

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: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX	APT / SUITE #	CITY
	STATE	ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY
	STATE	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)		
	☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	12 / 7 / 14		THROUGH 12 / 31 / 14
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	NONE		Austin City Council District 3

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Sabino P. Renteria

15 ACCOUNT # (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

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

Austinites For Equity

COMMITTEE ADDRESS

1812 Centre Creek Dr Suite 310
Austin TX 78754

COMMITTEE CAMPAIGN TREASURER NAME

Jack Kireman

COMMITTEE CAMPAIGN TREASURER ADDRESS

1812 Centre Creek Dr Suite 310
Austin TX 78754☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 400.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER 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

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

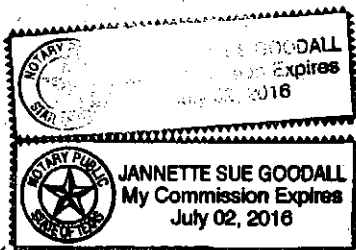
\$ 13,834.34

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,300.00

18 AFFIDAVIT



AFFIX NOTARY SEAL HERE

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 P. Renteria

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sabino Renteria, this the 14 day of January, 20 15, to certify which, witness my hand and seal of office.

Jannette S. Goodall
Signature of officer administering oath

JANNETTE S. GOODALL
Printed name of officer administering oath

Notary
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: <u>2</u>	
2 FILER NAME <u>Sabino Rio Nenterin</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/8/14</u>	5 Full name of contributor ☐ out-of-state PAC (ID#) <u>Clifton Alexander</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3201 ESPERANZA Crossing #354</u> <u>Austin TX 78758</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Attorney</u>		10 Employer (See Instructions) <u>Alexander Associates</u>	
Date <u>12/8/14</u>	Full name of contributor ☐ out-of-state PAC (ID#) <u>Bruce Garrison</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1827 River Crossing Cir Apt D</u> <u>Austin TX 78741</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>12/10/14</u>	Full name of contributor ☐ out-of-state PAC (ID#) <u>Lloyd Duggitt for Congress</u>	Amount of contribution (\$) <u>350.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 5843</u> <u>Austin TX 78763</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Congressman</u>		Employer (See Instructions) <u>U.S. Government</u>	
Date <u>12/12/14</u>	Full name of contributor ☐ out-of-state PAC (ID#) <u>Progress For Austin PAC</u>	Amount of contribution (\$) <u>350.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6411 Burleson Rd</u> <u>Austin TX 78744</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>PAC</u>		Employer (See Instructions) <u>Progress For Austin</u>	
Date <u>12/13/14</u>	Full name of contributor ☐ out-of-state PAC (ID#) <u>O. Jamil & Paige G. Allen</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1401 Gaston Ave</u> <u>Austin TX 78703</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Real Estate</u>		Employer (See Instructions) <u>Endeavor</u>	

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: <u>2</u>	
2 FILER NAME <u>Sabino P. Renteria</u>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/16/14</u>	5 Full name of contributor ☐ out-of-state PAC (ID#) <u>KAY & Bobby Gregory</u>		7 Amount of contribution (\$) <u>700.00</u>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <u>2939 West Lake Cove</u> <u>Austin TX 78746</u>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) <u>Owner</u>			10 Employer (See Instructions) <u>Texas disposal</u>		
Date <u>12/12/14</u>	Full name of contributor ☐ out-of-state PAC (ID#) <u>John Burnham</u>		Amount of contribution (\$) <u>350.00</u>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <u>2530 Harris Blvd</u> <u>Austin TX 78703</u>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <u>resident Management</u>			Employer (See Instructions) <u>Argle</u>		
Date	Full name of contributor ☐ out-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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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>12</u>		2 FILER NAME <u>Sabino Pio Renteria</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/22/14</u>		5 Payee name <u>Emmanuel Oyert</u>			
6 Amount (\$) <u>558.00</u>		7 Payee address; City; State; Zip Code <u>2610 Whitis Ave #107 Austin, Tx 78705</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		(b) Description (If travel outside of Texas, complete Schedule T) ☐ 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>12/22/14</u>		Payee name <u>Stephanie Gore</u>			
Amount (\$) <u>143.00</u>		Payee address; City; State; Zip Code <u>2529 Rio Grande Austin, Tx 78705</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <u>12/19/14</u>		Payee name <u>Chris Gonzalez</u>			
Amount (\$) <u>154.00</u>		Payee address; City; State; Zip Code <u>1601 E 5th Street #111, Austin, Tx 78702</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <u>12/19/14</u>		Payee name <u>David Chincan Chan</u>			
Amount (\$) <u>1600.00</u>		Payee address; City; State; Zip Code <u>4908 Parell Path Austin, Tx 78744</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense		
	Complete ONLY 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office 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 explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Sabino Pio Renteria		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/19/14		5 Payee name Nicholas Sclorzano			
6 Amount (\$) 1350.00		7 Payee address; City: State: Zip Code 2825 Molliner Dr. Plano, Tx, 75075			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/19/14		Payee name Sarah Bechman			
Amount (\$) 610.50		Payee address; City: State: Zip Code 5338 Painted shield Dr. Austin, Tx 78735			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/19/14		Payee name Blake Medley			
Amount (\$) 715.00		Payee address; City: State: Zip Code 2817 Solado St. Austin, Tx, 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/18/14		Payee name Michael Cuvazos			
Amount (\$) 352.00		Payee address; City: State: Zip Code 16314 Hill Country Dr. Leander, Tx 78641			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 <i>Sabino Pio Renteria</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/18/14</i>		5 Payee name <i>DAVID Chincan Chan</i>			
6 Amount (\$) <i>1500.00</i>		7 Payee address; City; State; Zip Code <i>4908 Paxell Path Austin, Tx 78744</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description (If travel outside of Texas, complete Schedule T) ☐ 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 <i>12/18/14</i>		Payee name <i>Maria Cervera</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>1511 Haskell Austin, Tx, 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/18/14</i>		Payee name <i>RAY CABERA</i>			
Amount (\$) <i>144.00</i>		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) ☐ 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 <i>12/18/14</i>		Payee name <i>Meghan McCaig</i>			
Amount (\$) <i>582.00</i>		Payee address; City; State; Zip Code <i>4613 Everest Ln Austin, Tx 78727</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (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/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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office 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 explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Sabino Pio Renteria		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/17/14		5 Payee name Johathan Hernandez			
6 Amount (\$) 832.00		7 Payee address; City; State; Zip Code 5310 Apple Orchard Ln, Austin, Tx 78744			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) ☐ 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 12/12/14		Payee name Billy Jackson			
Amount (\$) 528.00		Payee address; City; State; Zip Code 815 W. Slaughter Ln #226 Austin, Tx 78748			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/17/14		Payee name Arroyo Mendonza			
Amount (\$) 780.00		Payee address; City; State; Zip Code 136 Eagle Rock Salado, Tx 76571			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/17/14		Payee name Joe Green			
Amount (\$) 456.00		Payee address; City; State; Zip Code 300 Crockett #21 Austin Texas 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (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/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office 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 explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Sabino Pio Renteria		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/17/14		5 Payee name Mary Ibarra			
6 Amount (\$) 143.00		7 Payee address: City: State: Zip Code 1300 Crossing Place, Austin, Tx 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/17/14		Payee name MARCELA ANDRE			
Amount (\$) 522.50		Payee address: City: State: Zip Code PO Box 6808 Austin, Tx, 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/17/14		Payee name Chris Mtaentzes			
Amount (\$) 672.00		Payee address: City: State: Zip Code 16314 16314 Hill Country Dr. Leander, Tx, 78641			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/17/14		Payee name Gerard Caballero			
Amount (\$) 400.00 12/27/14		Payee address: City: State: Zip Code 1205 Taylor Austin, Tx, 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Entertained Food		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY 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:		2 FILER NAME <i>Sabino Pio Renteria</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/15/14</i>		5 Payee name <i>AEB</i>			
6 Amount (\$) <i>108.49</i>		7 Payee address; City; State; Zip Code <i>2701 East 7th Street Austin, Tx 78702</i>			
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) ☐ 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 <i>12/11/14</i>		Payee name <i>A1 DAVANTE</i>			
Amount (\$) <i>245.60</i>		Payee address; City; State; Zip Code <i>7901 Camenson Rd Austin Tx 78754 Building 395</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/11/14</i>		Payee name <i>UPS</i>			
Amount (\$) <i>1732.47</i>		Payee address; City; State; Zip Code <i>500 East 4th Street 78701 Austin, Tx.</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/10/14</i>		Payee name <i>Check Mark Typesetting</i>			
Amount (\$) <i>1493.73</i>		Payee address; City; State; Zip Code <i>3217 N. IH 35 Austin, Tx 78722</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expenses</i>		Description (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/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:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/14		5 Payee name Meg McCann			
6 Amount (\$) 264.00		7 Payee address; City; State; Zip Code 4613 Everest Ln. Austin, TX 78727			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) ☐ 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 12/9/14		Payee name Blake Medley			
Amount (\$) 312.00		Payee address; City; State; Zip Code 2817 Salado Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/9/14		Payee name Blake Medley			
Amount (\$) 300.00		Payee address; City; State; Zip Code 2817 Salado Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/8/14		Payee name Michael Cavazos			
Amount (\$) 187.00		Payee address; City; State; Zip Code 16314 Hill Country Dr. Leander, TX 78641			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (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/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office 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 explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/8/14		5 Payee name Sarah Beckham			
6 Amount (\$) 275.00		7 Payee address; City; State; Zip Code 5338 Painted Shield Dr. Austin, Tx 78735			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) ☐ 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 12/8/14		Payee name ARON MENDONSA			
Amount (\$) 192.00		Payee address; City; State; Zip Code 136 Eagle Rock Salado, Tx, 76751			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/8/14		Payee name Jonathan Hernandez			
Amount (\$) 480.00		Payee address; City; State; Zip Code 5310 Apple Orchard Ln, Austin, Tx 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/8/14		Payee name MARCELA ANDRE			
Amount (\$) 302.50		Payee address; City; State; Zip Code PO Box 6808 Austin, Tx, 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (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/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense
Accounting/Banking
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Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office 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 explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/16/14		5 Payee name Amazon			
6 Amount (\$) 103.94		7 Payee address; City; State; Zip Code			
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) ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/7/14		Payee name Amazon			
Amount (\$) 198.69		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) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/8/14		Payee name Big Frog Custom T-Shirts			
Amount (\$) 290.82		Payee address; City; State; Zip Code 8300 F F 620 N. Austin TX 78726			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/8/14		Payee name Worley Printing			
Amount (\$) 4,657.57		Payee address; City; State; Zip Code 3217 N. IH 35 Austin TX 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 Date 12/8/14		5 Payee name SAM'S CLUB			
6 Amount (\$) 481.61		7 Payee address; City; State; Zip Code 9900 S IH35 Frontage Rd. Austin, TX 78748			
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) ☐ 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 12/16/14		Payee name Walgreens			
Amount (\$) 140.44		Payee address; City; State; Zip Code 6721 S. Congress Ave TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/14		Payee name Spec's			
Amount (\$) 151.31		Payee address; City; State; Zip Code 5775 Airport Blvd Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/15/14		Payee name SAM'S CLUB			
Amount (\$) 107.64		Payee address; City; State; Zip Code 9900 S IH35 Frontage Rd Austin 78748			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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/OH		Candidate / Officeholder name		Office sought Office held	

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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 Date 12/8/14		5 Payee name USPS			
6 Amount (\$) 176.50		7 Payee address; City; State; Zip Code			
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) ☐ 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 12/8/14		Payee name Walgreens			
Amount (\$) 106.86		Payee address; City; State; Zip Code 2020 East Riverside Dr. Austin, Tx 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) 17		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/8/14		Payee name HEB			
Amount (\$) 147.36		Payee address; City; State; Zip Code 2701 East 7th Street Austin, Tx 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/15/14		Payee name Austin Chronicle			
Amount (\$) 1545.00		Payee address; City; State; Zip Code 49066 PO Box 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) ☐ 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	
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 Date 12/17/14		5 Payee name FACEBOOK			
6 Amount (\$) 266.82		7 Payee address; City; State; Zip Code			
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) ☐ 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) ☐ 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) ☐ 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) ☐ 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) ☐ 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	

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BANK RECONCILIATION

(To be filed by candidate, officeholder or campaign committee with the January 15
contribution and expenditure report)

2015 JAN 16 PM 1:46

AUSTIN CITY CLERK
RECEIVED

Name of candidate, officeholder or campaign committee: Sabino Pio Renteria

For each checking, savings or other financial institution account maintained during 2014, enter
the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Wells Fargo

Type of account: Checking

The beginning balance: 0

The ending balance: 13,834.34

Enter the following information for checks issued on that account that have not cleared by
December 31:

12/22/14	Austin Park Foundation	50.00
Date	Payee	Amount
12/17/2014	Juanita Chincinchan	204.00
12/14/2014	Walgreen	27.97
12/22/2014	Challenger Street	100.00
12/22/2014	House the Homeless	100.00

Enter the following information for checks received as contributions and deposited but dishonored
by the contributor's financial institution:

Date of receipt	Contributor	Amount

Amount of interest or dividends earned: 0

SCHEDULE ATX. 4 - attach to form C/OH (C&E)
Reference 2-2-25, Austin City Code

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
N/A		