

# 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 (Ethics Commission Filers)

2 Total pages filed: **15**

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged



3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign

treasurer appointment  
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified

Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

04 / 01 / 21

THROUGH

04 / 23 / 21

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 21

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 9

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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 SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Renteria, Sabrina N</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1610.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5462.09</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,000.00</u>

18 SIGNATURE 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.

[Signature]  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Sabrina Renteria this the 23<sup>rd</sup> day of April, 2021, to certify which, witness my hand and seal of office.

Melissa K. Brunner Melissa K. Brunner Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Rentella, Subana*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1610.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 595.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5462.09
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *1 of 8* (7)

2 FILER NAME

*RENTERIA, SABRINA*

3 Filer ID (Ethics Commission Filers)

4 Date

*4-7-21*

5 Full name of contributor

☐ out-of-state PAC (ID#:

*HUGH N FERREN SR*

7 Amount of contribution (\$)

*\$ 100.00*

6 Contributor address;

City;

State;

Zip Code

*3560 REGAL DR FLW TX 76111*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4-8-21*

Full name of contributor

☐ out-of-state PAC (ID#:

*BRIAN LOENSEN*

Amount of contribution (\$)

*\$ 200.00*

Contributor address;

City;

State;

Zip Code

*500 TROCKMONT #2804 FLW*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4-9-21*

Full name of contributor

☐ out-of-state PAC (ID#:

*PATTI LAW*

Amount of contribution (\$)

*\$ 100.00*

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4-1-21*

Full name of contributor

☐ out-of-state PAC (ID#:

*BECKY RENFRO BOBBILLIA*

Amount of contribution (\$)

*\$ 100.00*

Contributor address;

City;

State;

Zip Code

*423 WYNHAM CREST WESTWOOD, TX 76114*

Principal occupation / Job title (See Instructions)

Employer (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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *2 of 3*

2 FILER NAME

*Centeria Sabana*

3 Filer ID (Ethics Commission Filers)

4 Date

*4-01-21*

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*SEAN JAFFERY*

7 Amount of contribution (\$)

*\$ 25.00*

6 Contributor address;

City;

State;

Zip Code

*2308 ERIC LN*

*MANASSAS*

*VA 20108*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4-01-21*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*CRYSTAL CARROLL*

Amount of contribution (\$)

*\$ 50.00*

Contributor address;

City;

State;

Zip Code

*502 ONE WILLS DR*

*NEWARK*

*TX 76071*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4-02-21*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*JUSTIN DAVIS*

Amount of contribution (\$)

*\$ 20.00*

Contributor address;

City;

State;

Zip Code

*7136 ELLIOTT DR*

*DALLAS TX*

*75227*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4-02-21*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*STEPHANIE MOORE*

Amount of contribution (\$)

*\$ 20.00*

Contributor address;

City;

State;

Zip Code

*135 OCEAN SPRING DR*

*BOLING BROOK*

*TX 77650*

Principal occupation / Job title (See Instructions)

Employer (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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **117**

2 FILER NAME

**RENTERIA, Sabrina**

3 Filer ID (Ethics Commission Filers)

4 Date

**4-02-21**

5 Full name of contributor

**Ambrro Pontillo**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$ 50.00**

6 Contributor address;

City;

State;

Zip Code

**3608 Bulte Dr**

**FLW**

**TX**

**76244**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4-02-21**

Full name of contributor

**JERRAD WELK**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 20.00**

Contributor address;

City;

State;

Zip Code

**2448 BONNIE DR.**

**Watauga TX**

**76148**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-02-21**

Full name of contributor

**TERRI EIDER**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 50.00**

Contributor address;

City;

State;

Zip Code

**2432 Bellis Dr**

**Arl**

**TX**

**76020**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-02-21**

Full name of contributor

**KELLY HOOPER**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 50.00**

Contributor address;

City;

State;

Zip Code

**9123 Galway Dr**

**Dallas**

**TX**

**75218**

Principal occupation / Job title (See Instructions)

Employer (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.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 7**

2 FILER NAME

**Renteria, Sabina J**

3 Filer ID (Ethics Commission Filers)

4 Date

**4-02-21**

5 Full name of contributor

**Kelly Nowell**

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

**\$ 100.00**

6 Contributor address;

City;

State; Zip Code

**3737 Kelvin Ave. Flw TX 76133**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4-02-21**

Full name of contributor

**CARRIE RENTERIA**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 30.00**

Contributor address;

City;

State; Zip Code

**11005 MAIDA VALE LA HASLET TX 76052**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-02-21**

Full name of contributor

**KATIE PURCELL**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 25.00**

Contributor address;

City;

State; Zip Code

**6801 Chapel Hill Blvd. PLANO TX 75093**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-02-21**

Full name of contributor

**KYLE HENNIGAN**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 10.00**

Contributor address;

City;

State; Zip Code

**4210 FAIRMONT + DALLAS TX 75219**

Principal occupation / Job title (See Instructions)

Employer (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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5 of 11**

2 FILER NAME

**Pentecost, Sabrina**

3 Filer ID (Ethics Commission Filers)

4 Date

**4-02-21**

5 Full name of contributor

**Juan Mares**

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

**\$ 25.00**

6 Contributor address;

City;

State; Zip Code

**245 Herndale Dr Cheatey TX 76636**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4-02-21**

Full name of contributor

**Chris Putnam**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 250.00**

Contributor address;

City;

State; Zip Code

**6412 Piedmont Dr Flow TX 76179**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-02-21**

Full name of contributor

**Ashley Seelquist**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 10.00**

Contributor address;

City;

State; Zip Code

**613 Rolling Ridge Ct Ark TX 76020**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-07-21**

Full name of contributor

**Cam Cunningham**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 25.00**

Contributor address;

City;

State; Zip Code

**5940 Forest Park Ln Dallas TX 75235**

Principal occupation / Job title (See Instructions)

Employer (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.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6 of 7**

2 FILER NAME

**Pentaria Sabrina,**

3 Filer ID (Ethics Commission Filers)

4 Date

**4-09-21**

5 Full name of contributor

**CASEY BOGESS**

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

**\$ 50.00**

6 Contributor address;

City;

State;

Zip Code

**4021 Golden Oaks on Harker City 76117**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4-9-21**

Full name of contributor

**T. Frank SHAND**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 100.00**

Contributor address;

City;

State;

Zip Code

**612 SoSeber Bend. Weatherford TX 76088**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-10-21**

Full name of contributor

**Cathy SESTERT**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 100.00**

Contributor address;

City;

State;

Zip Code

**1417 Layton Ave Harker City TX 76117**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-21-21**

Full name of contributor

**Scott BAAG**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 50.00**

Contributor address;

City;

State;

Zip Code

**9604 Oriole Dr Flow TX 76108**

Principal occupation / Job title (See Instructions)

Employer (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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7 of 7 (1)**

2 FILER NAME

*Ronsonia, Sabana*

3 Filer ID (Ethics Commission Filers)

4 Date

*4-21-21*

5 Full name of contributor

*Scott Bagg*

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$ 50.00*

6 Contributor address;

City;

State;

Zip Code

*9604 Opinda Dr Flw TX 76108*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 1.5em;">1 of 1 (1)</span>	
2 FILER NAME <i>HENDERIA, SABRINA J</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-20-21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Southern Snow Co</i>	8 Amount of Contribution \$ <i>\$96.00</i>	9 In-kind contribution description <i>Refreshments</i> <i>Bounce House</i>
7 Contributor address; City; State; Zip Code <i>1818 E. Daggett FW TX 76104</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Food Truck</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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 THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1-4</b>		2 FILER NAME <b>Benitez, Sabrina</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04-05-21</b>		5 Payee name <b>Williams Sign Co</b>			
6 Amount (\$) <b>\$1,485.81</b>		7 Payee address; <b>3933 E. Cal. Fournier Hwy Suite C</b>		City; <b>FLW</b>	State; <b>TX</b>
				Zip Code <b>76119</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(b) Description <b>Road Signs</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date <b>04-05-21</b>		Payee name <b>Williams Sign Co</b>			
Amount (\$) <b>541.25</b>		Payee address; <b>3933 E Cal. Fournier Hwy Suite C</b>		City; <b>FLW</b>	State; <b>TX</b>
				Zip Code <b>76119</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>Road Sign</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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					
Date <b>04-15-21</b>		Payee name <b>Printing Plus</b>			
Amount (\$) <b>1499.99</b>		Payee address; <b>149 Loy St. Burleson, TX</b>		City;	State; Zip Code <b>76028</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>mailers</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>20 + 4</b>	2 FILER NAME <b>Rentier Sablin</b>	3 Filer ID (Ethics Commission Filers)
---	---------------------------------------	---------------------------------------

4 Date <b>04-16-21</b>	5 Payee name <b>Printing Plus</b>
---------------------------	--------------------------------------

6 Amount (\$) <b>548.26</b>	7 Payee address; <b>149 Loyst.</b>	City; <b>Burlesos</b>	State; <b>TX</b>	Zip Code <b>74028</b>
--------------------------------	---------------------------------------	--------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>Mailers</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04-18-21</b>	Payee name <b>Justin James Parks</b>
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Amount (\$) <b>86.25</b>	Payee address; <b>603 Chaffee Dr.</b>	City; <b>Arlington</b>	State; <b>TX</b>	Zip Code <b>76006</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract labor</b>	Description <b>Security</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <b>04-10-21</b>	Payee name <b>MJ HAYES INC</b>
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Amount (\$) <b>622.44</b>	Payee address; <b>1510 Valleywood Ter.</b>	City; <b>Mansfield</b>	State; <b>TX</b>	Zip Code <b>76063</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Sign Placement</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## 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: <b>3 of 4</b>	2 FILER NAME <b>Pentecost, Sabrina</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-09-21</b>	5 Payee name <b>Home Depot</b>	
6 Amount (\$) <b>133.31</b>	7 Payee address: <b>Hulen St</b> City: <b>Flw</b> State: <b>TX</b> Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Sign Posts</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date <b>4-12-21</b>	Payee name <b>UISTA Print</b>		
Amount (\$) <b>389.87</b>	Payee address: <b>225 Lexington</b> City: <b>Lexington</b> State: <b>MA</b> Zip Code: <b>02420</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>MAILERS</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date <b>4-20-21</b>	Payee name <b>AFFORD-A-ROUSE</b>		
Amount (\$) <b>119.91</b>	Payee address: <b>Hulen</b> City: <b>Flw</b> State: <b>TX</b> Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>MEET AND GREET</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4 of 4</b>		2 FILER NAME <b>Pentaria Sabrina</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-22-21</b>		5 Payee name <b>LOWES</b>			
6 Amount (\$) <b>35.00</b>		7 Payee address; <b>Hulen - Brent David</b>		City; <b>Flw</b>	State; <b>TX</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <b>Sign Posts</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held	

Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held	

Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held	

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