

# 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: <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>(C)</b> FIRST <b>Sabino</b> MI	<b>OFFICE USE ONLY</b> Date Received <b>2014 OCT 6 PM 1:26</b> <b>AUSTIN CITY CLERK RECEIVED</b> Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged	
	NICKNAME <b>Pio</b> LAST <b>Renteria</b> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE <b>1511 Haskell St Austin Tx 78702</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 4786770</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>(C)</b> FIRST <b>Cristina</b> MI		
	NICKNAME LAST SUFFIX <b>Valdes</b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>902 E 2nd St Austin Tx 78702</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 789 0309</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 <b>7 / 01 / 14</b> THROUGH    Month Day Year <b>9 / 25 / 14</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 04 / 14</b> 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)	13 OFFICE SOUGHT (if known) <b>Austin City Council District 3</b>	
GOTO PAGE 2			

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

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

**14 C/OH NAME** Sabino Pio 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <del>3630</del>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3630
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1737. <sup>16</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ @1907.47
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000. <sup>00</sup>

**18 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

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 / Officeholder

Sworn to and subscribed before me, by the said Sabino Renteria, this the 6 day of October, 20 14, to certify which, witness my hand and seal of office.

Myrna Rios  
Signature of officer administering oath

Myrna Rios  
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:	
2 FILER NAME Mr. Sabino Pio Renteria		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Derry Lorenz	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1311-A East 6th St Austin Tx 78702		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self employed Real Estate Developer		10 Employer (See Instructions) Real Estate Developer	
Date 7/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sheridan Mitchell	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1311-A East 6th Austin Tx 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) G-I Corporation	
Date 7/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rolando Pina	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8078 Cumberland Rd Austin Tx 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Orlando S. Mata	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1301 S IH 35 #304 Austin Tx 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Brigido H. Mireles	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9917 Majorea Dr Austin Tx 78717		(If travel outside of Texas, complete Schedule T)	
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 FILER NAME

Sabino Pio Rentenia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/26/14

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Cary Lee Roberts

6 Contributor address; City; State; Zip Code

2301 S. Mopac Expy, Apt 323

Austin, Tx 78746

7 Amount of  
contribution (\$)

350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Consultant

10 Employer (See Instructions)

Greater Austin Crime Commission

Date

8/7/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Eddie Rodriguez Campaign Fund

Contributor address; City; State; Zip Code

P.O. Box 2436 Austin, Tx 78768

Amount of  
contribution (\$)

150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rev. Jayme L Mathias

Contributor address; City; State; Zip Code

1612 Garden St.

Austin Tx. 78702

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Richard J. Robert

Contributor address; City; State; Zip Code

1301 E. Cesar Chavez St

Austin, Tx 78702

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

J. Bruce Hughes Jr.

Contributor address; City; State; Zip Code

907 E. 2nd St

Austin, Tx 78702

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Sabino "Pio" Renteria</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/7/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Michael Casias</b> 6 Contributor address; City; State; Zip Code <b>1111 E 11<sup>th</sup> #200 Austin Tx 78702</b>	7 Amount of contribution (\$) <b>25.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/11/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Alfred Stanley</b> Contributor address; City; State; Zip Code <b>P.O. Box 5674 Austin, Tx 78763</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <del>8/11</del> <b>8/7/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Manuel Jimenez Jr.</b> Contributor address; City; State; Zip Code <b>7616 Cedar Edge Dr Austin Tx 78744</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/14/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Maria L. Canchola</b> Contributor address; City; State; Zip Code <b>1900 East Side Dr Austin, Tx 78704</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/19/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>P. David Wahlberg</b> Contributor address; City; State; Zip Code <b>5808 Back Court Austin, Tx 78731</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Sabino Pio Renteria</b>		3 ACCOUNT # (Ethics Commission Filters)	
4 Date <b>8/23/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Cynthia A Medlin</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>P.O. Box Austin, Tx 78704</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/24/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Jerome Garvey</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>2501 Wilson Austin Tx 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/06/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Stonewall Democrats of Austin PAC</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>P.O. Box <del>40798</del> 40898 Austin Tx 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Georgia J. Garza</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>2614 Brisbane Rd Austin, Tx 78745</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Sista Ramirez</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>809 Pressler Austin Tx 78703</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Sabino Pio Renteria</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/17/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Sara Johanna Strother</b>	7 Amount of contribution (\$) <b>60.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6101 Miriam Ave Unit 212 Austin, TX 78702</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/20/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Tomasa Pointer</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1212 Garden St Austin, TX 78702</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/22/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Rosa Mendoza</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2512 IH 35 South Suite 340 Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions) <b>R. Mendoza &amp; Company, P.C.</b>	
Date <b>9/22/14</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#) <b>American Federation of State, County &amp; M E</b>	Amount of contribution (\$) <b>350.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1625 L Street N.W. Washington, DC 20036</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Labor Union</b>		Employer (See Instructions) <b>AFSCME People</b>	
Date <b>9/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>William C. Hamilton</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1306 Garden St Austin, TX 78702</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Sabino Pio Renteria</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/25/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Robin Stallings</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>2208 Santa Rosa St. Austin, TX 78702</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Executive Director</b>		10 Employer (See Instructions) <b>Bike Texas</b>	
Date <b>9/14/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>James Williams</b>	Amount of contribution (\$) <b>10.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>4503 Depew Ave Austin TX 78751</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/7/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Tx Democratic Party</b>	Amount of contribution (\$) <b>350.00</b>	In-kind contribution description (if applicable) <b>District 3 VAN</b>
Contributor address: City: State: Zip Code <b>4818 E Ben White Austin TX 78741</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>VAN Manager (512 478 9800)</b>		Employer (See Instructions) <b>TX Dem Party</b>	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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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**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 <b>Sabino "Pio" Renteria</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/9/14</b>		5 Payee name <b>Go Daddy</b>			
6 Amount (\$) <b>13.00</b>		7 Payee address: City: State: Zip Code <b>14455 North Hayden Road suite 219 Scottsdale AZ 85260</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>advertising Expense</b>		(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 <b>7/8/14</b>		Payee name <b>Sam's Club</b>			
Amount (\$) <b>43.36</b>		Payee address: City: State: Zip Code <b>9900 5th IH 35 Austin, TX <del>78748</del> 78744</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		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 <b>7/15/14</b>		Payee name <b>Worley Printing Co. Inc</b>			
Amount (\$) <b>8.12</b>		Payee address: City: State: Zip Code <b>3217 Nth IH 35 Austin TX 78722</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		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 <b>7/16/14</b>		Payee name <b>Office Max</b>			
Amount (\$) <b>22.36</b>		Payee address: City: State: Zip Code <b>907 W 5th Austin TX 78703</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office Overhead/rental</b>		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  
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: <b>2</b>		2 FILER NAME <b>Sabino Pio Renteria</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/18/14</b>		5 Payee name <b>Joe's Bakery &amp; Coffee Shop</b>			
6 Amount (\$) <b>14.69</b>		7 Payee address: City: State: Zip Code <b>2305 E 7<sup>th</sup> AUSTIN TX 78702</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(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 <b>7/18</b>		Payee name <b>Topo - South</b>			
Amount (\$) <b>18.40</b>		Payee address: City: State: Zip Code <b>1300 E 5<sup>th</sup> AUSTIN TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office Overhead</b>		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 <b>7/19</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>9.70</b>		Payee address: City: State: Zip Code <b>500 E Ben White AUSTIN, TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		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 <b>7/19/14</b>		Payee name <b>Walmart</b>			
Amount (\$) <b>63.54</b>		Payee address: City: State: Zip Code <b>710 E Ben White AUSTIN, TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office Overhead</b>		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:		2 FILER NAME <b>Sabino Pio Renteria</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/21/14</b>		5 Payee name <b>Worley Printing Co. Inc</b>			
6 Amount (\$) <b>54.13</b>		7 Payee address: City: State: Zip Code <b>3217 N IH 35 AUSTIN, TX 78722</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		(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 <b>7/29/14</b>		Payee name <b>Target</b>			
Amount (\$) <b>13.58</b>		Payee address: City: State: Zip Code <b>5621 N IH35 AUSTIN TX 78752</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>		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 <b>7/29/14</b>		Payee name <b>Office Max</b>			
Amount (\$) <b>17.31</b>		Payee address: City: State: Zip Code <b>9600 S IH 35 AUSTIN 78748</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office Overhead</b>		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 <b>7/25</b>		Payee name <b>Print. Save. Repeat</b>			
Amount (\$) <b>99.95</b>		Payee address: City: State: Zip Code <b>120 E Corporate Place Ste#2 Chandler, AZ 85225</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		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	

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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 <b>Sabino Pio Renteria</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/06</b>		5 Payee name <b>Walgreens</b>			
6 Amount (\$) <b>51.96</b>		7 Payee address; City; State; Zip Code <b>6721 5<sup>th</sup> Congress Ave. AUSTIN, TX 78745</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Exp.</b>		(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 <b>8/7/14</b>		Payee name <b>Office Max</b>			
Amount (\$) <b>44.76</b>		Payee address; City; State; Zip Code <b>907 W. 5<sup>th</sup> AUSTIN, TX 78703</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office Overhead</b>		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 <b>8/11/14</b>		Payee name <b>Lolliz</b>			
Amount (\$) <b>58.28</b>		Payee address; City; State; Zip Code <b>3837 Bay Lake Trail suite 115 North Las Vegas NV 89036</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		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 <b>8/12/14</b>		Payee name <b>Chisholm Trail Bar B Q</b>			
Amount (\$) <b>33.75</b>		Payee address; City; State; Zip Code <b>1323 S. Colorado Lockhart TX 78644</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Exp.</b>		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	

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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.

<b>1</b> Total pages Schedule F		<b>2</b> FILER NAME Sabino Pio Renteria		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 8/6/14		<b>5</b> Payee name Sam's Club			
<b>6</b> Amount (\$) 50.59		<b>7</b> Payee address; City; State; Zip Code 9900 S. IH 35 AUSTIN, TX 78744			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Travel in District		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 9/8/14		<b>Payee name</b> Fiestas Patrias of Austin			
<b>Amount (\$)</b> 75.00		<b>Payee address; City; State; Zip Code</b> 1908 Holly St AUSTIN TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Event Expense		<b>Description</b> (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	
<b>Date</b> 9/23/14		<b>Payee name</b> Walgreens			
<b>Amount (\$)</b> 3.99		<b>Payee address; City; State; Zip Code</b> 1144 Airport Blvd AUSTIN, TX 78762			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Beverage Expense		<b>Description</b> (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	
<b>Date</b> 9/22/14		<b>Payee name</b> Worley Printing Co.			
<b>Amount (\$)</b> 932.03		<b>Payee address; City; State; Zip Code</b> 3217 N IH 35 AUSTIN TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Printing Expense		<b>Description</b> (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	
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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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME <i>Sabino Pio Renteria</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>9/25/14</i>		<b>5</b> Payee name <i>Tops - South</i>			
<b>6</b> Amount (\$) <i>8.66</i>		<b>7</b> Payee address: City: State: Zip Code <i>1300 E 5th St Austin TX 78702</i>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Office Overhead</i>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> <i>9/7/14</i>		<b>Payee name</b> <i>Tx Democratic Party</i>			
<b>Amount (\$)</b> <i>100<sup>60</sup></i>		<b>Payee address:</b> City: State: Zip Code <i>4818 E Ben White Austin TX 78741</i>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <i>Consulting Expense</i>		<b>Description</b> (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
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address:</b> City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (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
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address:</b> City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:		2 FILER NAME <i>Sabino Pio Renteria</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/2/14</i>		5 Payee name <i>South Austin Democrats</i>			
6 Amount (\$) <i>25.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code <i>P.O. Box 152592 Austin, Tx 78715</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Event Expense (A)</i>		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <i>9/9/14</i> <del>5/20/14</del>		Payee name <i>Austin Tejano Democrats</i>			
Amount (\$) <i>50.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code <i>1805 Miles Ave. Austin Tx 78745</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fees</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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	

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