



# City of Austin

## **Sabino "Pio" Renteria, Council Member District 3**

301 W. 2nd St., Austin, TX 78701  
(512) 978-2103, Fax (512) 978-2113  
[sabino.renteria@austintexas.gov](mailto:sabino.renteria@austintexas.gov)

Dear Ethics Commission,

I would like to thank you once again for your service on this commission and for your patience in considering the complaint filed and now twice amended by Mr. Clark.

On April 13th, I attended the scheduled preliminary hearing eager to take the opportunity to answer any questions or concerns you may have about this issue. As I mentioned in my earlier letter to you, from my time as a candidate in 2014 and during the first three months while on Council in 2015 my [REDACTED] and I rented out the front part of our home as a Short Term Rental – Type 1. Like many we rented out the front part of our home to supplement our fixed income and to help pay for the skyrocketing property taxes. During this time we were properly licensed, paid our taxes, disclosed our all required financial forms, and thankfully kept our receipts.

As you can see by the copy of my STR Type 1 Operating License, included with this letter, we chose not to renew the license in April 2015. Therefore, by the time City Council began considering regulations on STRs at the end of summer 2015, we had not been licensed nor did we operate an STR Type-1 for several months prior. Correspondingly, public record shows, that we paid Hotel Occupancy Taxes throughout 2014 ending in quarter 1 of 2015 when we decided not to run an STR anymore and therefore did not need a license. I've included those receipts as well.

Having shown fully, with public records, that I did not own nor did I operate an STR while considering regulations on STR's I am confident you will see this baseless allegation for what it is. It is an attempt by from profit driven interest to co-opt and overturn our civic process for personal financial gain.

Thank you for your service on the Ethics Review Committee.

Council Member Sabino "Pio" Renteria

SARINO RENTERIA

88-7723148

3560 ✓

4/20 2015

ALWAYS SIGN

City of Austin \$ 336.<sup>00</sup>  
Three hundred thirty six and 00/100

AMPLIFY FEDERAL CREDIT UNION  
P.O. BOX 8826  
AUSTIN, TEXAS 78768  
(512) 836-5801

⑆00000921456

*Sarah Renteria*

DEPOSIT ONLY  
CITY OF AUSTIN  
FCA COLLECTIONS

**Hotel and Short Term Rental Tax Reporting**

Account Number: **V00000921456 (Eastside Cottage)**  
Physical Street Address: **[REDACTED]**  
Reporting Period Due Date: **Saturday, January 31, 2015**  
Date Reported: **Jan 2, 2015 1:16 PM**  
Reporting Period: **Quarter 4 2014**



Description	Values	Totals
Total Room Receipts		\$1,707.81
Exempt Rooms 30 Days	\$0.00	
Exempt Rooms Other	\$0.00	
Total Exempt Rooms		\$0.00
Taxable Receipts		\$1,707.81
Principal Tax Due		\$153.70
Days Till Due Date	28	
Penalty	\$0.00	
Interest	\$0.00	
Total Penalty and Interest		\$0.00
<b>Total Due:</b>		<b>\$153.70</b>

Signature:

Print Name: **Sabino Renteria**Contact Email: **[REDACTED]**Phone Number: **[REDACTED]**

Please sign above and return this form with payment, payable to the City of Austin. You should also keep a copy of this form for your own records. Payment must be postmarked by Saturday, January 31, 2015 to avoid incurring additional penalty and interest. Please attach a copy of your State of Texas Hotel Occupancy Report. If you need assistance contact the City of Austin's hotel tax hotline at [hotels@austintexas.gov](mailto:hotels@austintexas.gov) or (512)974-2590.

**By Mail:**  
City of Austin  
FSD-HOTEL  
P.O. Box 2920  
Austin, TX  
78768-2920

**In Person:**  
Municipal Building  
FSD-HOTEL  
Suite 125.2  
124 W 8th St  
Austin, TX  
78701

Thank you,  
Controllers Office - City of Austin

For Office Use Only

Report ID  
CR Number

2897

# Texas Hotel Occupancy Tax Report

You have certain rights under Texas's 562 and 569 Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this report.

Page 1 of 1

1. Code 75100

2. Taxpayer number

3. Filing period

4. Location number

5. Date due

6. Name and mailing address (List all necessary name changes below.)

2H17

SABINO PIC RENTERIA

## IMPORTANT

Check in this box if any pertinent information has changed. Show changes beside the pertinent information.

Check in this box if any location shown is no longer in business. Write the location number and the date you went out of business below.

LOCATION NUMBER DATE

- A report must be filed even if no tax is due.

- Do not write in shaded areas.

1. NUMBER OF LOCATIONS	2. LOCATION NAME AND ADDRESS	3. LOCATION NUMBER	4. TOTAL ROOM RECEIPTS	5. TOTAL TAXABLE ROOMS
1	EASTSIDE COTTAGE	00001	609.00	36.54

1. Code 75180

2. Total room receipts for ALL locations (Item 4 from this and all supplemental pages) 609.00

3. Total taxable receipts for ALL locations (Item 5 from this and all supplemental pages) 36.54

4. Total tax due ( 6.0 % of Item 3 ) 36.54

5. Discount (If paid on item, enter % of Item 3)

6. Tax due after discount (Item 4 minus Item 5) 36.54

7. Penalty (See instructions)

8. Interest (See instructions)

9. TOTAL AMOUNT DUE AND PAYABLE (Item 6 plus Item 7 and Item 8) 36.54

10. Taxpayer name SABINO PIC RENTERIA

11. Code 145

12. Taxpayer's address

13. Mailing address

Make the amount in item 9 payable to STATE COMPTROLLER

Attn: Comptroller of Public Accounts

P.O. Box 145356

Austin, TX 78714-5356

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

Sign here

Date (month and year)

Daytime phone

(Area code and number)

For assistance call 1-800-252-1385 or 512-463-4600. Details are also available online at [www.window.state.tx.us](http://www.window.state.tx.us)

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# City of Austin

Controller's Office Mailing Address: City of Austin, FSD-Hotels, P.O. Box 2920, Austin, TX 78768 2920  
Controller's Office Tax Hotline: (512) 974-2590 Email Address: hotels@austintexas.gov

August 15, 2015



RE: Account Number: V00000921456  
STR Name: Eastside Cottage  
STR Address: [REDACTED]

Dear [REDACTED]

We have discovered that you have submitted duplicate payments for your hotel occupancy taxes for the period listed below. A refund check in the amount of \$153.70 is enclosed.

Year	Quarter	Check Number	Taxes Due	Tax Paid
2014	4	3535	\$153.70	\$153.70
2014	4	3552		\$153.70
Refund Total:				\$153.70

Sincerely,

Hotel Occupancy Taxes  
City of Austin

☒ Track your expenses...

☐ Clothing

☐ Food

☐ Transportation

☐ TAX DEDUCTIBLE ITEM

2053

☐ Credit Card

☐ Utilities

☐ Mortgage

☐ Entertainment

☐ Insurance

☐ Other

4-7-2014

City of Austin  
Two Hundred & Eighty Five

TOTAL	285.00
BALANCE	
PAID	
OTHER	
BALANCE	
FORWARD	

STR up

For added security, your name and account number do not appear on this copy

NOT NEGOTIABLE

PIR for Address

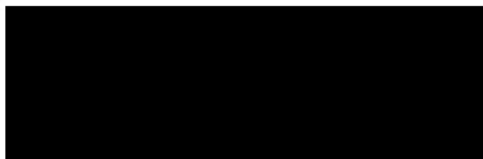
Hotel/STR Name	Hotel/STR Address	RPT _ YEAR	RPT _ QUARTER	GROSS _ RECEIPTS	OVER30 _ EXEMPTIONS
Eastside Cottage		2014	2	844	0
Eastside Cottage		2014	4	1707.81	0
Eastside Cottage		2015	1	3734	0



City of Austin

# OPERATING LICENSE

**LICENSEE:**



**ESTABLISHMENT NAME:**

**EASTSIDE COTTAGE**



**Number of Rooms: 2**

**LOCAL CONTACT:**



The Code Compliance Department.  
has approved the issuance of this  
Operating License for this establishment

**License Type:**  
SHORT TERM RENTAL  
Type I – SECONDARY

**License Number:**  
OL 2014 035087

**CITY OF AUSTIN**  
Code Compliance Department  
Attn: Short Term Rental Program  
P.O. Box 1088  
Austin, TX 78767-8810

**License Issuance Date:**  
APRIL 10, 2014

**Code Reference:**  
City of Austin Code  
Chapter 25-2, 25-12, 25-1

**Expiration Date:**  
APRIL 10, 2015

**Issued by:**

*Viola Ruiz*

*Carl P. Smart*

Carl Smart, Director  
Code Compliance Department

**ORIGINAL MUST BE CLEARLY DISPLAYED ON ESTABLISHMENT PREMISES**

**LICENSE MAY NOT BE TRANSFERRED AND DOES NOT CONVEY WITH THE SALE OR TRANSFER OF THE PROPERTY**

*The City of Austin is committed to compliance with the Americans with Disabilities Act.  
Reasonable modifications and equal access to communications will be provided upon request.*

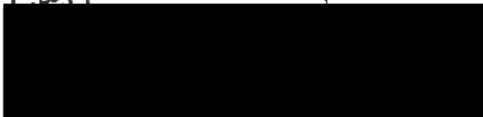


**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS** **PART 5**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, *and do NOT include this page in the report.*

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE OF INCOME <i>Short term rental</i>	NAME AND ADDRESS <i>Eastside Cottage</i> 
<b>2</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input checked="" type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**