	TE / OFFICEH N FINANCE R			FOR Cover Sh	м C/OH eet pg 1
The C/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Etnics Cammission Filers)	2 Total pages filed:	:
3 CANDIDATE / OFFICEHOLDER NAME	Sabi	no AST teria	MI SUFFIX	OFFICE &	AUSTI R S DIY OCT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX: APT / SUI		SIATE ZIPCODE TN TX 78702	Date Hand-delivered or Receipt #	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE 1 (512) 4786		EXTENSION	Date Processed	20 20 20
6 CAMPAIGN TREASURER NAME	l /	ustina des	MI	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE 902 E 26		CITY: STATE: AUSTW TX	78702	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (512) 789	O309	EXTENSION		
9 REPORT TYPE		oith day before election	Runoff Exceeded \$500 limit	15th day after of treasurer appoint (officeholder only) Final report (Affac	ntinent
10 PERIOD COVERED	Month Day Year 7 / 01 / 14	THROUGH	Month Cay 9 / 25	Year '	
11 ELECTION	Month Cay Year	ELECTION TYPE Primary	Runctf •	General	Special
12 OFFICE	CFFICE HELD (if any)		13 OFFICE SOUGHT IT KNOW AUSTIN DISTING	City Counce + 3	c(
		GOTOPAG	GE 2		

CANDIDAT SUPPORT		EHOL	DER REPORT:	(312) 403-300	FORM C/OH OVER SHEET PG 2
14 C/OH NAME	Sabino	PIO	Renteria	15 ACC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	CE OF POLITICAL CO	ONTRIBUTIONS ACCEPTED OR POLITICAL EXPENI EXPENDITURES MAY HAVE BEEN MADE WITHOU DERS ARE REQUIRED TO REPORT THIS INFORMAT	IT THE CANDIDATE'S	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NA	AME		
	GENERAL SPECIFIC	COMMITTEE ADI	DDRESS		
additional pages		COMMITTEE CA	AMPAIGN TREASURER NAME		
additions, pages		COMMITTEE CA	AMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS			NTRIBUTIONS OF \$50 OR LESS (OT R GUARANTEES OF LOANS), UNLES		\$ 3,630
			CONTRIBUTIONS ES, LOANS. OR GUARANTEES OF LI	OANS)	\$ 3630
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXP	PENDITURES OF \$100 OR LESS. UNL	.ES\$ ITEMIZED	\$
	4. TOTAL	POLITICAL E	EXPENDITURES		\$ 1737.16
CONTRIBUTION BALANCE		OLITICAL CON ORTING PERIO	NTRIBUTIONS MAINTAINED AS OF THOOD	HE LAST DAY	\$ @1 907.47
OUTSTANDING LOAN TOTALS			OUNT OF ALL OUTSTANDING LOAN PORTING PERIOD	S AS OF THE	\$ 1000 00
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. MYRNA G. RIOS My Commission Expires July 02, 2016 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said A to certify which, witness my hand and seal of office. Signature of officer administering oath Printed game of officer administering oath Title of officer administering oath					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Sabino Pio Rentenia		3 ACCOUNT # (E	thics Commission Filers)
	5 Full name of contributor out-of-state PACKID#_ Cary Lee Roberts 6 Contributor address: City; State: Zip Code 2301 S. Mopac Expy, Apt 3	;23	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)
	Anstin, Tx 78746	,	<u> </u>	of Texas, complete Schedule T)
	unition / Job title (See Instructions)	10 Employer (See I Greater A	nstructions) USTIN Crio	ne Commission
817/14	Full name of contributor out-of-state PAC(1D#_ Eddie Rodriquez Can Contributor address: City: State: Zip Code	•	Amount of contribution (\$)	In-kind contribution description (if applicable)
	P.O. Box 2436 Austin,	7× 78768	:	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ation 7 deb (tile (dee institutions)	Zimployer (odd)		
8/7/14	Full name of contributor out-of-state PAC (ID# _ Rev. Jayme L Mathia Contributor address: City: State: Zip Code 1612 Ganden St.		Amount of contribution (\$)	In-kind contribution description (if applicable)
	AUSTIN TX.	78702	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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 & Austin, Tx		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
8/7/14	Full name of contributor out-of-state PAC (ID#) J. Bruce Hughes Jv. Contributor address: City: State: Zip Code 907 E. 2Nd St AUSTIN, TX	78702	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See	·	and the second s
	ATTACH ADDITIONAL CORIES O	NE THIS SCHEDIUS	ASNEEDED	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The In	struction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	Sabino "Pio" Renteria	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 8 7 14 6	Full name of contributor out-of-state PAC(ID#) Michael Casias Contributor address; City; State: Zip Code IIII E 11+h #206	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
	AUSTIN TX 78702	(If travel outside of Texas, complete Schedule T)
9 Principal occupat	tion / Job title (See Instructions) 10 Employer (See	· · · · · · · · · · · · · · · · · · ·
8/1)/14	Full name of contributor out-of-state PAC(ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
	P.O. Box 5674 Austra, Tx 78763	
Principal occupat	tion / Job title (See Instructions) Employer (See	
217114	Full name of contributor out-of-state PACIDY Manuel Jimenez Jr. Contributor address: City: State: Zip Code 7616 Cedar Edge Dr. Austin Tx 78744	Amount of contribution (\$) 25.06
Principal occupa	tion / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
8/14/14	Full name of contributor out-of-state PAC(ID#) Maria L. Canchola Contributor address; City: State: Zip Code	Amount of contribution (\$) description (if applicable)
Principal occupa	1900 Earl Side Dr AUSTIN, Tx 79704 tion / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
8/19/14	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
	AUSTIN, TX 78731 Ition / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)

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

(TDD 1-800-735-2989)

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Sabino Pio Renteria 7 Amount of 8 In-kind contribution description (if applicable) Cynthia A Medlin 6 Contributor address. City: State: Zip Code P.O. Box AUSTIN, TX 78704 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor In-kind contribution Amount of description (if applicable) contribution (\$) Jerome Garvey Contributor address: City: State, Zip Code 2501 Wilson AUSTIN TX 78704 8/24/14 100.00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ____ out-of-state PAC (ID#)___ In-kind contribution Stone wall Democrats of Austin PAC Contributor address: City: State: Zip Code contribution (\$) description (if applicable) 9 06/14 7.0, Box 4879\$ AUSTINTK 78704 Amount of In kind contribution description (if applicable) Georgia 1. Garza Contributor address: City: State: Zip Code contribution (\$) 2614 Brisbane Rd (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instruction Amount of In kind contribution Sisto Ramirez Contributor address; City: State: Zip Code 809 Pressler contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(TDD 1-800-735-2989)

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Sabino Pio Renteria 5 Full name of contributor Out-of-state PACI'D# 8 In-kind contribution 9/17/14 Sara Johanna Strother 6 Contributor address; City; State: Zip Code 6101 Miriam Ave Unit 212 description (if applicable) contribution (\$) 60.00 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) (If travel outside of Texas, complete Schedule T) In-kind contribution Amount of 9/20/14 Tomasa Pointer Contributor address: City: State: Zip Code 12/2 Garden St contribution (\$) description (if applicable) 50.00 Principal occupation / Job title (See Instructions) Austructory 78702 (If travel Employer (See Instructions) Amount of fri-kind contribution contribution (\$) description (if applicable) 9/22/14 Rosa Mendoza Contributor address: City: State: Zip Code 25/2 1H 35 South Soute 340 20000 Principal occupation / Job title (See Instructions) CPA Bull name of contributor Pour-of-state PAC (ID# _______) Amount of contribution (\$) des 122/14 American federation of State, county + M E 350.00 Contributor address; City; State; Zip Code 1625 L Street N. W Washington, DC 20036 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Amount of Enhance of Contribution Date Full name of contributor out-of-state PACtID# Amount of Contribution In-kind contribution description (if applicable to the contribution) 9/25/14 William C. Hamilton Contributor address: City: State: Zip Code description (if applicable) 100.66 1306 Garden st (If travel outside of Texas, complete Schedule T) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Commission

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 5 Full name of contributorout-of-state PAC-(ID#	7 Amount of contribution (\$) description (if applicable)
2208 Santa Rosast. Austin, Tx 78702 9 Principal occupation / Job title (See Instructions) 10 Employer (See	(If travel outside of Texas, complete Schedule T)
Executive Director Bike	e Tex as
Date Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution description (if applicable)
4503 Depen Ave Austin Tx 78751 Principal occupation / Job title (See Instructions) Employer (Se	(If travel outside of Texas, complete Schedule T) e Instructions)
Pate Full name of contributor out-of-state PAC (IDM: 9/7/14 TX Democratic Party Contributor address: City, State, Zip Code 4818 E Ben White	Amount of contribution (\$) 350 00 District 3 VAN
A UST/N /X 78741	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Se VAN Manager (512 478 9800) TX Dem	e Instructions) Party
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Principal occupation / Job title (See Instructions) Employer (Se ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see instruction guide fora	

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	· ·
Accounting/Banking	Legal Services Solicitation/Fundral	• •
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist	
Fees	Printing Expense Office Overhead/R	
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	Sabino Pio Ren	iteria
4 Date	5 Payee name	
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7 / 1 / 1	Go Daddy	
6 Amount (\$)	7 Payee address: City: State: Zip Code	1 Gite 219
13.00	WULCE North Houde	n Road
٠, د. ۽	7 Payee address: City: State: Zip Code 14455 North Hayde	Scottsdale AZ 85260
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas complete Schedule T)
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EXPENDITURE	adva transa Ernonce	
	advertising Expense	Check if Austin, TX, officeholder living expense
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Date,	Payee name	
7/8/14	Sam's Club	
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Amount (\$)	Payee address; City; State: Zip Code	
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	Food/Beverage Expense	Check if Austin TX, officeholder living expense
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8.12	Aust	IN Tx 78722
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Date,	Payee name	
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	HUSTIN	Tx 78703
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expenditure to benefit C/		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District	
Event Expense	Polling Expense Travel Out Of District	Contributions/Donations Made By nct Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/R	ental 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)
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4 Date	5 Payee name	
7/18/14	Joes Bakery & Coffe 7 Payee address; City: State: Zip Code	e Shop
6 Amount (\$)	7 Payee address; City: State: Zip Code	
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule 1)
OF EXPENDITURE		
	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
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	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEEDED

P.O. Box 12070

	FYPENDITURE	CATEGORIES FO	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contr.		Loan Repayment/Re	imbursement
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	Legal Services		-		ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		الContributions/Donati Candidate/Office	ons Made By holder/Political Committee
Event Expense	Polling Expense	Travel Out Of District			
Fees	Printing Expense	Office Overhead/Rent	tai Expense	OTHER (enter a cate	egory not listed above;
	The Instruction Guide	explains how to cor	mplete this for	m.	
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		Kenteria			
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8 PURPOSE	(a) Category (See categories isted at the top	of this schedule) (t	Description :	If travel outside of Texas.	complète Schedule 7)
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SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	` ,
Accounting/Banking	Legal Services Solicitation/Fundra	• •
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist	
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1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name	<u> </u>
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6 Amount (\$)	7 Payee address; City; State: Zip Code	
1-1 01	6721 5th Congress Ave.	10-501 - 76745
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	- lin -	
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expenditure to benefit C/C	JH .	
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	017.00	Check if Austin, TX, officeholder living expense
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expenditure to benefit C/C	DH .	
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Amount (\$)	Payee address, City; State; Zip Code	. 110
CO 20	3837 Bay Lake Trail suite	7 / 1 / 20 - 20
58.28	Alan	th Las Vagas NV 89036
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	0 1 - 5	_
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Amount (\$)	Payee address; City; State; Zip Code	
A 22-05-00	1323 S. Colorado	
~2 5 .75	1323 S. COLOTAGO	khart Tx 78644
	Loc	KNW1 /X /861/
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	1	1
OF EXPENDITURE	Food / Beverage Exp.	Check if Austin, TX officeholder living expense
EXPENDITURE	1	<u></u>
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/		
		SCHEDULE AS NEEDED
İ	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Austin, Texas 78711-2070

P.O. Box 12070

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)
Advartising Eugen	Gift/Awards/Memorials Expense Salaries/Wages/Cor	· ·
Advertising Expense Accounting/Banking	Git/Awards/Memorials Expense Salaries/Wages/Cor Legal Services Solicitation/Fundrais	
Consulting Expense	Food/Beverage Expense Travel In District	sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of District	
Fees	Printing Expense Office Overhead/Re	
, 003	• ,	
	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Sabino Pio Renter	
4 B	Jabino Mo Renter	15-
4 Date	₽ Pauco nama	ļ
8/6/14	Lomi Club	
6 Amount (#\	Sam's Club 7 Payee address: City: State: Zip Code	·
a modulit (3)		
50.54	9900's muto S. IH 35 Ac	XSTINITX 78744
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Scriedule T)
OF		
EXPENDITURE	Travel IN District	
	(100-01 11. OD 111	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		
, Lo Dorreit OC	····	
Date /	Payee name	
9/8/14	Frank D. I.	e Aurent
11011	Fiestas Patrias 0. Payee address: City: State: Zip Code	+ MUSI/N
Amount (\$)	Payee address; City; State; Zip Code	,
· •		
75.00	1908 Holly St AUSTIN	V 7レ フタフハハ
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 10 10 10 1
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	C y : Inga in store to the street state of	
EXPENDITURE	E. mat Emaria	Charles Anna IV Walter
_ · · · _	Event Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		
Date .	Payee name	
9/23/14	Walgreens Payee address; City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
000	LILLY ALL LA DIA A	- 1 T. 70747
3.99	1144 auport Blud Aust	71N, 1X 18 10 A
· !	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Category (See categories listed at the top of this schedule)	Description (If travel butside of Texas, complete Schedule 1)
PURPOSE	1	
OF EXPENDITURE	Beverage Expense	Check if Austin, TX, officeholder fiving expense
FVLEIADITOKE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/0	НС	
Date	Payee name C	
9/22/14	Worley Printing Co. Payee address; City: State; Zip Code	
	+ vv · 1 - / 1	
Amount (\$)	Payee address: City: State: Zip Code	
020 03	3217 N 1H 35 NULT	707
932.03	1 JAIL TO ALLIT	N TX 78722
<u> </u>		, , , , , , , , , , , , , , , , , , ,
DUBBOOL	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	10 1	
EXPENDITURE	Printing Expense	Check (Austin, TX, officeholder fiving expense
Complete ONLY if direct		Office sought Office held
expenditure to benefit Ca	/ОН	
-	ATTACH ADDITIONAL CODICS OF THE	SCHEDULE AS MEEDED
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	` ,
Accounting/Banking	Legal Services Solicitation/Fundr	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	Contributions/Donations Made By strict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/	
	The Instruction Guide explains how to	· ·
1 Total pages Schedule F	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Sabino Pio Kenter	rla
9 (25/14	Tops-South	
6 Amount (\$)	7 Payee address: City. State: Zip Code	<u> </u>
8.66	1300 E 5th St AUST.	IN 7x 78762
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule 1)
OF EXPENDITURE	Office Overhead	Check if Austin. TX. officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		Sinde Sough
Pate 9/7/14	TX Democratic Par	ty
Amount (\$)	Payee address: City; State; Zip Code	
10000	4818 E Ben White	AUSTIN TX 78741
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (iff travel cutside of Texas complete Schedule T)
EXPENDITURE	Consulting Expense	Check if Austin. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
A (D	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Thravel outside of Texas, complete schedule T)
OF EXPENDITURE		Check (Austur, 1X) officeholder living excense
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office Held
Date	Payee name	
Amount (\$)	Payee address: City; State: Zip Code	
· · ·	, , , , , , , , , , , , , , , , , , , ,	
PURPOSE	Category (See categories listed at the top of this schedule;	Description (If travel outside of Toxas, complete Schedule T)
OF		
EXPENDITURE		Check if Austin, TX, officeholder fiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUS E AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS	OVI ILDOLL AG RICEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Legal Services Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Event Expense Candidate/Officeholder/Political Committee Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: Sabino Pio Renteria

5 Payee name
South Austin Democrats

7 Payee address: City: State: Zip Code
P.O. Box 152592 Austin, Tx 78715 4 Date Reimbursement from political contributions intended (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Event Expense (18) **EXPENDITURE** Check if Austin, TX, officeholder living expense Payee name
Austin Tegano Democrats

Payee address: City: State: Zip Code

1805 Miles Ave. Austin Tx 78745 Amount (\$) Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Fees EXPENDITURE Check if Austin, TX officeholder living expense Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions ntended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Pavee name Date Payee address: City: State: Zip Code Amount (\$) Reimbursement from political contributions ntended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if Austin, TX, officeholder living expense