CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.		
3 CANDIDATE/	MS / MRS / MR · FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	- Sabino		Date Received
	NICKNAME LAST	SUFFIX	Date (1000)100
	Pio Renteria		STIN REC
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	CHY CEIVI 2 P
OFFICEHOLDER MAILING ADDRESS	1511 Haskell St.		
Change of Address	AUSTIN, TX 78	702	LERK) 5 4
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	<u> </u>
OFFICEHOLDER PHONE	(512) 478 6770		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	, MI	Receipt # Amount 9
NAME	Cristina LAST	SUFFIX	Date Processed
	Valdez		Date Imaged .
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SL	JITÉ #: CITY: STATE:	ZIP CODE
TREASURER	a - r a - d	AUSTIN, TX	78701
ADDRESS (Residence or Business)	902 E 2 Nd SH	110011107111	70 702
(Kealdeuca or Onswess)			
			<u> </u>
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(<i>51</i> 2) 789-0309]	
			·
9 REPORT TYPE	Lianuary 15 30th day before e	lection Runoff	16th day after campaign
1	January 15 30th day before e	·	treasurer appointment (Officeholder Only)
	July 15 8th day before else	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Manth	Day Year
COVERED	01/01/2015	D7/	01/15
		THROUGH	,
11 ELECTION	ELECTION DATE	ELECTION TYPE	· · · · · · · · · · · · · · · · · · ·
	Month Day Year Primary	Runalf Diher	•
		Description Special	
	General		
12 OFFICE	OFFICE HELD (If any) A WSTIN	13 OFFICE SOUGHT (If known)
	City Council District 3		
	Uistrict J		·
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sabino	Pio Renteria 18	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEES 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 BUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME	
:	GENERAL		
3	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			•
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	
TOTALS	PLEOGI	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED \$ 6/3. 94		
	4. TOTAL POLITICAL EXPENDITURES \$ 4063.33		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 9078.15		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TO AY OF THE REPORTING PERIOD	HE \$ Ø
18 AFFIDAVIT			
	•	true and correct and includes all info	erjury, that the accompanying report is rmation required to be reported by me
,		under Title 15, Election Code.	fent
		Signature of Cand	lidate or Officeholder
AFFIX NOTARY STAMP / SEALABOVE			
Swom to and subsc	ribed before me,	by the said Sabino Rentlia	, this the Znd
day or tuly	20\5,	to certify which, witness my hand and seal of office.	
15 Suli	nas	Secnatstrada-Salinas	Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Remal Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Soficitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District
Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:		nteria 3 Filer ID (Ethics Commission Filers)
4 Date 3 19 15	6 Payee name LULAC 422	
6 Amount (\$)	7 Payee address: City; State; Zip Code	
50.0	1511 Faro Dr Apr 151 Aust	in, TX 78741
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE	,	Check if travel outside of Texas, complete Schedule T
OF	Donation	Check if Austin, TX, officeholder living expense
EXPENDITURE		·
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/29/15	Ricardo Zavala	
Amount (\$)	Payee address; City; State; Zip Code	
10000		
	Category (See categories listed at the top of this schedule)	Description
PURPOSE	Donation	Check If travel outside of Texas, complete Schedule T
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Son's medical Expense	
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/09/15	Manuel Jimene	z for Constable
Amount (\$)	Payee address: City; State: Zip Code	•
5000	7516 Cedor Edge Dr A	tusin, TX 78744
	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF	Donation	Check if Austin, TX, officeholder living expense
EXPENDITURE		
	* .	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Giff/Awerds/Memoriats Expense Printing Expense Salaries/Wages/Contract Lebor Travel Out Of District Candidate/Officaholder/Political Committee Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sabino Pio Rentena 4 Date Austin, TX 78765 Check if travel outside of Texas, complete Schedule T PURPOSE Donation, Sponorship Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Comptete ONLY if direct expenditure to benefit C/OH Capital area Prognessive Democrats City; State; Zip Code Amount (\$) 20000 PO Box 413 Autin, TX 78767 Category (See categories listed at the top of this schedule) Description Check if traval outside of Texas, complete Schedule T PURPOSE Donation OF Check if Austin, TX, officeholder living expense Kickass Award Host Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 6/19/2015 Music Coalition City: State: Zip Code Amount (\$) Auston, TX 78715 Box 152500 Category (See categories fisted at the top of this schedule) Check if travel cutside of Texas, complete Schedule T PURPOSE OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Membership Due Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awarda/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Saleries/Wagas/Contract Labov Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (ertter a category not listed above)

	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Sabino Pio Re	nteria S Filer ID (Ethics Commission Filers)
4 Date 2/03/15	6 Payee name UT Project 7 Payee address: City; State: Zip Code	2015
6 Amount (\$)		
100.06	100 W Dean Keeton St.	A 6300 AUSHN, TX 78712
8	(a) Category (See categories listed at the top of this achedule)	(b) Description
PURPOSE OF EXPENDITURE	Donation	Check If travel outside of Texes, complete Schedule T Check If Austin, TX, officeholder living expense
	home repair supplies	
9 Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name H	Office sought Office held
Date	Payea name	
2/26/15	Dr Jayme Ma	thias Fundraiser
Amount (\$)	Payee address; City; State; Zip Code	
100.00		
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF	N Link	Check if travel outside of Texas, complete Schedule T
EXPENDITURE	Donations	Check if Austin, TX, afficeholder living expense
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/12/15	Dr Dow son can	cer Fundraiser
Amount (\$)	Payee address; City; State: Zip Code	
10000		
	Category (See categories listed at the top of this schedule)	Description
PURPOSE	A . L	Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Donation	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

SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundratising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense toitleid al leverT Contributions/Donations Marte Ry Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officaholder/Political Committee Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sabino Pio Renteria 4 Date 5 Payee name 1126/2015 7x Gas Service 6 Amount (\$) 1301 S. Moporc Expressiony Ste 400 Austin, DX 78746 69.00 (b) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Office Overhead Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Maria Canchola Date 01/28/2015 Payee address; City; State; Zip Code Amount (\$) 1900 East Side Dr. Austin, TX 78704 5000 Category (See categories listed at the top of this echadule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Donations OF Check if Austin. TX, officeholder living expanse EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
PURPOSE OF EXPENDITURE	Contract Labor	Check If travel outside of Texas, complete Schedule T Check If Austin, TX, officeholder living expense	
	Category (See categories listed at the top of this schedule)	Description	
66.00		*	
Arridon (2)	Payee address, Cay, State. 2p cook		

Joseph Huerta

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Conations Made By
Candidats/Office/botter/Political Committee

Event Expense Fees Food/Beverage Expense Grit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5	Sabino Pio Rent	teria	
4 Date 12/17/2014	Joaquin Chincal	nchan	•
6 Amount (\$)	7 Payee address; City; State; Zip Code		1.1
204.00	4908 Parell Path	AUSTIN	1x 78/44
8	(a) Category (See categories listed at the top of this schadule)	(b) Description	to the state of Table of the State of the State of the State of Table of the State
PURPOSE		. —	outside of Texas, complete Schedule T n. TX, officeholder living expense
OF EXPENDITURE	Contract Labor	L Uneck it Ausm	n, IX, Officenower living expense
·			
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01-15-15	Adam's Canopy J	ervice	
Amount (\$)	Payee address: City; State; Zip Cods		
715.00	3508-A E Cesar (chaue Z	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	- 1 - 0 a la co		outside of Texas, complete Schedule T
OF EXPENDITURE	Event Expense	Check If Austin	, TX, officeholder living expense
LAF BITE! THE			
;	To all the LOT of the same	Called sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Once have
Date	Payee name		
01/26/2015	Sabino Pio Ren	teria	<u> </u>
Amount (\$)	Payee address; City: State: Zip Code	ر. ⊷ ∆	ブレ フロフカつ
1,300	1511 Haskell St 1	7 <i>05</i> 772	Tx 78702
	Category (See categories fisted at the top of this schedule)	Description	
PURPOSE	Loan Repayment	1 7 7	outside of Texas, complete Schedule T
OF EXPENDITURE	Loan Kepay meri	Check If Austin	, TX, officeholder living expense
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	l		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Solicitation/Fundraising Expense Accounting/Benting Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel in District Polling Expense Contributions/Donations Made By Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Renteria 4 Date 102/15 6 Amount (\$) Menlo Pork, CA 94025 Willow Rd 109.33 (2) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** Check If Austin, TX, officeholder living expense advertising **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Nicholas Solorzano City; State: Zip Code Pavee address: Austin, TX 78702 25000 Check if travel outside of Texas, complete Schedule T Contract Labor PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Paves name David Chincanchan 01/05/15 Pavee address: City: State: Zip Code Amount (\$) Austin Tx 78744 25000 Parell Path Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T Contract Labor **PURPOSE** OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete **QNLY** if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Benking
Consulting Expense
Contributions/Onetions Made By
Canadidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salartes/Wages/Contract Labor Soticitation/Fundreising Expense Transportation Equipment & Related Expense Travel in District Travel Cut Of District Other (enter a category not listed above)

	The instruction Guide explains how to co	ompiste this form.
1 Total pages Schedule F1:	Sabino Pio Rente.	3 Filer ID (Ethics Commission Filers)
4 Date 12/24/14	Challenger Street No	
6 Amount (\$)	<u> </u>	
100.00	PO Box 151574 Austr	n, TX 78715
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Donations plus lyr	Check if Austin, TX, officeholder thing expense
	Subscription	
9 Complete <u>CNLY</u> if direct expenditure to beneft C/OI	Candidate / Officeholder лате Н	Office sought Office held
Date	Payee name	
12/22/14	House the Homeless	\$
Amount (\$)	Payee address; City; State; Zip Code	
100.00	PO Box 2312 Austin,	TX 78768
	Category (See categories listed at the top of this schedule)	Description
PURPOSE	Donation thermal	Check if travel outside of Taxas, complete Schedule T
OF EXPENDITURE	underwear Drive	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/22/14	Aurin Parks Found	ation
Amount (\$)	Payee address: City; State: Zip Code	
50.00	507 Calls St. #116 A	taln, TX 78702
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Donation	Check if Lavel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernonials Expense

Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salariaa/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District
Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Sabino Pio R	enteria 3 Filer ID (Ethics Commission Filers)
4 Date 5/04/15	Art Alliance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
80.00	211 East 7th St#1021	AUSTIN TX 787.01
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Donation - Fee	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
·		
Date	Payee name	
4/21/15	Amazon MKTPL	ACE
Amount (\$)	Payee address; City; State; Zip Code	
99.95	1200 12th Ave S, Ste 120	00 Southle, WA 98144
,	Category (See categories fisted at the top of this schedute)	Description
PURPOSE	1 Lina Expense	Check if travel outside of Taxas, complete Schedule T
OF	Printing Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	Tonor Cart.	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Deuc		
	•	
Amount (\$)	Payee address; City; State: Zip Code	
	Category (See calegories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
•	·	·
Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Commission Filer		mmission Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		s
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 4677.27
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$.
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8.	8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9.	9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
10.	10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
11.	11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Date 6 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (IO#:___ City: State; Zip Code 6 Contributor address; 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) aut-of-state PAC (ID#: City; State; Zip Code Contributor address; 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 for additional reporting requirements.

AUSTIN CITY CLERK RECEIVED

EXEMPTION STATEMENT

2015 JUL 16 PM 1 06

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:
Renteria Saloino
(Last) (First) (Middle)
ADDRESS: 1511 Hoskell St. Austin, TX 78702
DATE OF FILING: 07/02/2015
STATEMENT
I/we, Sabino Renteria (Name of Candidate or Committee), have not raise and do not intend to raise more than \$30,000 in contributions for the campaign period of Towary 1, 2015 through Two 30, 2015. Therefore, I/w will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.
Signed by Candidate or Campaign Committee
7/16/2015 Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.