#### 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	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Sabino  NICKNAME LAST SUFFIX  Pio Renteria	Date Received Light AUSTI
4 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE: ZIP CODE	ऻ
OFFICEHOLDER MAILING ADDRESS	1511 Haskell St.	Date Hand-delivered or Bostmarked
change of address	Austra, TX 78702	Receipt # Amount m
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION $(512)$ $478-6770$	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Date Imaged
	NICKNAME LAST SLIFFIX  VIIde	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, CITY, STATE,  902 E 2005. AUGIN TY 78702	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 189-0309	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 simil	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 12/3//	Year / 1 4
11 ELECTION	ELECTION DATE  Month Day Year Election TYPE  12/16/2014  ELECTION TYPE  Primary  Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  NONE  13 OFFICE SOUGHT (if known)  AUSTIN  DISTRICT	City Council 3
	GO TO PAGE 2	

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	16-20 1	Pro Renteria	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE COMMITTEE NAME  AUSTINITES FOR Equity				
	Specific 1812 Centre Creek Dr Soite 310				
		AUSTIN TX 78754			
additional pages		JACK KIYEMAN  COMMITTEE CAMPAIGN TREASURER ADDRESS			
		1812 Centre Crah! 1812 Centre Crah!	or Svite 310		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH.	IAN e		
:		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3150-00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 2156-98				
	4. TOTAL	POLITICAL EXPENDITURES	\$28,990.23		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	* 13, 834.34		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* 1,300.00		
18 AFFIDAVIT	JANNETTE SU My Commiss July 02	is true and correct and includes a me under Title 15, Election Code 2016  Signature of Californ Expires 2016	andidate or Officeholder		
	of Januar	me, by the said <u>Sobins Kenterio</u> , 20 <u>15</u> , to certify which, witness	this the my hand and seal of office.		
Signature of officer adm	American distribution of the second s	Printed name of officer administering oath	Title of officer administering oath		

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### 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)
_	Third Rio herterin	· · · · · · · · · · · · · · · · · · ·		·
4 Date	5 Full name of contributor Out-of-state PAC(ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/8/14	6 Contributor address; City; State; Zip Code 3201 ESP CYANZA CYUSS		200.00	
	AUST. 1 TX 78758		<u> </u>	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See ) Alexande	instructions) ~ U&OCIUT	er
<del></del>	Attorney			
Date /	Full name of contributor Out-of-state PAC(ID#_  Bruc-L Garvi'50 M		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/8/14	Contributor address; City: State; Zip Code 1827 Rivar C V056ing Ci	~ Apt D	100.00	
	AUST.1 TY 7874			
	<u> </u>			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Lloyd Doggett For Congr	265	contribution (\$)	description (if applicable)
12/10/14	Contributor address; City; State; Zip Code  P. O. Boy 58 + 3		350.00	 
	Aust: N Tx 18763		(If travel outside	of Texas, complete Schedule T)
Principal occu	AUST: N T X 18763 pation / Job title (See Instructions)	Employer (See	Instructions)	
				<u></u>
	Pation / Job title (See Instructions)  ### Full name of contributor □ out-of-state PAC(ID#_	V.S. G.	Instructions)	<u></u>
Congi	pation / Job title (See Instructions)	V.S. G.	Instructions)  VERMEN  Amount of	In-kind contribution
Con 9)	Full name of contributor out-of-state PAC(IO#_Progress Fur Austin P1  Contributor address; City; State; Zip Code  6411 Burleson Rd	V.S. G.	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date 12/12/14	Full name of contributor out-of-state PAC(IO#	Employer (See	Amount of contribution (\$)  350.00  (If travel outside instructions)	In-kind contribution description (if applicable)
Date 12/12/14	Pation / Job title (See Instructions)  #\$\$ # ##  Full name of contributor   out-of-state PAC(10#_  Progress Fur Austin P1  Contributor address; City; State; Zip Code  6411 Burleson Rd  Austin TX 737441	<i>V.S. Ge</i>	Amount of contribution (\$)  350.00  (If travel outside instructions)	In-kind contribution description (if applicable)
Date 12/12/14 Principal occu	Full name of contributor out-of-state PAC(ID#_ Progress Fur Austin P1 Contributor address; City; State; Zip Code 6411 Burleson Rd Austin TX 737441 pation / Job title (See Instructions)	Employer (See	Amount of contribution (\$)  350.00  (If travel outside instructions)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)  Us A. Z.  In-kind contribution
Date 12/12/14  Principal occu PAG	Full name of contributor out-of-state PAC(ID#_ Progress Fur Austin P1 Contributor address; City; State; Zip Code 6411 Burleson Rd Austin TX 737441 pation / Job title (See Instructions)	Employer (See	Amount of  (If travel outside Instructions)  Amount of  Amount of  Amount of	In-kind contribution description (if applicable)  of Texas, complete Schedule T)
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Date 12/12/14  Principal occu PAG	Full name of contributor out-of-state PAC(ID#_ Progress Fur Austin P1 Contributor address; City; State; Zip Code 6411 Burleson Rd Austin TX 737441 pation / Job title (See Instructions)	Employer (See	Amount of contribution (\$)  Amount of contribution (\$)  350.00  (If travel outside instructions)  PES For ( Amount of contribution (\$)  700.00	In-kind contribution description (if applicable)  of Texas, complete Schedule T)  Us A. Z.  In-kind contribution
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If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

9 Principal occupation / Job title (Secondary)  Date  Full name of contributor add 2939  Augtor  Date  Full name of contributor add 2939  Augtor  Contributor add 2939  Augtor  Contributor add 2939  Full name of contributor add 253	F Bubby Grandiness; City; State; Zip Cool  W15f L2hc Suc  7874  e Instructions)  Out-of-state PAC(ID  Burnham  dress; City; State; Zip Cool  A 1 1 1 5 Bloom  e Instructions)	gory  de  10 Employer (See  Texas d	7 Amount of contribution (\$)  700.00  (If travel outside of contribution (\$)  Amount of contribution (\$)	8 In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)
5 Full name of co  KAY  6 Contributor add  2 9 3 9  Augt  9 Principal occupation / Job title (Sec  Owner  Date  Full name of co  Juhy  Contributor add  2 2 3 3	intributor out-of-state PAC(IDE)  Property State; Zip Cooperate PAC(IDE)  Property Out-of-state PAC(IDE)  Property Out-of-stat	gory  10 Employer (See  Texas de	Contribution (\$)  700. CC  (If travel outside of transtructions)  (\$\int \int 0 \infty \alpha \cdot \	description (if applicable) of Texas, complete Schedule T)
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	a T X 7870	3		
Auch	e Instructions)			
1 1/051		Employer (See	(If travel outside o	f Texas, complete Schedule T)
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P.O. Box 12070

#### SCHEDULE F

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees		Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	tract Labor ing Expense ct	Loan Repayment/Rei Transportation Equip Contributions/Donation Candidate/Officeh	ment & Related Expense
	The Instruction Guide	explains how to co	omplete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME SABILU PIU 1	Renteri	A	3 ACCOUNT #	(Ethics Commission Filers)
4 Date 12/22/14	546: AU PiU I 5 Payee name  EMMANUEI 7 Payee address; City; State	ONVE	rt		
6 Amount (\$) 558.06	7 Payee address: City: State 2610 Whitis Ave	te; Zip Codé #107 /	Justin-	Tx 7870	5
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule 1)
OF EXPENDITURE	Contract	Labor	Check if A	Austin, TX, officeholder fix	ring expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt .	Office held
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143.00	2529 Rio Garde	· Austin	2.Tx	78705	
PURPOSE	Category (See categories listed at the lop of	of <sub>(</sub> this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Contract L	chor	Check if	Austin, TX, officeholder liv	ring expense
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12/19/14	Chris Gon	21/12			
Amount (\$)	Payee address; City; Stat	te: Zip Code			
154.00	1601 E 5th Stree	+ #/// ,	Austin	, Tx 7870	2
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas,	complete Schedule T1
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<u> </u>	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	
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Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor	_	
Accounting/Banking	Legal Services	Solicitation/Fundrais		Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of Distr		
Fees	Printing Expense	Office Overhead/Re	intal Expense	OTHER (enter a category not listed above)
	The Instruction Guide	e explains how to c	omplete this for	m.
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
I Total pages Schedule F.	· · · · //	0 1 '		O ROCCOTT # (Ethics Commission Filess)
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4 Date	5 Payee name	<del>_</del>		
talial.		107000		
12/19/14 6 Amount (\$)	Nicholas >	0101 2010		
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(512) 463-5800

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

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	EXPENDITURE	CATEGORIES	FOR BOY 8(a)	
Advertising Evenes	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reimbursement
Advertising Expense	Legal Services	Solicitation/Fundrai		
Accounting/Banking	<u> </u>	Travel In District	-	Fransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense			Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Palling Expense	Travel Out Of Distr		
fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a category not listed above)
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Texas Ethics Commission

#### SCHEDULE F

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	, <u>,                                  </u>
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#### SCHEDULE F

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PURPOSE	Category (See calegories listed at the to	p of this schedule)	Description	(If Iravel outside of Texa	is, complete Schedule Tj
OF	/ 1- /	/1/		•	
EXPENDITURE	COHIGH C	ako/	<u> </u>	Austin, TX. officeholder	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held
-	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS	NEEDED	
<u> </u>	<del></del>				D : -107/00/00/

Texas Ethics Commission

#### SCHEDULE F

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Sa	laries/Wages/Co	ontract Labor L	oan Repayment/Reimbursement	
Accounting/Banking		licitation/Fundra		Fransportation Equipment & Related Expense	
Consulting Expense Event Expense	3 .	avel In District avel Out Of Dist		Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	3 ,	fice Overhead/R		OTHER (enter a category not listed above)	
	The Instruction Guide exp	plains how to	complete this form	n.	
1 Total pages Schedule F:	2 FILER NAME		<del>.</del>	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	.,,-		<u> </u>	
12/16/4	AMAZON	•			
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
103.94					
8 PURPOSE	(a) Category (See categories listed at the lop of th	is schedule)	(b) Description (II	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE					
			Check if Aus	stin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Office held	
Date	Payee name				
12/7/11	A 10 1 2 10 1				
Amount (\$)	Payee address; City; State;	Zip Code			
198.69					
PURPOSE	Category (See categories listed at the top of th	is schedule)	Description (II	f travel outside of Texas, complete Schedule 1)	
OF EXPENDITURE			_		
EXI ENDITORE			Check if Aus	stin. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
12/8/111	Bis Fire C.	cton	T-Shirt	<i>'</i>	
12/0/14	Payee address; City; State;	Zip Code	3717	<del></del>	
Amount (4)	2203 F F 1201	v.			
290.82	Payee address: City; State;  8300 FF 620 A  ACS FF 1 TV	8726	·		
PURPOSE	Category (See categories listed at the top of th	is schedule)	Description ()	if travel outside of Texas, complete Schedule T)	
OF EXPENDITURE			Check if Au	istin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Öffice held	
Date	Рауее пате				
12/8/14	l '	Pri	nting	<u> </u>	
Amount (\$)	Payee address; City; State;	Zip Code			
4,657.57	3217 NO INT	35787	27_		
BIIDDOSE	Category (See categories listed at the top of the	his schedule)	Description (	if Iravel outside of Texas, complete Schedule $^\intercal$ )	
PURPOSE OF					
EXPENDITURE				istin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Office held	
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS N	IEEDED	

(512) 463-5800

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salarie Legal Services Solicits Food/Beverage Expense Travel Polling Expense Travel	es/Wages/Contract Labor ation/Fundraising Expense In District Out Of District Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
	The Instruction Guide explai	ns how to complete this f	orm.		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 12/8/14 6 Amount (\$)	5 Payee name SAM'S Club				
6 Amount (\$)	7 Payee address; City; State; Zi	p Code			
481.61	9900 SIH35 Kan	tage Rd. Aust	in, Tx 78748		
8 PURPOSE	(a) Category (See categories haled at the top of this so	hedule (b) Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE		Checkit	(Austin, TX, afficeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ght Office held		
Date	Payee name	<del></del>			
12/16/14	l •				
Amount (\$)	Payee address; City, State; Zi	p Code			
- π (ψ)	1701 / 1		,_		
140.44	6/21 S. Congess Au	e 1x 1874	<u>ا</u>		
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE		Check if	f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ght Office held		
Date	Payee name				
	508110				
12/16/14 Amount (\$)	Payee address: City; State: Zi	p Code			
151.31	5775 Airport Austin Tr	PluU			
PURPOSE	Category (See categories fisted at the top of this so	hedule) Description	n (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE		Checki	fAustin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sous	ght Office held		
Date	Payee name				
12/15/14	SAM'S Club				
Amount (\$)	Payee address; City; State; Zi	p Code	1. 1		
107,64	9900 S IH3	Futuse	Kd Histin 18748		
PURPOSE	Category (See categories listed at the top of this se	chedule) Description	on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE		Checki	fAustin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sout	ght Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

<del></del>	EXPENDITURE	E CATEGORIES	FOR BOX 8(a)		<del></del>	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	• •	oan Repayment/Re	imhursement	
Accounting/Banking	Legal Services	Solicitation/Fundra				
Consulting Expense	Food/Beverage Expense	Travel In District	- ·		Insportation Equipment & Related Expense ntributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Dist			nolder/Political Committee	
Fees	Printing Expense	Office Overhead/R			egory not listed above)	
1 000				·	agory not nation above)	
	The Instruction Guid	e explains how to	complete this form			
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)	
4 Date	5 Payee name			_ <del></del>		
	Henr					
12/8/14	<i>V 3 P S</i>	<u> </u>				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code				
171 50						
1/1, ) V						
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (If	Iravel outside of Texas,	complete Schedule T)	
OF	at .					
EXPENDITURE			Check if Aus	tin, TX, afficeholder li	ving expense	
9 Complete ONLY if direct	Candidate / Officeholder name	e	Office sought		Office held	
expenditure to benefit C/C	РН					
		<u> </u>				
Date	Payee name					
12/8/14	Walgreens					
Amount (\$)	Wilgreen 9 Payee address, City; S	State; Zip Code				
<u>,</u> ` '			o 1	,		
106.86	200 Fastri	ret Side	DC- Aus	ithik	78741	
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description ()	travel outside of Texas.	complete Schedule T)	
OF	, ,	·	, , , , , , ,		•	
EXPENDITURE	/ <i>I</i>	İ		tio TV officeboard	ving aveance	
	14		Check if Aus	tin, TX, officeholder li		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held						
expenditure to benefit C/OH						
			<del></del>			
Date	Payee name					
12/8/14	l <i>H 仁 R</i>					
	Bourn address: Similar	tate; Zip Code		<del></del> -	<del></del>	
Amount (S)	Payee address: City; S	iais, Zip Code	1	=		
. مد	10701 5 1 -	1 (10.0	( i).	7	7870	
147.26	WILL HOST A	h Stree	7 HIX	n IX	1/)/01	
· · · <del>J · · · · · · · · · · · · · · · ·</del>	Catagony (See extension listed at the tr			travel outside of Texas.	complete Schedule T1	
PURPOSE	Category (See categories listed at the to	op or trus schedule)	Description (ii	ARTEROUGIGE OF TEXAS,	nompline concoult ()	
OF				da TV agranada e		
EXPENDITURE			Check if Aus	itin, TX, officeholder li	<del></del>	
Complete ONLY if direct	Candidate / Officeholder nami	e	Office sought		Office held	
expenditure to benefit C/O	Н					
					<del></del>	
Date	Payee name					
12/15/14	Austin C	hvous	1.			
	Gauss and description of the control	itate; Zip Code		<del></del>		
Amount (\$)	Payee address; City; S	rane; ∠ip ∪ode <i>1</i>				
1545,00	110011 100		- 737/1	-		
13000	177066 YU BAX	HIKLINGLY	/ /B/67			
	1000	_ (W) !!!   / \	December :	I tanana la maraja a a de Tra	gampiata Sahadui - Tu	
PURPOSE	Category (See calegories listed at the t	op of this schedule)	Description (ii	travel dutside of Texas	, complete Schedule T)	
OF						
EXPENDITURE			Check if Aus	stin, TX. officeholder li	ving expense	
	Candidate / Officeholder name		Office sought		Office held	
Complete ONLY if direct California Value V						
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
				<del></del>		

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salari Legal Services Solicit Food/Beverage Expense Travel Polling Expense Travel	EGORIES FOR BOX 8(a) es/Wages/Contract Labor ation/Fundraising Expense In District Out Of District Overhead/Rental Expense ins how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/17/14 6 Amount (\$)	5 Payee name  ACC BOOK 7 Payee address; City; State; Z	ip Code		
266.82				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so		(If travel outside of Texas, complete Schedule T) ustin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Z	ip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so		(If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ustin, TX, officeholder living expense	
Date	Payee name			
Amount (\$)	Payee address; City: State; Zi	p Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so		(If travel outside of Texas, complete Schedule T) ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address; City, State; Zi	p Code		
PURPOSE OF	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name	Check if At	ustin, TX, officeholder living expense Office held	
expenditure to benefit C/O		The second second		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	VEEDED	

	BANK RECONCILIATION	<b>5</b>
(To be filed by candida	nte, officeholder or campaign committe contribution and expenditure report)	16
Name of candidate, officeho	lder or campaign committee: <u>Sabın</u>	PM VED
the following information in	r other financial institution account mai dicated. For each additional institution	i, use a copy of this schedule.
The name of the financial in	stitution: <u>Wells Far</u>	10
Type of account: <u>Chec</u>		
The beginning balance:	. I	
•	ion for checks issued on that account the walk foundation	hat have not cleared by
Date	Payee	Amount
17/1/2014	Juaquen Chinamchan	201
12/14/2014	Walgreen	27.97
12/22/2014	Challonger Street	100.00
	House the Home less ion for checks received as contributions institution:	,
Date of receipt	Contributor	Amount
	·	
Amount of interest or divide	nds earned:	

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
:		

A listing of checks received that have not been deposited into any account by December 31:

Date of receipt	Contributor	Amount
/ / / /		