JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX: OFFICEHOLDER 3010 (B) fuy ste. 1200 palkw TX 75234 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (912)PHONE Receipt # Amount \$ MI 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: ZIP CODE 7 CAMPAIGN TREASURER 3010 UBJ Fuy Ste. 1200 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER PHONE (972) 591-8444 9 REPORT TYPE January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month Year COVERED 2029 THROUGH 31 /27 ELECTION TYPE ELECTION DATE 11 ELECTION X Primary Runoff Other Month Day 3 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

	CANDIDATE / OFFICEHO FINANCE REPORT	LDER COUNTY ECTIONS DEPARTMEN	FORM JC/OH COVER SHEET PG 2
15 JC/OH NAME	Juan Renteur 20	22 JAN 20 AM 4:63 A	ler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS MADE ELECTRONICAL	LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	ARANTEES OF LOANS)	\$ 13,750
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 5075
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$
(1) Affidavit	AYISSA NATALIA WONG Notary Public, State of Texas Comm. Expires 07-01-2024 Notary ID 132548965	Signature of Candidate	- Ceholder
NOTARY STAMP/SEA	before me by Juan Renteria	A this the	day of
, to certify	which, witness my hand and seal of office.	<i>1</i> .	. Co. by A. a
Signature of officer administer	ring oath Printed name of officer administ	7	Title of officer administering oath
	OR		
(2) Unsworn Declarati			
		and my date of birth is	•
My address is	(street)	(city) (state)	(zin code) (country)
Executed in	County, State of, on the _		(zip code) (country), 20 (year)
		Signature of Candidate/Off	ficeholder (Declarant)

RECEIVED FOR FILING DALLAS COUNTY ELECTIONS DEPARTMENT

SUBTOTALS - JC/OH 2022 JAN 20 AM 4: 31

FORM JC/OH **COVER SHEET PG 3**

19	19 FILER NAME 20 Filer ID (Ethics Co					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,750			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL I	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	BUTIONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

DALLAS COUNTY ESCHEDULE A(J) 1NT

If the requested information is not applicable, DO NOT include this page in the report.					
Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:		
2 FILER NAME	Juan Rentania		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Myxtanish' Gawett 6 Contributor address; City;		7 Amount of contribution (\$)		
(. ()	6 Contributor address; City; 3839 Nelway Am Dulle		50		
Contributor's r	principal occupation	9 Contributor's job title			
8 Contributor 5 p		of the contributors job title			
40 Contributorio e	Attorney	HHorn	ewy		
10 Contributor's e	employer/law tirm	11 Law firm of contributor'	s spouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor		Amount of contribution (\$)		
,	Cay Khwawah Contributor address; City:		1 2000		
11/17/21	Contributor address: City:	Ø 1200			
(,,,	325 N. St. Paul Ste. 3300				
Contributor's p	principal occupation	Contributor's job title			
	Attorbey	Lith	Luy		
	employer/law firm	Law firm of contributor's	s spouse (if any)		
-	Hamilton Wingo				
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)		
11/30/11	Steven Bain		\$ 100		
" () 0 (1	7000				
3625 Dole M Coglyston DX 775					
Contributor's p	principal occupation	Contributor's job title	. 1		
Consultant Consultant					
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS N	IEEDED		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

DALLAS COUNTY SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report. JAN 20 AM 4: 31

The Instruction Guide explains how to complet	te this form. 1 Total pages Schedule A(J)1:
2 FILER NAME THAN PLANT	(Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state Faustino Lawes 6 Contributor address; City; 1 2 Fixe buil by # 105	
8 Contributor's principal occupation Harmy	9 Contributor's job title
10 Contributor's employer/law firm Faust von Chwur	11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
	te PAC ID#: Amount of contribution (\$)
Carlos Carte? Contributor address; City: 12801 N. Central Exp # 30	State; Zip Code \$ 2560
Contributor's principal occupation A HVVIII	Contributor's job title Whowy
Contributor's employer/law firm Covk3 Use Film If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor out-of-state Grant Gerleman	te PAC_ID#:
Contributor address; City;	
Contributor's principal occupation HWWY	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

DALLAS COUNTY
SCHEDULE A(J)1

If the requested information is not applicable, DO NO	T include this page in	2022 JAN 20 AM 4:
in the requested information is not applicable, DO NO	i include this page in	the report.
The Instruction Guide explains how to complete this fe	orm.	1 Total pages Schedule A(J)1:
FILER NAME JULY Zewish		3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC Scott Palwer 6 Contributor address; City; SH55 Nawas Name can a SHO H	State; Zip Code	7 Amount of contribution (\$)
Contributor's principal occupation	9 Contributor's job title	lu
SCAT PAINW PC	11 Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC II Jacks Brown Contributor address; City; 7610 p. Stemmons Gray 5tc. 55	State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation Advisory	Contributor's job title	Muy/
Contributor's employer/law firm Saure Brown PC	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC II	D#:)	Amount of contribution (\$)
2 30 4 Contributor address; City;	State: Zip Code	\$ 1000
Contributor's principal occupation Algumn	Contributor's job title)	Muy
Contributor's employer/law firm Kytor Law Liwan	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

2022 JAN 20 AM L: 31

If the reque	sted information is not applicable, DO NO	T include this page in	the report.
Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	Juan Renjews		3 Filer ID (Ethics Commission Filers)
4 Date	Che I	State; Zip Code	7 Amount of contribution (\$)
8 Contributor's p	principal occupation HIWM/W	9 Contributor's job title	
10 Contributor's e	Enployer/law firm to Evygeson Mulbut Law	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
12/25/21	Contributor address; City: 6318 Welles Glenn Civ San Dan		2000
Contributor's p	orincipal occupation retiral	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor'	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City:	State: Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL CODIES	DE THIS SCHEDIII E AS A	IEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE A2

2022 JAN 20 AM 4: 31

	TH	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2	FILER NAM	E		3 Filer ID (Ethics Commission Filers)	
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
	Date		Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description	
10	Principal occ	rupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)	
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor'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	
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)	
	Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor'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 T	THIS SCHED	II E AS NEEDED	
		ATTACH ADDITIONAL COPIES OF I	on quide for	additional reporting requirements.	

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

	the reques	ted information is not a	pplicable, DO NOT	menue ms p	aye	in the rebot	UAN 20 AM 4.32
	TI	he Instruction Guide explains	how to complete this fo	rm.	1	Total pages Sched	ule B(J):
2	FILER NAME				3	Filer ID (Ethics Co	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDG	ES		\$		
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8	Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;		te; Zip Code		Check if travel outside	 de of Texas. Complete Schedule T.
10	Pledgor's princ	cipal occupation		11 Pledgor's job	title		
12	Pledgor's emp	oloyer/law firm		13 Law firm of p	ledge	or's spouse (if any	/)
14	14 If pledgor is a child, law firm of parent(s) (if any)						
	Date	Full name of pledgor	out-of-state PAC (ID#:			Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Sta	te; Zip Code		Check if travel outside	 de of Texas. Complete Schedule T.
	Pledgor's princ	cipal occupation		Pledgor's job	title		
	Pledgor's emp	oloyer/law firm		Law firm of p	ledge	or's spouse (if any	′)
	If pledgor is a	child, law firm of parent(s) (if	any)				
	Date	Full name of pledgor	out-of-state PAC (ID#:)		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Sta	te: Zip Code		Check if travel outsi	 de of Texas. Complete Schedule T.
	Pledgor's principal occupation Pledgor's job title						
	Pledgor's employer/law firm Law firm of p					or's spouse (if any	/)
	If pledgor is a	child, law firm of parent(s) (if	any)				
	11	ATTACH A	DDITIONAL COPIES PAC, please see instru				equirements.

LOANS (JUDICIAL)

SCHEDULE E(J)

in the requested information is not applicable, be not include this page in the report of the same of						
The Instruction Guide explains how to complete this	form. 1 Total pages Schedule E(J):					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED LOANS	\$					
5 Date of loan 7 Name of lender ut-of-state PAC	(ID#:) 9 Loan Amount (\$)					
6 Is lender a financial Institution? 8 Lender address; City;	State; Zip Code 10 Interest rate					
YN	11 Maturity date					
12 Lender's Principal Occupation	13 Lender's Job Title					
14 Lender's Employer/Law Firm	15 Law Firm of lender's spouse (if any)					
16 If lender is a child, law firm of parent(s) (if any)						
17 Description of Collateral none	Check if personal funds were deposited into political account (See Instructions)					
19 GUARANTOR INFORMATION 20 Name of guarantor	22 Amount Guaranteed (\$)					
21 Guarantor address; City;	State; Zip Code					
not applicable						
23 Guarantor's Principal Occupation	24 Guarantor's Job Title					
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spouse (if any)					
27 If guarantor is a child, law firm of parent(s) (if any)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.						

POLITICAL EXPENDITURES MADE FROM **POLITICAL CONTRIBUTIONS**

ELECTIONS DEPT ATSCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report 1 AM 4: 32

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Printing Expense Travel Out Of District Other (enter a category not listed a nas how to complete this form.		
Total pages Schedule F1:	2 FILER N			3 Filer ID (Ethic	s Commission Filers)
Date	5 Payee na	me			
Amount (\$)	7 Payee ac	dress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this so	chedule) (b) Description		
	(c)	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	stin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held
Date	Payee na	me			
Amount (\$)	Payee ad	dress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	hedule) Description		
		Check if travel outside of Texas, Complete Sch	nedule T. Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held
Date	Payee na	me			
Amount (\$)	Payee ad	dress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	nedule) Description		
		Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held
	AT	TACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED	

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UNPAID INCURRED OBLIGATIONS

DALLAS COUNTY

SCHEDULE F2

If the requested information is not applicable, **DO NOT include this page in the report.** AM 4: 32

EXPENDITURE CATEGORIES FOR BOX 10(a)

Acc Cor Cor	vertising Expense counting/Banking nsulting Expense ntributions/Donations Made By andidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen- Legal Services The Instruction Guide e	Office Ove Polling Exp se Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 To	otal pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics C	commission Filers)
4 T	OTAL OF UNITEM	1IZED UN	PAID INCURRED C	BLIGATION	S	\$	
5 D	ate	6 Payee	name				
7 A	mount (\$)	8 Payee	address;		City;	State;	Zip Code
9 E	TYPE OF XPENDITURE		Political	Non-Pol	itical		
10 E	PURPOSE OF XPENDITURE	(a) Categor	y (See Categories listed at the top	*	(b) Description	stin, TX, officeholder living	expense
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH		didate / Officeholder nam	ie O	ffice sought	Office he	eld
D	ate	Payee	name				
A	mount (\$)	Payee	address;		City;	State;	Zip Code
E	TYPE OF XPENDITURE		Political	Non-Po	litical		
E	PURPOSE OF XPENDITURE	Catego	y (See Categories listed at the top	p of this schedule)	Description		
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH		Check if travel outside of Texas. Co		Check if A	ustin, TX, officeholder living	
		ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED	

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE F3
2022 JAN 20 AM 4: 32

TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

CTIONS DEPARTMENT

SCHEDULE F4

2022 JAN 20 AM 4: 32 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 8 Payee address; 7 Amount (\$) City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** 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 Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS ISCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report JAN 20 $\,$ AM $\,4^{\circ}$ $\,32$

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 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
Others (setting a satisfactory not limited above)

Candidate/Officeholder/Politi Credit Card Payment		/Wages/Contract Labor Otl	her (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME JUAN Rente	nica 3	Filer ID (Ethics Commission Filers)
4 Date 9 21	5 Payee name Square Space		
Amount (\$) 300 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description web 57te	
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX.	officeholder living expense Office held
Date 10/1/24	Payee name Mark Yolismu		
Amount (\$) 375 Reimbursement from political contributions intended	Payee address:	city; Dallas	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Alvertify Check if travel outside of Texas. Complete Schedule T.	Description Loss	
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	officeholder living expense Office held
Date 10 2 2	Payee name ViJ PMW		
Amount (\$) Reimbursement from political contributions intended	Payee address; 1	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Onny Check if travel outside of Texas. Complete Schedule T.		y, tshirt
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

AM 4: 32

If the requested information is not applicable, DO NOT include this page in the report. $$2022\,\mathrm{JAN}\ 20$

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category r	not listed above)
1 Total pages Schedule G:	2 FILER NAME JUAN Rentlin		3 Filer ID (Ethics Co	ommission Filers)
4 Date 10 5 21	5 Payee name Electra Watsan	The tography	,	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	4100 spray Valley # 475,	Nulla Pr		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	hn 6	
OF EXPENDITURE	adver tising	ph	0/09	
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expe	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O:	ffice held
Date	Payee name			
12/1/21	Vertag			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	2323 N. Hurdrson Au	e#103 Da	ullas Do	75 206
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Event Expers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	0	ffice held
Date	Payee name			
12/12/21	Couguita			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	13260 Joeny Lawe, Form	new Branch	N/	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	to any De prim			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ĒD	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

DALLAS COUNTY

SCHEDULE G

2022 JAN 20 AM 4: 32

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Prir cal Committee Legal Services Sal The Instruction Guide explains ho		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME CUNTUM		3 Filer ID (Ethics Commission Filers)
4 Date 2 (3 2)	5 Payee name Dallas County Dan 7 Payee address;	roware PA	rty.
Amount (\$) Reimbursement from political contributions intended	7 Payee address:	0.1.31	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	(b) Description	, fee
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	le) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	le) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO ACTION S DEPOT MENT **BUSINESS OF C/OH**

SCHEDULE H

2022 JAN 20 AM 4: 32

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 Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Iributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Indidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract							
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID) (Ethics	Commission Filers)	
4 Date	5 Business	name						
6 Amount (\$)	7 Business	address;		City;		State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule) (b) Do	escription				
	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin.	, TX, officehold	der living ex	rpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought			Office held	
Date	Business	name						
Amount (\$)	Business	address;		City;		State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at the top of this so	chedule) De	escription				
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officehold	ler living ex	pense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought		(Office held	
Date	Business	name		With the second control of the second contro		***************************************		
Amount (\$)	Business	address;		City;		State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule) De	escription				
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	. TX, officehold	der living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought			Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS SCHEE	DULE AS NEE	DED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

DALLAS COUNTY ELECTIONS DEPOSITMENT

SCHEDULE |

2022 JAN 20 AM 4: 32

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Con	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K 2022 JAN 20 AM 4: 32

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
2 FILER	NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; St	8 Amount (\$) State; Zip Code	
	7 Purpose for which amount is received	if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; S	State; Zip Code	
	Purpose for which amount is received Check i	if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; St	State; Zip Code	
	Purpose for which amount is received	if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; S	State; Zip Code	
	Purpose for which amount is received	if political contribution returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED	

OUTSTANDING LOANS SCHEDULE L If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 2 FILER NAME LENDER 4 Name of lender INFORMATION 5 Lender address; Zip Code City; State: **GUARANTOR** 6 Name of guarantor INFORMATION 7 Guarantor address; Zip Code City; State; not applicable Name of lender LENDER **INFORMATION** Lender address; City; State; Zip Code Name of guarantor **GUARANTOR** INFORMATION Guarantor address: City; State; Zip Code not applicable LENDER Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; not applicable City; State; Zip Code Name of lender LENDER INFORMATION Lender address; City; State: Zip Code **GUARANTOR** Name of guarantor **INFORMATION** Guarantor address; not applicable City; State: Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

RECEIVED FOR FILING

ASSETS PURCHASED WITH CONTRIBUTIONS

SCHEDULE M

The Instruction Guide explains when and how to complete this form.	1 Total pages Schedule M:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	······································					
	The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:					
2	FILER NAME					3 Filer ID (Ethics Commission Filers)
4	Name of Contributor / Co	orporation o	or Labor O	rganization / Pledgo	or / Payee	
5	Contribution / Expenditur	re reported	ou.			
Ŭ					[]	
	Schedule A2	Sche	dule B	Schedule B(J	Schedule C2	Schedule D Schedule F1
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6	Dates of travel 7	Name of	person(s)	traveling		
	8	3 Departur	e city or na	ame of departure lo	cation	
	9	Destinati	on city or r	name of destination	location	
10	Means of transportation		11 Purpos	se of travel (includir	ng name of conference, s	eminar, or other event)
	Name of Contributor / Co	orporation (or Labor O	rganization / Pledgo	or / Payee	
	Contribution / Expenditur	re reported	on:			
	П с.ь	Scho	dule B	Cabadula BU	Schedule C2	Cabadula D. Caballa St
	Schedule A2		dule b	Schedule B(J) Scriedule C2	Schedule D Schedule F1
	Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
	Dates of travel	Name of	person(s)	traveling		
	Departure city or name of departure location					
	Destination city or name of destination location					
	Means of transportation		Durno	as of trough (including	ng name of conference, s	omisor or other quest)
	Means of transportation		Гагро	se of traver (including	ig hame of comercince, s	erninal, or other eventy
	Name of Contributor / Co	orporation (or Labor O	rganization / Pledgo	or / Payee	
	Contribution / Expenditur	re reported	on:			
	Schedule A2	Schedu	le в Г	Schedule B(J)	Schedule C2	Schedule D Schedule F1
	Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
	Dates of travel	Name of	person(s)	traveling		
		Departur	e city or na	ame of departure lo	cation	
		Destinati	on city or r	name of destination	location	
	Means of transportation		Purpos	se of travel (includir	ng name of conference, s	eminar, or other event)
		AT	TACH AD	DITIONAL COPIE	S OF THIS SCHEDULI	AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DEPORTMENT DESIGNATION OF FINAL REPORT 1077 JAN 20 AM July 22 FORM C/OH - FR

		2022 DAN 20 AN 4: 33
		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any go contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Check	conly one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Chec	c only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		Plete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of officeholder