

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sabino	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked JUL 2 2019 AM 11:42 Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Renteria		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1511 Haskell St Austin, TX 78702		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI John		
	NICKNAME LAST SUFFIX Hernandez		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2117 Barton Hills Dr. Austin TX 78704		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 789-4800		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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)		
9 PERIOD COVERED	Month Day Year    Month Day Year 01/01/2019    THROUGH    06/30/2019		
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Austin City Council, District 3		12 OFFICE SOUGHT (if known) Austin City Council, District 3

GO TO PAGE 2

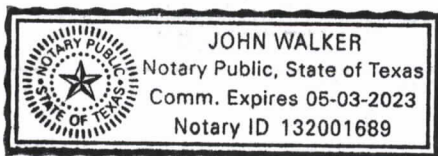
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME Renteria, Sabino		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 159.75
	4.	TOTAL POLITICAL EXPENDITURES	\$ 3,783.96
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,064.05
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,500.00

## 17 AFFADAVIT



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 Renteria*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Walker, this the 2nd day of July, 2019, to certify which, witness my hand and seal of office.

*John Walker*  
Signature of officer administering

John Walker  
Printed name of officer administering

notary  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**

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<b>18 FILER NAME</b> Renteria, Sabino		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,783.96
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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 complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 4/7		2 FILER NAME Renteria, Sabino		3 Filer ID
4 Date 01/04/2019		5 Payee name ActBlue		
6 Amount (\$) \$100.90		7 Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 01/18/2019		Payee name Bray, Timothy		
Amount (\$) \$350.00		Payee address; City; State; Zip Code 4801 Placid Place  Austin, TX 78731		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 02/14/2019		Payee name Central Texas Food Bank		
Amount (\$) \$75.00		Payee address; City; State; Zip Code 6500 Metropolis Dr  Austin, TX 78744		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

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**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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 complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 5/7		<b>2</b> FILER NAME Renteria, Sabino		<b>3</b> Filer ID	
<b>4</b> Date 01/04/2019		<b>5</b> Payee name City of Austin			
<b>6</b> Amount (\$) \$266.18		<b>7</b> Payee address; City; State; Zip Code P.O. BOX 2267  Austin, TX 78783			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/12/2019		Payee name GoDaddy			
Amount (\$) \$89.42		Payee address; City; State; Zip Code 14455 North Hayden Rd  Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/15/2019		Payee name GoDaddy			
Amount (\$) \$48.33		Payee address; City; State; Zip Code 14455 North Hayden Rd  Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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 complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 6/7		2 FILER NAME Renteria, Sabino		3 Filer ID	
4 Date 03/13/2019		5 Payee name House the Homeless			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code P.O. Box 2312  Austin, TX 78768			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HUGGS thermal clothes drive	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/07/2019		Payee name Meals on Wheels			
Amount (\$) \$75.00		Payee address; City; State; Zip Code 3227 E 5th St  Austin, TX 78702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/15/2019		Payee name Renteria, Sabino			
Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 1511 Haskell St  Austin, TX 78702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repayment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
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Food/Beverage Expense  
Gift/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 complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 7/7	<b>2</b> FILER NAME Renteria, Sabino	<b>3</b> Filer ID
<b>4</b> Date 01/14/2019	<b>5</b> Payee name Time Warner Cable	
<b>6</b> Amount (\$) \$37.38	<b>7</b> Payee address; City; State; Zip Code PO BOX 60074  City of Industry, CA 91716	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/11/2019	Candidate/Officeholder name Tobin, Bridget	Office sought Office held
Amount (\$) \$32.00	Payee address; City; State; Zip Code 1402-A ValleyRidge Dr  Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		