### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

OFFICIAL DECADI CITY SECRETARY FT. WORTH, GOVER SHEET PG 1

FORM C/OH

| The C/OH Instruction  | Guide explains ho        | w to complete this form.       | 1 Filer ID (Ethics Commission Filers)               | 2 Total pages filed:  |
|---|--------------------------|--------------------------------|---|---|
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS/ MRS / MR             | 5AB RNa                        | MI  | OFFICE USE ONLY   |
| NAME  | NICKNAME                 | RENTER'a                       | SUFFIX  | Date Received   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS           | ADDRESS / PO BO          | OX; APT / SUITE #; C           | STATE: ZIP CODE  FLORITY: STATE: ZIP CODE           | A 56  |
| Change of Address   |                          |                                |   | RECEIVED RECEIVED   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | (482)                    | 234-9621                       | EXTENSION   | Date Hand-delivered or Date Postmarked  CITY OF FORT WORTH  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / (MB)          | HvgH<br>LAST<br>FERRAL         | SUFFIX  | Date Processed  Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS           | (NO PO BOX PLEASE); APT / SU   |   | STATE; ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE (8/1)          | PHONE NUMBER  966 - 132        | EXTENSION   | walkenii o  |
| 9 REPORT TYPE   | January 15               | 30th day before ele            | ection Runoff                                       | 15th day after campaign treasurer appointment (Officeholder Only)   |
| · · ·   | July 15                  | 8th day before elec            | tion Exceeded Modified Reporting Limit              | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED  | Month O 2                | Day Year                       | Month   | Day Year / 31 / 21  |
| 11 ELECTION   | ELECTION DAY             | Year Primary                   | ELECTION TYPE  Runoff Other Description             | k   |
| Marcell   | 05/01                    | /21 General                    | Special   | =1, K 5 (1) + 10052   |
| 12 OFFICE   | OFFICE HELD (if any      | wo El Hazzi                    | 13 OFFICE SOUGHT (IF KNOWN)                         | y District 9  |
| 14 NOTICE FROM POLITICAL                                      | THE CANDIDATE / OFFI     | CEHOLDER. THESE EXPENDITURES I | MAY HAVE BEEN MADE WITHOUT THE CANDI                | DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR SECRET RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S)  | COMMITTEE TYPE           | COMMITTEE NAME                 | 在一个年代的一个年代,一个一次的一次一次一次一次一次一次一次一次一次一次一次一次一次一次一次一次一次一 |   |
| Additional Pages  | GENERAL                  | COMMITTEE ADDRESS              |   | _ tryage  |
|   | SPECIFIC                 | COMMITTEE CAMPAIGN TREAS       | SURER NAME  |   |
| (2, 3 to 4)   | and a second             | COMMITTEE CAMPAIGN TREA        | SURER ADDRESS                                       | 10  |
| - P   | the second of the second | GO TO P                        | AGE 2   |   |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME   | NtERia, SABRILLA N   | 6 Filer ID (Ethics Commission Filers)    |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   | \$ \$                                    |  |  |  |  |  |
|  | TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 5048.22                               |  |  |  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$                                       |  |  |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 3686.69                               |  |  |  |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD   | DAY \$ 11,542.90                         |  |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | THE \$ 10,000,00                         |  |  |  |  |  |
|  | swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.  | and correct and includes all information |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Signature of Carro   | didate or Officeholder                   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 15 03-18-20 HILL   | Wh.  |  |  |  |  |  |  |
| 40 910617  | Please complete either option below:   |  |  |  |  |  |  |
| #31 a 4 4  |  | Please complete either option below:     |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| EE 0 4   | 3  |  |  |  |  |  |  |
| THE OF THE PARTY O | N N N N N N N N N N N N N N N N N N N  |  |  |  |  |  |  |
| (1) Assistante de Audio  | NE CHILL   |  |  |  |  |  |  |
| (1) ARINGWIN OF YAR  | NEC JULIA  |  |  |  |  |  |  |
| (1) Attitude to A A A A A A A A A A A A A A A A A A  | M. C.  |  |  |  |  |  |  |
| NOTARY STAMP/SEA   | before me by Conbring Ranbrie this the 3   | 3134 day of MarcQ                        |  |  |  |  |  |
| NOTARY STAMP/SEA   | 1 D 1 1  |  |  |  |  |  |  |
| NOTARY STAMP/SEA   | before me by booking Renderice this the standard, witness my hand and seal of office.  Welissek-Brunn  |  |  |  |  |  |  |
| NOTARY STAMP/SEA  Sworn to and subscribed  20  , to certify  | before me by Bobina Rankrie this the Ewhith, witness my hand and seal of office.  Welissek-Brunn   | or noter                                 |  |  |  |  |  |
| NOTARY STAMP/SEA  Sworn to and subscribed  20  , to certify  | before me by Bobina Rankrie this the Rankrie this this the Rankrie this this the Rankrie this the Rankrie this this the Rankrie this this this this this this this this | or noter                                 |  |  |  |  |  |
| NOTARY STAMP/SEA  Sworn to and subscribed 20 , to certify  Signature of officer administer  (2) Unsworn Declarati  | before me by Bobina Rankrie this the Rankrie this this the Rankrie this this the Rankrie this the Rankrie this this the Rankrie this this this this this this this this | Title of officer administering oath      |  |  |  |  |  |
| NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify  Signature of officer administe  (2) Unsworn Declarati  My name is   | before me by Dobring Renderice this the Standard, witness my hand and seal of office.  Printed name of officer administering oath  OR  | Title of officer administering oath      |  |  |  |  |  |
| NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify  Signature of officer administe  (2) Unsworn Declarati  My name is   | before me by Booking Rondrie this the Standard which, witness my hand and seal of office.  Printed name of officer administering oath  OR  OR , and my date of birth is  | Title of officer administering oath      |  |  |  |  |  |
| NOTARY STAMP/SEA  Sworn to and subscribed 20, to certify  Signature of officer administe  (2) Unsworn Declarati  My name is  My address is   | before me by Booking Rondrie this the Standard which, witness my hand and seal of office.  Printed name of officer administering oath  OR  OR  and my date of birth is   | Title of officer administering oath      |  |  |  |  |  |

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME  FENTERIA, SABRILA  | 20 Filer ID (Ethics Co | ommission Filers)  |
|-----|--|------------------------|--------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                 |                        | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                          |                        | \$ 1970.47         |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS            |                        | \$ 3077.75         |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                      |                        | \$                 |
| 4.  | SCHEDULE E: LOANS  |                        | \$ 10,000.00       |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON            | NTRIBUTIONS            | \$                 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                               |                        | \$                 |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (             | CONTRIBUTIONS          | \$                 |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                          |                        | \$                 |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN              | DS                     | \$ 3686.69         |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A             | BUSINESS OF C/OH       | \$                 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON         | NTRIBUTIONS            | \$                 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER | ONS RETURNED           | \$                 |

### SCHEDULE A1

| ii the reque     | sted information is not applicable, DO NOT include this page in the   | 16port.                               |
|------------------|---|---------------------------------------|
| The              | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |
| 2 FILER NAME     | ABRITA RONTIA   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4 18/3/   | 5 Full name of contributor out-of-state PAC (ID#:)  METRO DELLUERS Pool  6 Contributor address; City; State; Zip Code  1648 E Hoffle 5+ Flow TR 74104  pation Light title (See Instructions)  9 Employer (See Instructions) | 7 Amount of contribution (\$)         |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employer (See Instructions)  | tions)                                |
| Date<br>ン/シs/シ1  | Full name of contributor   out-of-state PAC (ID#:)  Rosa Linda Lopez  Contributor address; City; State; Zip Code  4325 Ethneia WAJ Flw R 76108  | Amount of contribution (\$)  H 40. 20 |
|                  | eation / Job title (See Instructions)  Employer (See Instructions)  | ions)                                 |
| Date / 1         | Full name of contributor out-of-state PAC (ID#:)  FLANK TESTA  Contributor address; City; State; Zip Code  3 6 0 5 Logens Ave Flor TR   | Amount of contribution (\$)           |
| Principal occup  | ation / Job title (See Instructions) Employer (See Instruct   | ions)                                 |
| Date<br>3/18/ンイ  | Full name of contributor out-of-state PAC (ID#:)  BARBARA FERLEU  Contributor address; City; State; Zip Code  6084 Wholes Selfram Worthsom R  | Amount of contribution (\$)           |
| Principal occup  | ation / Job title (See Instructions) Employer (See Instructions)  | ions)                                 |
|                  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE   | -EDED                                 |

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

| ii iiio roquosic     | a mornation is not applicable, bo not include this page in the  | report.                               |
|----------------------|---|---------------------------------------|
| The In               | struction Guide explains how to complete this form.   | 1 Total pages Schedule A1:            |
| 2 FILER NAME         |   | 3 Filer ID (Ethics Commission Filers) |
| 2/26/21              | Full name of contributor out-of-state PAC (ID#:)  Taylor Bradford  Contributor address; City; State; Zip Code  108 Industrial Blud W Culture TX7(433) | 7 Amount of contribution (\$) #30.00  |
| 8 Principal occupat  | tion / Job title (See Instructions)  9 Employer (See Instructions)  | cions)                                |
| 7 Date               | Full name of contributor  | Amount of contribution (\$)           |
| 14/21/1              | Contributor address; City; State; Zip Code  0547 NWH Dahha Ct Puna IL UIUS  | #100.00                               |
| Principal occupati   | on / Job title (See Instructions) Employer (See Instructi   | ons)                                  |
| Date 2               | Full pame of contributor   out-of-state PAC (ID#:)  | Amount of contribution (\$)           |
| 79/21                | HMM HAUS  Contributor address; City; State; Zip Code  CMR 489 BDX 1607 APD AE 9751  | #200.00                               |
| Principal occupation | on / Job title (See Instructions) Employer (See Instructi   | ons)                                  |
| Date 3/25/           | Full name of contributor out-of-state PAC (ID#:)  Marcelle Leblanc  | Amount of contribution (\$)           |
| 16/21                | Contributor address; City; State; Zip Code  2917 Morton St Fort Worth TX 76107  | #250.00                               |
| Principal occupatio  | on / Job title (See Instructions) Employer (See Instructions)   | ons)                                  |
|                      | L L   |                                       |
|                      | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE   | EDED                                  |

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

| If the reque     | sted information is not applicable, DO NOT in   | nclude this page in the      | report.                               |  |  |
|------------------|---|------------------------------|---------------------------------------|--|--|
| The              | Instruction Guide explains how to complete thi  | s form.                      | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME     | Sabrina Renteria  |                              | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date 2/25/21   | 5 Full name of contributor   out-of-state PAC (ID#:) 7 Amount of contribution (\$)  SUSAN KAYWOOD  6 Contributor address; City; State; Zip Code  4804 Bass Ch Furt Worth TX 70244  pation (Job title (See Instructions))  9 Employer (See Instructions) |                              |                                       |  |  |
| o Principal occu | pation / Job title (See Instructions)   | 9 Employer (See Instruct     | ions)                                 |  |  |
| Date 2/2/1       |   | C (ID#:)                     | Amount of contribution (\$)           |  |  |
| 126/21           | Brooke Dowden  Contributor address; City;  26344 Falcon LANC Co   | State: Zip Code UG'um NYB637 | <i>₱20.00</i>                         |  |  |
| Principal occup  | eation / Job title (See Instructions)   | Employer (See Instructi      | ons)                                  |  |  |
| 2/24/21          | Full name of contributor out-of-state PAG<br>CASSIC SCOTT  Contributor address; City;  13750 Hawknest Bay Ruly  | State; Zip Code              | Amount of contribution (\$)           |  |  |
| Principal occup  | ation / Job title (See Instructions)  | Employer (See Instructi      | ons)                                  |  |  |
| Date 2/21/       | Full name of contributor out-of-state PAC   | (ID#:)                       | Amount of contribution (\$)           |  |  |
| 1761<br>18       | 2215 Polo Ct Arhytm T   | State; Zip Code<br>X 740 N   | # /0.00                               |  |  |
| Principal occup  | ation / Job title (See Instructions)  | Employer (See Instruction    | ons)                                  |  |  |
|                  |   |                              |                                       |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| 11 11 10 10 420 | stea momation to not applicable, <b>20 NOT III</b>                               | Totalo tino pago in tino          |                                       |
|-----------------|--|-----------------------------------|---------------------------------------|
| The             | e Instruction Guide explains how to complete this                                | s form.                           | 1 Total pages Schedule A1:            |
| 2 FILER NAME    | ABRINA Resteria  |                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/08/21  | HogH Exall 6 Contributor address; City;  | C (ID#:) State; Zip Code          | 7 Amount of contribution (\$)         |
|                 | apation / Job title (See Instructions)   | 5 76/11 9 Employer (See Instruc   | etions)                               |
|                 | pation / dob title (doc metalling)   | 5 Employor (CCT                   | .tions)                               |
| Date 2          | Full name of contributor out-of-state PAC  | C (ID#:)                          | Amount of contribution (\$)           |
| 9/27/21         | Contributor address; City; 53/8 Sycamore Creek D                                 | State; Zip Code<br>V Hush TX 7734 | \$50.00                               |
| Principal occup | pation / Job title (See Instructions)  | Employer (See Instruct            |                                       |
| Date            | Full name of contributor   | C (ID#:)                          | Amount of contribution (\$)           |
|                 | Contributor address; City;   | State; Zip Code                   |                                       |
| Principal occup | pation / Job title (See Instructions)  | Employer (See Instruct            | tions)                                |
| Date            | Full name of contributor   | C (ID#:)                          | Amount of contribution (\$)           |
|                 | Contributor address; City;   | State; Zip Code                   |                                       |
| Principal occup | pation / Job title (See Instructions)  | Employer (See Instructi           | ions)                                 |
|                 |  |                                   |                                       |
|                 |  |                                   |                                       |
|                 | ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru |                                   |                                       |

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

|                   | The Instruction Guide explains how to complete this form.  |             | 1 Total pages Schedule A2:   |
|-------------------|--|-------------|--|
| 2 FILER NAM       | Sabrina Rentena  |             | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL C         | F UNITEMIZED IN-KIND POLITICAL CONTRIE                     | BUTIONS     | \$   |
| 5 Date 3/10/21    | 6 Full name of contributor   out-of-state PAC (ID#:        | 41717/LOS   | 8 Amount of 9 In-kind contribution description 3077.75 Campaign Video/audio  Check if travel outside of Texas, complete Schedule 1 |
|                   | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) |             | er (FOR NON-JUDICIAL) (See Instructions)   |
|                   | money  |             | TIE MEDIA  |
| 12 Contributor    | prindipal occupation (FOR JUDICIAL)                        | 13 Contribu | itor's job title (FOR JUDICIAL)(See Instructions)  |
| 14 Contributor's  | employer/law firm (FOR JUDICIAL)                           | 15 Law firm | n of contributor's spouse (if any) (FOR JUDICIAL)  |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |             |  |
| Date              | Full name of contributor                                   | )           | Amount of . In-kind contribution Contribution \$ . description   |
|                   | Contributor address; City; State; Zip Cod                  | le          | Check if travel outside of Texas, complete Schedule T  |
| Principal occ     | upation / Job title (FOR NON-JUDICIAL) (See Instructions)  | Employe     | r (FOR NON-JUDICIAL) (See Instructions)  |
| Contributor's     | principal occupation (FOR JUDICIAL)                        | Contribu    | tor's job title (FOR JUDICIAL)(See Instructions)   |
| Contributor's     | employer/law firm (FOR JUDICIAL)                           | Law firm    | of contributor's spouse (if any) (FOR JUDICIAL)  |
| If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |             |  |
|                   |  |             |  |
|                   |  |             |  |
|                   |  |             |  |
|                   | •  |             |  |
|                   |  |             |  |
|                   |  |             |  |
|                   | ATTACH ADDITIONAL COPIES OF TH                             |             |  |

 $If contributor is \ out-of-state\ PAC,\ please\ see\ instruction\ guide\ for\ additional\ reporting\ requirements.$ 

### LOANS SCHEDULE E

| If the requeste                          | ed information is not applicable, <b>DO NO</b>   | T include this page in the re                       | port.   |
|--|--|---|---|
| The                                      | e Instruction Guide explains how to compl  | elete this form.                                    | 1 Total pages Schedule E:                     |
| 2 FILER NAME                             | abrina Rentevia  |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 TOTAL OF U                             | NITEMIZED LOANS  |   | \$  |
| 5 Date of loan 3/5/21                    | 7 Name of lender out-of-state if Hugh Ferrell  | PAC (ID#:)  | 9 Loan Amount (\$)  / 0 , 60 0 . 0 0          |
| 6 Is lender a financial Institution?     | 8 Lender address; City;<br>3561 Regal Rd Fort  | State; Zip Code                                     | 10 Interest rate  11 Maturity date  3/3//2022 |
| 12 Principal occupati                    | ion / Job title (See Instructions)   | 13 Employer (See Instructions)                      | 3/3//0000                                     |
| 14 Description of Coll                   | lateral  | 15 Check if personal fund account (See Instruction  | ds were deposited into political<br>tions)    |
| GUARANTOR INFORMATION  not applicable    | 17 Name of guarantor  Subrina Remtena for  18 Guarantor address; City;  4949 Vega Et W For | or FTW<br>State: Zip Code<br>Fat WWth TX 76133      | 19 Amount Guaranteed (\$)                     |
| 20 Principal Occupate BUSINOS            |  | 21 Employer (See Instructions) The Perfect Plan     | n Evunts                                      |
| Date of loan                             | Name of lender   | PAC (ID#:)  | Loan Amount (\$)                              |
| Is lender<br>a financial<br>Institution? | Lender address; City;  | State; Zip Code                                     | Interest rate                                 |
| Y N                                      |  |   | Maturity date                                 |
| Principal occupatio                      | on / Job title (See Instructions)  | Employer (See Instructions)                         |   |
| Description of Colla                     | ateral   | Check if personal funds<br>account (See Instruction | ds were deposited into political<br>ions)     |
| GUARANTOR<br>INFORMATION                 | Name of guarantor  |   | Amount Guaranteed (\$)                        |
| not applicable                           | Guarantor address; City;   | State; Zip Code                                     | į   |
| Principal Occupation                     | on (See Instructions)  | Employer (See Instructions)                         |   |
|  | ATTACH ADDITIONAL COPIE  | ES OF THIS SCHEDULE AS NEED                         | DED   |

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

|  |             | EXPEND  | TURE CATE            | GORIES   | FOR BOX 8(a)                            |                        |   |                        |
|--|-------------|---|----------------------|--|---|------------------------|---|------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment |             | Event Expense<br>Fees<br>Food/Beverage Ex<br>Gift/Awards/Memo<br>Legal Services<br>The Instructio | rials Expense        | Office Ov<br>Polling E:<br>Printing E<br>Salaries/ |   | se Tr<br>Tr<br>Tr<br>O | avel In District<br>avel Out Of Distric | ment & Related Expense |
| 1 Total pages Schedule G:  | 2 FILER NA  | b Rina  | Renter               | ia   | *************************************** | 3                      | Filer ID (Ethics                        | Commission Filers)     |
| 4 Date 3 / 14 (21  | 5 Payee nar | <del></del>   | Supply               | Co   | 3                                       |                        |   |                        |
| 6 Amount (\$) 77.52 Reimbursement from political contributions intended  | I Payee au  | dress;  |                      |  | city;<br>Spr.!.                         | 19 bou                 | State;                                  | Zip Code<br>てんの多こ      |
| 8 PURPOSE OF EXPENDITURE   |             | (See Categories liste   | •                    | ·  | (b) Description $\int c_{(\Lambda)}$    | Age                    | SUPP                                    | i.es                   |
| EXPENDITURE  | (c) (       | Check if travel outside of  | Texas. Complete Sch  | edule T.   | Check if                                | Austin, TX,            | officeholder living e                   | xpense                 |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candid      | ate / Officeholde   | r name               |  | Office sought                           |                        |   | Office held            |
| Date   | Payee nan   | ne<br>J: Mian   | s 5;                 | 91   | Co                                      |                        |   |                        |
| Amount (\$)  | 3933        | lress;<br>É. CAl.d<br>he С  | Pornia               | PKen   | City;                                   | (2)                    | State;                                  | Zip Code<br>てないて       |
| PURPOSE<br>OF<br>EXPENDITURE   |             | (See Categories lister<br>ナi く. ト ら   | •                    |  | Description<br>りなん)                     | Sig                    | ins.                                    |                        |
|  |             | Check if travel outside of  | Texas. Complete Sche | edule T.   | Check if                                | Austin, TX,            | officeholder living e                   | xpense                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  |             | ate / Officeholde   | r name               |  | Office sought                           |                        |   | Office held            |
| Date<br>33~(5~み)   | Payee nam   | ne<br>Vista   | Tri.                 | +  |   |                        |   |                        |
| Amount (\$)  187.9/  Reimbursement from political contributions intended   | Payee add   | ress;<br>LEKINGto   | د,ر                  |  | City;                                   | رج                     | State;                                  | Zip Code<br>O Z 4 20   |
| PURPOSE<br>OF<br>EXPENDITURE   | Dein        | (See Categories listed      Experience  | Yen rz               | ,  | Description  CARI  Check if A           |                        | officeholder living ex                  | pense                  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candida     | ite / Officeholder  | name                 |  | Office sought                           |                        |   | Office held            |
|  | ATTA/       | TH A DDITIONA   | I CODIES OF          | TUICEC   | HEDIII E AS NE                          | EDED                   |   |                        |

#### SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.** 

|  |   |  | 3   |
|--|---|--|---|
|  | EXPENDITURE CATEGORI  | ES FOR BOX 8(a)  |   |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Polit<br>Credit Card Payment | Fees Offic Food/Beverage Expense Politic By Gift/Awards/Memorials Expense Print           | Repayment/Reimbursement<br>e Overhead/Rental Expense<br>ng Expense<br>ng Expense<br>ies/Wages/Contract Labor<br>to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
| 1 Total pages Schedule G:  | 2 FILER NAME<br>SABRILLA PENTER   | la   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 3 ~ 19 ~ M  | 5 Payee name  | `  |   |
| 6 Amount (\$) (うる・(ぐら) Reimbursement from political contributions intended   | 7 Payee address;  Jas Lerington   | City;<br>LEX.N.ST  | State; Zip Code  MA 03420   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)                          |  | HANGENS   |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | (c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name | Office sought  | TX, officeholder living expense Office held   |
| Date 3-2-31  | Payee name V: 5th Pant  |  |   |
| Amount (\$)  7 7. as  Reimbursement from political contributions intended  | Payee address;  | City;<br>(LED, NG  | State; Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)                              | CARDS /  | tote DAGS   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name  OH   | Check if Austin, Office sought   | TX, officeholder living expense Office held   |
| Date<br><b>2</b> ・みS・み1  | Payee name Uish Paint   |  |   |
| Amount (\$)  1 2 0 1 4  Reimbursement from political contributions intended  | Payee address;  | City;<br>Lezinglo-   | State; Zip Code<br>MA 0 みん2つ  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Punting                     | Description CARAS  |   |
|  | Check if travel outside of Texas. Complete Schedule T.                                    | Check if Austin,   | TX, officeholder living expense   |
| complete <u>ONLY</u> if direct xpenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought  | Office held   |
|  |   |  |   |

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#### SCHEDULE G

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|   | EXPENDITURE CATEGOR   | IES FOR BOX 8(a)   |   |               |
|---|---|--|---|---------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contribitions/Donations Made<br>Candidate/Officeholder/Politi<br>Credit Card Payment | Fees Offi<br>Food/Beverage Expense Poll<br>By Gift/Awards/Memorials Expense Prin  | n Repayment/Reimbursement<br>to Overhead/Rental Expense<br>ing Expense<br>ting Expense<br>aries/Wages/Contract Labor<br>v to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Relate<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed a | •             |
| 1 Total pages Schedule G:   | 2 FILER NAME.<br>SABRIAR REN to   | ric  | 3 Filer ID (Ethics Commission   | n Filers)     |
| 4 Date<br>3、03、21   | 5 Payee name Vista Trut   | <u> </u>   |   |               |
| 6 Amount (\$)  142,59  Reimbursement from political contributions intended  | 7 Payee address; 225 (FRing)0~  | City:<br>LERing L  | State; Zip C  | ode<br>2420   |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule  Running ENRING  (b) Check if travel outside of Texas. Complete Schedule Texas. | Door H   | Angers  |               |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought  | Office held   | i             |
| Date 3 -08-21   | Payee name Uista Print  |  |   |               |
| Amount (\$)  19 \$ .47  Reimbursement from political contributions intended   | Payee address;  | City;<br>Lange   | State; Zip Co   | ode<br>'Y 2-c |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  PRIA 1 ~ CRPENS  Check if travel outside of Texas. Complete Schedule T.           | Door H   | マハタミト J<br>X, officeholder living expense   |               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H  | Office sought  | Office held   |               |
| Date 2 - 10 - 21  | Payee name WIX.com  |  |   |               |
| Amount (\$)  1.03  Reimbursement from political contributions intended  | Payee address;  | City;  | State; Zip Code   | )             |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description WEB 517E   |   |               |
| omplete <u>ONLY</u> if direct<br>xpenditure to benefit C/OH   | Candidate / Officeholder name   | Check if Austin, TX Office sought  | officeholder living expense Office held   |               |
|   |   |  |   |               |

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|  |  | ············   |   |  |   |                         |  |
|--|--|--|---|--|---|-------------------------|--|
|  |  | EXPENDITURE CAT  | FEGORIES                                      | FOR BOX 8(a)                                     |   |                         |  |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment |  | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl | Office O<br>Polling E<br>Printing<br>Salaries | Expense<br>Wages/Contract Labor                  | Solicitation/Fundrais<br>Transportation Equip<br>Travel In District<br>Travel Out Of Distric<br>Other (enter a catego | oment & Related Expense |  |
| 1 Total pages Schedyle G:  | 2 FILER NA   | SABRILL R  | en Eri  | a  | 3 Filer ID (Ethics  | Commission Filers)      |  |
| 4 Date 3 - 10 - 21   | 5 Payee nar  | SABRINA P  | <i>e</i> <b>^</b>                             |  |   |                         |  |
| 6 Amount (\$)<br>30.31   | 7 Payee add  |  |   | City;  | State;  | Zip Code                |  |
| Relmbursement from political contributions intended  |  |  |   |  |   |                         |  |
| 8<br>PURPOSE   | (a) Category   | (See Categories listed at the top of thi   | s schedule)                                   | (b) Description                                  |   |                         |  |
| OF<br>EXPENDITURE  | F  | ES   |   | WEBSITE  | TEE   |                         |  |
|  | (c) (c)  | Check if travel outside of Texas. Complete   | Schedule T.                                   | Check if Austin,                                 | TX, officeholder living e   | xpense                  |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candid   | ate / Officeholder name  |   | Office sought                                    |   | Office held             |  |
| Date   | Payee nan  | ne   |   |  |   |                         |  |
| 3-28-21  | 57 1   | CKERS BANNEL   | CO M  |  |   |                         |  |
| Amount (\$)  3 44, 94  Reimbursement from political contributions intended   | Payee add  | ress;  |   | City;  | State;  | Zip Code                |  |
| PURPOSE<br>OF<br>EXPENDITURE   |  | (See Categories listed at the top of this  | s schedule)                                   | Description  Signs                               |   |                         |  |
|  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |   |  |   |                         |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  |  | te / Officeholder name   |   | Office sought                                    |   | Office held             |  |
| Date   | Payee nam  | 9  |   |  |   |                         |  |
| 2-7-21   |  | ICKER BANNER   | . 601   | ~  |   |                         |  |
| Amount (\$)  | Payee addi   | ess;   |   | City;  | State;  | Zip Code                |  |
| Reimbursement from political contributions intended  |  |  |   |  |   |                         |  |
| PURPOSE  |  | See Categories listed at the top of this   | schedule)                                     | Description                                      |   |                         |  |
| OF<br>EXPENDITURE  | Aduatising   |  |   | SIANS  |   |                         |  |
|  | Check if travel outside of Texas, Complete Schedule T.   |  |   | Check if Austin, TX, officeholder living expense |   |                         |  |
| omplete <u>ONLY</u> if direct<br>kpenditure to benefit C/OH  | Candidat   | e / Officeholder name  |   | Office sought                                    | (   | Office held             |  |
|  | ΑΤΤΑΩ  | HADDITIONAL COPIES C   | F THIS SO                                     | HEDIII E AS NEEDE                                | •   |                         |  |

#### SCHEDULE G

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#### **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/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

| Contributions/Donations Made<br>Candidate/Officeholder/Politi<br>Credit Card Payment |              | Gift/Awards/Memorials Expense<br>Legal Services |  | pense<br>/ages/Contract Labor | Travel III District Travel Out Of Distric Other (enter a catego |                      |
|--|--------------|---|--|-------------------------------|---|----------------------|
|  |              | The Instruction Guide explain                   | ins how to co  | mplete this form.             |   |                      |
| 1 Total pages Schedule G:  | Sa           | Ibrina Kenter                                   | ria_   |                               | 3 Filer ID (Ethics  | s Commission Filers) |
| 4 Date 2/11/21   | 5 Payee nan  | Man Sign  | Corm   | pany<br>City;                 |   |                      |
| 6 Amount (\$)  | 7 Payee add  | dress;  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | $P = Q_{ity;}$                | State;  | Zip Code             |
| Reimbursement from political contributions intended                                  | 393?         | dress;<br>3 E Californi<br>Sute C               | ia pr  | wy Fort                       | -WWZ TX   | 76119                |
| 8<br>PURPOSE   | (a) Category | / (See Categories listed at the top of this so  | schedule) (  | (b) Description               | - <   |                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Prin         | to expense                                      |  |                               | vod signis  |                      |
|  | (c) c        | Check if travel outside of Texas. Complete Sch  | :hedule T.   | Check if Austi                | tin, TX, officeholder living ex                                 | expense              |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                   |              | date / Officeholder name                        | 0  | Office sought                 |   | Office held          |
| Date   | Payee nam    | ne  |  |                               |   |                      |
| Amount (\$)  | Payee add    | dress;  |  | City;                         | State;  | Zip Code             |
| Reimbursement from political contributions Intended                                  |              |   |  | <del>~</del> )                | J.u.c.,   | Zip Ooge             |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (   | (See Categories listed at the top of this sol   | chedule)   | Description                   |   |                      |
|  |              | Check if travel outside of Texas. Complete Sch  | nedule T.  | Check if Austir               | in, TX, officeholder living ex                                  | vnence               |
| Complete ONLY if direct  |              | ate / Officeholder name                         |  | ffice sought                  |   | Office held          |
| expenditure to benefit C/O   |              |   |  |                               |   | Jilice neig          |
| Date   | Payee name   | е   | The second secon |                               |   |                      |
| Amount (\$)  | Payee addre  | ess;  |  | City;                         | State;  | Zip Code             |
| Reimbursement from political contributions intended                                  |              |   |  |                               |   |                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (S  | See Categories listed at the top of this schr   | redule)  | Description                   |   |                      |
| EVLENDITOUF  | Псь          | neck if travel outside of Texas. Complete Scheo |  | The second of Assetta         |   |                      |
|  |              | te / Officeholder name                          |  |                               | , TX, officeholder living exp                                   |                      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                           | Vallande     | 3 / Officenduer name                            | Om   | fice sought                   |   | Office held          |
|  | ATTAC        | CHADDITIONAL COPIES OF                          | THIS SCHE  | EDULE AS NEEDI                | ED  |                      |