

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

WE, JUL 10 2020 11:52
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:														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">Debbie</p> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Renteria</p>	OFFICE USE ONLY															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">532 Harvest Glen Richardson, TX 75081</p>	Date Received															
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	Date Hand-delivered or Date Postmarked															
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">Cynthia</p> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">McCampbell</p>	Receipt #	Amount \$														
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">623 Birch Lane Richardson, TX 75081</p>																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()																
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)														
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)														
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">1</td> <td style="text-align: center; font-size: 1.2em;">/ 18</td> <td style="text-align: center; font-size: 1.2em;">/ 2020</td> <td></td> <td style="text-align: center; font-size: 1.2em;">6</td> <td style="text-align: center; font-size: 1.2em;">/ 30</td> <td style="text-align: center; font-size: 1.2em;">/ 2020</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/ 18	/ 2020		6	/ 30	/ 2020
Month	Day	Year	THROUGH	Month	Day	Year											
1	/ 18	/ 2020		6	/ 30	/ 2020											
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special															
12 OFFICE	OFFICE HELD (if any) <p style="text-align: center; font-size: 1.2em;">RISD Trustee District 3</p>	13 OFFICE SOUGHT (if known)															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

WE, FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Debbie Renteria** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

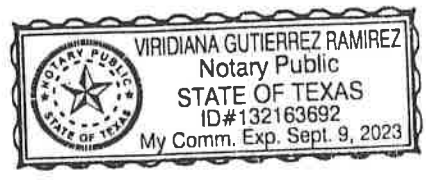
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 5
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 574.31
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 18.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 560.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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.

Debbie Renteria
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candidate / Board, this the 15th day of July, 2020, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
 Viridiana Gutierrez R. Printed name of officer administering oath
 exec Assistant / Director Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

WE, JUL 15 2020 PM01:52
SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Debbie Renteria		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Muniz	7 Amount of contribution (\$) 104.15
6 Contributor address; City; State; Zip Code 20610 Winlock Trace Katy, TX 77450		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/19/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Muniz	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 7900 North stadium drive unit 18 Houston, TX 77030		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Muniz	Amount of contribution (\$) 36.66
Contributor address; City; State; Zip Code 2522 Leal st. San Antonio, TX 78207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Ethetton	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 8846 Lavelle Ln Dallas, TX 75243		
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

WF, JUL 15 2020 PM 01:53
SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center;">Debbie Renteria</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">1/19/20</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Traci Smith</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">275 Buttercup Lane Dallas, TX 75217</p>	7 Amount of contribution (\$) <p style="text-align: center;">26.27</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">1/18/2020</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Nathan May</p> Contributor address; City; State; Zip Code <p style="text-align: center;">1804 Villanova Dr Richardson, TX 75081</p>	Amount of contribution (\$) <p style="text-align: center;">5</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">1/18/2020</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Katie Patterson</p> Contributor address; City; State; Zip Code <p style="text-align: center;">3825 Cole Ave. Dallas, TX 75204</p>	Amount of contribution (\$) <p style="text-align: center;">52.23</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

WE, JUL 15 2020 PM 01:53
SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
 Fees
 Food/Beverage Expense
 Gift/Awards/Memorials Expense
 Legal Services

Loan Repayment/Reimbursement
 Office Overhead/Rental Expense
 Polling Expense
 Printing Expense
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
 Transportation Equipment & Related Expense
 Travel In District
 Travel Out Of District
 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Debbie Renteria	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2020	5 Payee name Stripe Inc	
6 Amount (\$) 18.75	7 Payee address; City; State; Zip Code 510 Townsend Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fees
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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 <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	
PURPOSE OF EXPENDITURE	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 <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