### OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				200
The C/OH Instruction		now to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	SA BRINA	MI 2	OFFICE USE ONLY
13/ 3/16	NICKNAME	RENTERIA	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE /	ADDRESS / PO I	BOX; APT / SUITE #; C	extension	RECEIVED  APR 2 3 2021
OFFICEHOLDER PHONE		234-9621		Date Hand-delivered or marked
6 CAMPAIGN TREASURER NAME	MS / MRS / MA	FIRST HV9H LAST	MI SUFFIX	Receipt # Amount \$  Date Processed
- 2445464	2777 ADDRES	FERRET!	IR.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	35616	S (NO PO BOX PLEASE); APT / SUI'	Foot Worth	STATE; ZIP CODE  70 76111
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 966-1320	EXTENSION	
9 REPORT TYPE	January 15	30th day before elec	ction Runoff	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD	July 15	8th day before election	on Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	Month 04	Day Year / 01 / 21	THROUGH 04/	Day Year (23/21
11 ELECTION	Month Day	Year Primary	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any	)	13 OFFICE SOUGHT (if known)	District 9
4 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATE	CE OF POLITICAL CONTRIBUTIONS ACC CEHOLDER. THESE EXPENDITURES MA S AND OFFICEHOLDERS ARE REQUIRED	CERTED OR DOLLTON EVEN	E BY POLITICAL COMMITTEES TO SUPPORT
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
e d	SPECIFIC	COMMITTEE CAMPAIGN TREASU	RER NAME	-
		COMMITTEE CAMPAIGN TREASU	JRER ADDRESS	
		GO TO PA	GE 2	
				1

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH

CAIVIFAIG	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	lewtenia, SABRINA N 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 1610.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5462.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	Y \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Candidat	te or Officeholder
(1) Affidavite of 190764 03-15-20	Please complete either option below:	
Sworn to and subscribed b	efore me by Jahring Ponteris this the 23	re no ()
0.1	the the	day of,
to certify w	hich, witness my hand and seal of office.	1
1 holsing	Due Melisse K. Brunner	netar
ignature of officer administerin	g oath Printed name of officer administering oath	Title of officer administering oath
是是由語言主義	OR	
2) Unsworn Declaration	·	
L		9
y name is	, and my date of birth is	
y address is		
	(street) (city) (state)	(zip code) (country)
recuted in	County, State of , on the day of (month)	, 20 (year)
	(Horith)	(уеаг)
	Signature of Candidate/Offic	ceholder (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME //				
	RENTERIA Johnson				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1610.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1610.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5462.09			
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 FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

SCHEDULE A1

	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
? FILER NAM	RENTERIA, SABRINA J	3 Filer ID (Ethics Commission File
Pate 4-7-21	5 Full name of contributor	7 Amount of contribution (\$)
Principal occ	3560 RESK LE FW TR 76111  upation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
1-8-21	BLAD LOENSEK  Contributor address; City; State; Zip Code  500 THOCKMOND FIW	\$ 200.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ons)
Date - 9-21	Full name of contributor	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructio	ns)
Date - 1-21 .	Full name of contributor out-of-state PAC (IDII: )  BELLy Lenfino Borb 1/a  Contributor address:	Amount of contribution (\$)
	423 Wyndham Crest Westwall 1	\$ 100 .00
rincipal occupa	tion / Job title (See Instructions)  Employer (See Instruction	s)

#### SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAMI	lenteria, Sabaina	3 Filer ID (Ethics Commission Filers
Date 1-01-21	5 Full name of contributor out-of-state PAC (ID#:)  SEAN JAYERY  6 Contributor address; City; State: Zip Code	7 Amount of contribution (\$)
	2308 Elic In MANICAL 12 76063	
Principal occ	upation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  CRYSFM CARDNE!	Amount of contribution (\$)
1-11-21	Contributor address; City; State; Zip Code  TR  502 OAK LINS DE NAMEK 76011  pation / Job title (See Instructions)	# 50.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ons)
Date -02:21	Full name of contributor out-of-state PAC (ID#:)  Justin Davis  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	Pation / Job title (See Instructions)  DMLS TR 75227  Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)  Styphanie Moore	Amount of contribution (\$)
16.60	Contributor address; City; State; Zip Code TO 7765D  135 Ocean Smd Dr. Bolium Paris I	* 20.co
rincipal occup	ation / Job title (See Instructions) Employer (See Instruction	ns)

#### SCHEDULE A1

Th	ne Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAM	E RENTERIA SABRIA	a a	***************************************	3 of 7 3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Ambro Portill	out-of-state PA	AC (ID#:	7 Amount of contribution (\$)
4-02-21	6 Contributor address;		State; Zip Code	#50.00
	3608 Burto Dr	Flw	TR 7621	14
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See	Instructions)
Date	Full name of contributor  Jerrad Welh	out-of-state PA	C (ID#:	) Amount of contribution (\$)
4-02-21	Contributor address;	City;	State; Zip Code	1 20.00
	Styl Bonnie Dr.	water.	Employer (See I	ł
Principal occu	pation / Job title (See Instructions)		Employer (See I	nstructions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	Amount of contribution (\$)
1-02-21	Contributor address;	City;	State; Zip Code	\$ 50.00
Principal occup	pation / Job title (See Instructions)	Azlı	Employer (See Ir	
Date	Full name of contributor	out-of-state PAC	(ID#:	Amount of contribution (\$)
-02-H	Contributor address;	City;	State; Zip Code	9 50 . w
	9123 GAlway DR	Dalla s	TR 7521	8
Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)
			,	
	ATTACH ADDITION	NAL COPIES OF	THIS SCHEDULE A	S NEEDED

SCHEDULE A1

2 FILER NAM	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	Renteria, Sabina d	3 Filer ID (Ethics Commission Filers)
4 Date 4-02:21	5 Full name of contributor □ out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions)  State; Zip Code  7/213 7  Flow TR 7/413 7  9 Employer (See Instru	ctions)
Date 4-02-21	Full name of contributor out-of-state PAC (IDII:  ARRIV Relation  Contributor address; City; State; Zip Code  1.005 10.05	Amount of contribution (\$)
Principal occup	11005 Mainh Vale La Haslet TR pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date -02-31	Full name of contributor out-of-state PAC (ID#:)  KATIE Punce!!  Contributor address; City; State; Zip Code  15043  Atlon / Job title (See Instructions)	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)  Employer (See Instructions)	ons)
	Full name of contributor out-of-state PAC (IDIF:  KY/E Hennigan  Contributor address; City; State; Zip Code  4210 Fairement of Dalla R 75218	Amount of contribution (\$)
rincipal occupati	on / Job title (See Instructions)  Employer (See Instructions)	ns)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	

SCHEDULE A1

2 FILER NAM	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	Pentena, Sobrina	3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor   out-of-state PAC (ID#:	7 Amount of contribution (\$)
4-02-31	6 Contributor adda	25.00
3 Principal occ	City; State; Zip Code  245 Hanisage D. Chowler R 14636  Cupation / Job title (See Instructions)  9 Employer (See Instru	ctions)
Date	Full name of contributor Out-of-state PAC (IDII:)	Amount of contribution (\$)
1.03.71	Chais Putuan  Contributor address; City; State; Zip Code  6412 Packaged 1 Flw 48 76179  pation / Job title (See Instructions)	4250.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (IDH:)  Ashky Suce go, st  Contributor address; City; State; Zip Code  6/3 Polling Roya A. Ark & 760 20  ation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)  **  **  **  **  **  **  **  **  **
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	ons)
Date	Full name of contributor out-of-state PAC (IDIF:  CARL CARL' QARL'NG har  Contributor address; City; State; Zip Code	Amount of contribution (\$)
<u>بر</u>	15940 topest takk & DAILAS TO 75235	
	Employer (See Instructions)	is)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	

### SCHEDULE A1

2 FILER NAME O			
Principal occupation / Job title (See Instructions)   State: Zip Code   Job and to address: City: State: Zip			1 Total pages Schedule A1:
Date   S Full name of contributor   Dut-of-state PAC (IDS:   T Amount of contribution (\$)	FILER NAM	Pentenia. Sobrina,	3 Filer ID (Ethics Commission Filer
6 Contributor address: City: State: Zip Code   SD & SD		5 Full name of contributor  ut-of-state PAC (ID#:	7 Amount of contribution (\$)
Date  Full name of contributor  Gontributor address;  City;  State; Zip Code  W/A SOSE DEE Book With Care 76.88  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City;  State; Zip Code  Full name of contributor  Contributor occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address;  City:  State; Zip Code  Full name of contributor  Contributor address;  City:  State; Zip Code  Full name of contributor  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address;  City:  State; Zip Code  Full name of contributor  Swith B449  Contributor address;  City:  State; Zip Code  Full name of contributor  Swith B449  Contributor address;  City:  State; Zip Code  Full name of contribution (\$)	-09-21	6 Contributor address; City; State; Zip Code	\$ 50. cm
Date  Full name of contributor  Gontributor address;  City;  State; Zip Code  W/A SOSE DEE Book With Care 76.88  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City;  State; Zip Code  Full name of contributor  Contributor occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address;  City:  State; Zip Code  Full name of contributor  Contributor address;  City:  State; Zip Code  Full name of contributor  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address;  City:  State; Zip Code  Full name of contributor  Swith B449  Contributor address;  City:  State; Zip Code  Full name of contributor  Swith B449  Contributor address;  City:  State; Zip Code  Full name of contribution (\$)		4021 Golden OAKS ON Holler Gil 76117	
Amount of contribution (\$)  1-9-21  Contributor address; City; State; Zip Code  100. A  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  21-21  Contributor address; City; State; Zip Code  3 50. A  Contributor address; City; State; Zip Code  9404 Omadt of Contributor (\$)  Principal occupation (\$)  Contributor address; City; State; Zip Code  9404 Omadt of City; State; Zip Code	Principal occ	supation / Job title (See Instructions)  9 Employer (See Instructions)	uctions)
Contributor address; City; State; Zip Code    Contributor address; City; State; Zip Code   Contributor address; City; State; Zip Code   Contributor   Contributor address; City; State; Zip Code   Contributor address; City; State; Zip Code   Contributor   City; State; Zip Code   Contributor   Contributor   Contributor   City; State; Zip Code   Contributor   Contributor   Contributor   City; City; State; Zip Code   Contributor   Contributor   Contributor   Contributor   City;	Date	THE OF STATE OF THE STATE OF TH	Amount of contribution (\$)
Contributor address; City; State; Zip Code  100. a  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  100. a  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  South Baaq  Contributor address; City; State; Zip Code  4 50. a  9604 On Add In Flus R 76108	-9-21	Ti-Hang ShAND	
Date  Full name of contributor  Cathy Serfect  Contributor address;  City; State; Zip Code  100.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Contributor address;  City; State; Zip Code  Full name of contributor  Subtractions  Contributor address;  City; State; Zip Code  Parada  Contributor address;  City; State; Zip Code  Parada  Contributor address;  City; State; Zip Code  Parada  Par		Contributor address; City; State; Zip Code	100.00
Amount of contribution (\$)  Contributor address; City; State; Zip Code  1417 LAY to Are Half Chy 7411)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Swott BAGA  Contributor address; City; State; Zip Code  9604 Ohindt In Flw R 76108	Principal occu	pation / Job title (See Instructions)  Employer (See Instru	octions)
Contributor address; City; State; Zip Code  10.21 Contributor address; City; State; Zip Code  1417 L44 for Arc Hall Cly 74117  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Swith B499  Contributor address; City; State; Zip Code  9604 Ohindt In Flw R 76108			
Contributor address; City; State; Zip Code  1417 L41 for Arc Hall log y 74117  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  21-21 Contributor address; City; State; Zip Code  9604 Oh add In Flow R 76108		1	Amount of contribution (\$)
Employer (See Instructions)  Date  Full name of contributor  Swith Bagg  Contributor address; City; State; Zip Code  9604 Dhindt In Flw R 76108	10.01	Contributor address	\$ 100.00
Date  Full name of contributor  Swith Bagg  Contributor address;  City; State; Zip Code  9604 Original occuration (See instructions)  Amount of contribution (See instructions)  Amount of contribution (See instructions)  Amount of contribution (See instructions)	Principal occur		
21-21  Contributor address; City; State; Zip Code  9604 Drindt In Flw R 76108  Contributor address Repaired Rep		Employer (See Instructions)	ctions)
Contributor address; City; State; Zip Code \$50.00  9604 Dhindt In Flw R 76108		J out-of-state PAC (IDF:)	Amount of contribution (\$)
Principal occupation / Jah WII / O	4-21	Contributor address; City; State; Zip Code	\$ 50.00
rincipal occupation / Job title (See Instructions)  Employer (See Instructions)	i	<b>a</b> . <b>a</b> .	
		9604 DRIAGE On Flw 12 76108	
	rincipal occupa	ation / Jah But /O I	tions)
	rincipal occupa	ation / Jah But /O	tions)
	rincipal occupa	ation / Jah But /O	tions)
	rincipal occupa	ation / Jah But /O	tions)
	rincipal occupa	ation / Jah But /O	tions)

#### SCHEDULE A1

TI	ne Instruction Guide explains how to complete th		1 Total pages Schedule A1:
2 FILER NAM		is form.	· Total pages Schedule A1:
- ILLIY IVAIV	Flordonia. Sobrena		3 Filer ID (Ethics Commission Filer
Date .	SCOK RAGO	AC (ID#:)	7 Amount of contribution (\$)
4-21-21	6 Contributor address; City;	State; Zip Code	1 50 . wa
	9604 Opende Dr Flor	D 76108	
Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
rincipal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

				W
Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2:
2 FILER NAN	a, SABRINA S		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	76104	Contribution \$  \$ 506 \cdots  Check if travel outsi	9 In-kind contribution   description   Deptition   Deptition   Bounce   Bounce   Bounce   Bounce   Bounce   Bounce   AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	·
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
i	ATTACH ADDITIONAL COPIES OF The contributor is out-of-state PAC, please see Instruction			requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

i the requested	mormation	s not applicable, DO NOT it	nclude	this page in the	report.	
		EXPENDITURE CATEG				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	de By litical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Travel In District Travel Out Of Dis	ulpment & Related Expense
1 Total pages Schedule I	F1: 2 FILER N	IAME O (	rina		3 Filer ID (Eth	ics Commission Filers)
4 Date 04-05-21	5 Payee na	Illiams Sign G	, ,			4
6 Amount (\$) \$ 1485.81	7 Payee ad		Kuy	City;	State;	Zip Code 7419
8	(a) Categor	y (See Categories listed at the top of this so	hedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pain	the	,	RoAR	5,30 >	
	(c)	Check if travel outside of Texas. Complete Sche	edule T.	Check if Aus	stin, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida OH	ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
04-05-21	wil	liams Sign	lo			
Amount (\$) 541,2	Payee add	E CALIBOTE C	Kuy	city; FIW	State;	Zip Code 74119
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this sched	dule)	Description Road	5.7~	
0 11 011111	<del></del>	heck if travel outside of Texas. Complete Sched	ule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oi		e / Officeholder name		Office sought		Office held
Date	Payee nam	ne				
14-15-21	PRI.	Amy Pws				
Amount (\$)	Payee addr		₹	City;	State;	Zip Code 74028
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of this schedu		Description (NAI)		
	Che	ck if travel outside of Texas. Complete Schedule	eT.	Check if Austin,	TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought		Office held

# 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

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

8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  MA. ELS  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  9 Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Office sought  Office held  Office sought	
5 Payee name  OH - 1(4 : A)  6 Amount (\$)  7 Payee address;  149 Loyst  8  (a) Category (See Categories listed at the top of this schedule)  FURPOSE OF EXPENDITURE  (b) Description  MA. ELS  (c) Check liftravel outside of Texas. Complete Schedule T.  Category (See Categories listed at the top of this schedule)  Office held  Office held  Office held  Category (See Categories listed at the top of this schedule)  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Payee name  OH - 18 - A  Amount (\$)  Payee address;  LO3 Charle Dr.  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office sought  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office sought  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office sought	L L
FURPOSE OF EXPENDITURE    Candidate / Office holder name   Category (See Categories listed at the top of this schedule)   Category (See Categories listed at	L L
FURPOSE OF EXPENDITURE    Candidate / Office holder name   Category (See Categories listed at the top of this schedule)   Category (See Categories listed at	L L
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  MA. ELS  (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  OY-18-31  Payee address:  WO3 Chaffle DR. City: State: Zip Cod  Amount (\$) Payee address: LO3 Chaffle DR. Fellow TR 7600  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office hold  Office hold  Office hold  Office hold  Office hold  Officeholder living expense	L L
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	ed information is not applicable, DO NOT inclu  EXPENDITURE CATEGOR	IES EOR BOY	
Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations No Candidate/Officeholder/Credit Card Payment	Fees Coffice Food/Beverage Expense Coffice Food/Beverage Expense Pollical Committee Co	n Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel in District Travel Out Of District Other (enter a category not listed above)
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4-09-31	5 Payee name		
6 Amount (\$)	7 Payee address;	City	
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4-20.21	AFFORD-A-ROSICE	^	
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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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Polling Expense Travel In District Candidate/Officeholder/Political Committee Printing Expense Travei Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 4-22-21 6 Amount (\$) 7 Payee address: City; State; Zip Code Fles 38.00 77 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Sign Poits OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED