverage</div>	Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>
	Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date <div style="text-align: center;">10/22/14</div>	Payee name <div style="text-align: center;">Murphy USA 7209</div>	
Amount (\$) <div style="text-align: center;">40.87</div>	Payee address, City: State: Zip Code <div style="text-align: center;">710 E Ben White Austin, Tx 78704</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="text-align: center;">Travel in District</div>	Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>
	Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date <div style="text-align: center;">10/24</div>	Payee name <div style="text-align: center;">Brick Oven</div>	
Amount (\$) <div style="text-align: center;">20.43</div>	Payee address, City: State: Zip Code <div style="text-align: center;">1209 Red River Austin, Tx 78701</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="text-align: center;">Food/Beverage</div>	Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>
	Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	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)
4	Sabino Pio Renteria		
4 Date	5 Payee name		
10/20/14	Torchy's Tacos #4		
6 Amount (\$)	7 Payee address: City: State: Zip Code		
12.91	2809 S. 1st St Austin Tx 78704		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
	Food/Beverage	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
10/22/14	The Austin Chronicle		
Amount (\$)	Payee address: City: State: Zip Code		
1,472.00	P.O. Box 49066 Austin, Tx 78765		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Advertising	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
10/25/14	Best Buy #1153		
Amount (\$)	Payee address: City: State: Zip Code		
32.45	9607 Research Blvd Austin, Tx 78723		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	advertising Exp	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
10/25/14	Sam's Club		
Amount (\$)	Payee address: City: State: Zip Code		
33.72	9900 S. IH35 Austin, Tx 78744		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Travel IN District	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	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: 4	2 FILER NAME Sabino Pio Renteria	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/17/14	5 Payee name Texas Sausage Inc	
6 Amount (\$) 32.00	7 Payee address; City: State: Zip Code 2915 E 12th Austin, Tx 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising Exp.	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 10/11/14	Payee name H&B	
Amount (\$) 10.83	Payee address; City: State: Zip Code 1000 E 41st Austin Tx 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 10/24/14	Payee name City of Austin	
Amount (\$) 125.84	Payee address; City: State: Zip Code 505 Barton Spring 2nd fl Austin Tx 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising Exp.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date	Payee name	
Amount (\$)	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED