

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
37

3 COMMITTEE NAME
Renew San Antonio

OFFICE USE ONLY

Date Received
10/29/2024 1:51:46PM

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 12156
San Antonio TX 78212
☐ Change of Address

Date Hand-delivered or Postmarked

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Ms Esperanza

Receipt # Amount

NICKNAME LAST SUFFIX
Hope Andrade

Date Processed
10/29/2024 1:51:46PM

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
212 W. Laurel
San Antonio TX 78212

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
☐ Change of Address

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(210) 982-3034

9 REPORT TYPE
8th Day Before Special Election

10 PERIOD COVERED
Month Day Year Month Day Year
9/27/2024 THROUGH 10/26/2024

11 ELECTION
ELECTION DATE
Month Day Year
11/5/2024
ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Renew San Antonio	13 Filer ID (Ethics Commission Filers)
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> CANDIDATE / OFFICEHOLDER NAME Propositions A-F </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) </td> </tr> <tr> <td style="width: 60%; padding: 5px;"> BALLOT IDENTIFICATION / # n/a </td> <td style="width: 40%; padding: 5px;"> ELECTION DATE Month Day Year 11/5/2024 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> DESCRIPTION Support Propositions A-F </td> </tr> </table>	CANDIDATE / OFFICEHOLDER NAME Propositions A-F		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		BALLOT IDENTIFICATION / # n/a	ELECTION DATE Month Day Year 11/5/2024	DESCRIPTION Support Propositions A-F	
CANDIDATE / OFFICEHOLDER NAME Propositions A-F										
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)										
BALLOT IDENTIFICATION / # n/a	ELECTION DATE Month Day Year 11/5/2024									
DESCRIPTION Support Propositions A-F										

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 419283.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 422812.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 120460.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

16 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.

***** Electronically Certified *****

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Ms Esperanza Andrade**, this the **28th** day of **October**, 20 **24**, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Renew San Antonio		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 174533.45
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 244750.00
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0
6.	<input checked="" type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 422812.19
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
13.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
14.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 5

2 FILER NAME
Renew San Antonio

3 Filer ID (Ethics Commission Filers)

4 Date
9/30/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David Covarrubias

7 Amount of contribution (\$)
5208.65

6 Contributor address; City; State; Zip Code
**3838 NW Loop 410
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)
Structural Engineer

9 Employer (See instructions)
SEA, a JMT Company

Date
9/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr John Zachry

Amount of contribution (\$)
25000.00

Contributor address; City; State; Zip Code
**PO Box 240130
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)
Chairman & CEO

Employer (See instructions)
Zachry Group

Date
10/1/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Kit Goldsburgy

Amount of contribution (\$)
50000.00

Contributor address; City; State; Zip Code
**303 Pearl Pkwy #300
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Chairman

Employer (See instructions)
Silver Ventures

Date
10/1/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
ACEC SA PAC

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**409 Oak Glen Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 5
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Luis Rodriguez 6 Contributor address; City; State; Zip Code 303 Royal Oaks Dr San Antonio, TX 78209	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) MMIT
Date 10/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Heriberto Guerra Jr. Contributor address; City; State; Zip Code 1 Lonestar Pass #41 San Antonio, TX 78264	Amount of contribution (\$) 20000.00
Principal occupation / Job title (See instructions) Chairman & CEO		Employer (See instructions) Avanzar Interior Technologies
Date 10/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Sheryl Sculley Contributor address; City; State; Zip Code 200 Congress Ave #26C Austin, TX 78701	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Strategic Partnerships, Inc.
Date 10/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Steven Park Contributor address; City; State; Zip Code 202 Reoleta Rd San Antonio, TX 78216	Amount of contribution (\$) 1041.98
Principal occupation / Job title (See instructions) Construction Manager		Employer (See instructions) E-Z Bel Construction
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 5

2 FILER NAME
Renew San Antonio

3 Filer ID (Ethics Commission Filers)

4 Date
10/8/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Marcos Medina

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**21602 Roan Blf
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
Engineer

9 Employer (See instructions)
Moreno Cardenas

Date
10/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Gene Dawson

Amount of contribution (\$)
10000.00

Contributor address; City; State; Zip Code
**10 Tilbury Ln
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Civil Engineer

Employer (See instructions)
Pape Dawson Engineers

Date
10/15/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Paul Basaldua

Amount of contribution (\$)
1041.98

Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
VersaTerra Development

Date
10/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Javier Chapa

Amount of contribution (\$)
1562.81

Contributor address; City; State; Zip Code
**10428 Valley Spring Ln
Los Angeles, CA 91602**

Principal occupation / Job title (See instructions)
Producer

Employer (See instructions)
Mucho Mas Media

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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 5
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The San Antonio Chapter of the AGC PAC 6 Contributor address; City; State; Zip Code 10806 Gulfdale San Antonio, TX 78216	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See instructions) n/a		9 Employer (See instructions) n/a
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Dennis Stuckey Contributor address; City; State; Zip Code 107 Grassmarket San Antonio, TX 78259	Amount of contribution (\$) 52.40
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Rob Killen Contributor address; City; State; Zip Code 10101 Reunion PI #250 San Antonio, TX 78216	Amount of contribution (\$) 521.15
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Killen, Griffin & Farrimond
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amegy Bank of Texas PAC Contributor address; City; State; Zip Code 1717 West Loop S Houston, TX 77027	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 5

2 FILER NAME
Renew San Antonio

3 Filer ID (Ethics Commission Filers)

4 Date
10/22/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown & McDonald PLLC

7 Amount of contribution (\$)
2500.00

6 Contributor address; City; State; Zip Code
**100 NE Loop 410 #1385
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
n/a

9 Employer (See instructions)
n/a

Date
10/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Manny Ruiz

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**13554 Norland St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Market President - San Antonio

Employer (See instructions)
AmericanBank

Date
10/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Greater San Antonio Chamber of Commerce

Amount of contribution (\$)
50000.00

Contributor address; City; State; Zip Code
**602 E Commerce St
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		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# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <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		

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.			1 Total pages Schedule B: 1 of 1		
2 FILER NAME Renew San Antonio			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED PLEDGES			\$ 0		
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		8 Amount of Pledge \$		9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)			11 Employer (See instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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 CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:
1 of 5

2 FILER NAME
Renew San Antonio

3 Filer ID (Ethics Commission Filers)

4 Date
9/27/2024

5 Corporation / Labor Organization name
Valero Energy Corporation

7 Amount of contribution (\$)
50000.00

6 Corporation / Labor Organization address; City; State; Zip Code
**PO Box 696000
San Antonio, TX 78269**

Date
9/30/2024

Corporation / Labor Organization name
Poznecki Camarillo

Amount of contribution (\$)
5000.00

Corporation / Labor Organization address; City; State; Zip Code
**4801 NW Loop 410 #108
San Antonio, TX 78229**

Date
10/1/2024

Corporation / Labor Organization name
HEB, LP

Amount of contribution (\$)
50000.00

Corporation / Labor Organization address; City; State; Zip Code
**PO Box 839944
San Antonio, TX 78283**

Date
10/1/2024

Corporation / Labor Organization name
Sundt Construction

Amount of contribution (\$)
5000.00

Corporation / Labor Organization address; City; State; Zip Code
**2015 W River Rd #101
Tucson, AZ 86704**

Date
10/1/2024

Corporation / Labor Organization name
LAN Lockwood Andrews & Newman

Amount of contribution (\$)
2500.00

Corporation / Labor Organization address; City; State; Zip Code
**2925 Briarpark Dr #400
Houston, TX 77042**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 2 of 5
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2024	5 Corporation / Labor Organization name Civil Engineering Consultants 6 Corporation / Labor Organization address; City; State; Zip Code 100 NE Loop 410 #300 San Antonio, TX 78216	7 Amount of contribution (\$) 5000.00
Date 10/1/2024	Corporation / Labor Organization name CobbFendley Corporation / Labor Organization address; City; State; Zip Code 4424 W Sam Houston Pkwy N #600 Houston, TX 77041	Amount of contribution (\$) 5000.00
Date 10/4/2024	Corporation / Labor Organization name USAA Corporation / Labor Organization address; City; State; Zip Code 9800 Fredericksburg Rd San Antonio, TX 78288	Amount of contribution (\$) 50000.00
Date 10/7/2024	Corporation / Labor Organization name Bain Medina Bain Corporation / Labor Organization address; City; State; Zip Code 7073 San Pedro Ave San Antonio, TX 78216	Amount of contribution (\$) 250.00
Date 10/15/2024	Corporation / Labor Organization name CNG Engineering Corporation / Labor Organization address; City; State; Zip Code 8302 Broadway San Antonio, TX 78209	Amount of contribution (\$) 5000.00
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 3 of 5
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2024	5 Corporation / Labor Organization name IDCUS 6 Corporation / Labor Organization address; City; State; Zip Code 15915 Katy Freeway #300 Houston, TX 77094	7 Amount of contribution (\$) 1000.00
Date 10/15/2024	Corporation / Labor Organization name Pape Dawson Engineers Corporation / Labor Organization address; City; State; Zip Code 2000 NW Loop 410 San Antonio, TX 78213	Amount of contribution (\$) 15000.00
Date 10/16/2024	Corporation / Labor Organization name Southwest Business Corporation Corporation / Labor Organization address; City; State; Zip Code 9311 San Pedro Ave San Antonio, TX 78216	Amount of contribution (\$) 5000.00
Date 10/18/2024	Corporation / Labor Organization name Lone Star National Bank Corporation / Labor Organization address; City; State; Zip Code 520 E Nolana Ave McAllen, TX 78504	Amount of contribution (\$) 2500.00
Date 10/19/2024	Corporation / Labor Organization name AFSCME Corporation / Labor Organization address; City; State; Zip Code 1625 L Street NW Washington, DC 20036	Amount of contribution (\$) 10000.00
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:
4 of 5

2 FILER NAME
Renew San Antonio

3 Filer ID (Ethics Commission Filers)

4 Date
10/21/2024

5 Corporation / Labor Organization name
KCI Technologies

7 Amount of contribution (\$)
2500.00

6 Corporation / Labor Organization address; City; State; Zip Code
**936 Ridgewood Rd
Sparks Glencoe, MD 21152**

Date
10/22/2024

Corporation / Labor Organization name
Raba Kistner

Amount of contribution (\$)
10000.00

Corporation / Labor Organization address; City; State; Zip Code
**12821 W. Golden Ln
San Antonio, TX 78249**

Date
10/22/2024

Corporation / Labor Organization name
Zachry Corporation

Amount of contribution (\$)
10000.00

Corporation / Labor Organization address; City; State; Zip Code
**PO Box 33240
San Antonio, TX 78248**

Date
10/22/2024

Corporation / Labor Organization name
South Texas Allergy & Asthma Medical Professionals

Amount of contribution (\$)
5000.00

Corporation / Labor Organization address; City; State; Zip Code
**10447 State Highway 151
San Antonio, TX 78251**

Date
10/26/2024

Corporation / Labor Organization name
Joeris General Contractors

Amount of contribution (\$)
5000.00

Corporation / Labor Organization address; City; State; Zip Code
**823 Arion Pkwy
San Antonio, TX 78216**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 5 of 5
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/2024	5 Corporation / Labor Organization name Floodace 6 Corporation / Labor Organization address; City; State; Zip Code 14603 Huebner Rd #20 San Antonio, TX 78230	7 Amount of contribution (\$) 1000.00
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: 1 of 1
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>		

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: 1 of 1
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Renew San Antonio

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 1 of 11	2 FILER NAME Renew San Antonio	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2024	5 Payee name Anedot	
6 Amount (\$) 208.65	7 Payee address; City; State; Zip Code 1340 Poydras St. New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card 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 10/1/2024	Payee name Ms Gianna Salinas	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1130 Blanca Ct. Alamo, TX 78516	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Outreach coordinator
	<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 10/2/2024	Payee name Anedot	
Amount (\$) 4.48	Payee address; City; State; Zip Code 1340 Poydras St. New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 2 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2024	5 Payee name Norma Denham & Associates		
6 Amount (\$) 15000.00	7 Payee address; City; State; Zip Code 15706 Knoll Cliff San Antonio, TX 78247		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Fundraising consultant
	(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 10/3/2024	Payee name Bexar County Democratic Party Coordinated Campaign		
Amount (\$) 3000.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Canvassing
	<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 10/3/2024	Payee name CSG, Inc.		
Amount (\$) 150.00	Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Domain purchase and hosting
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 3 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2024	5 Payee name CSG, Inc.		
6 Amount (\$) 3500.00	7 Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Voter data
	(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 10/3/2024	Payee name CSG, Inc.		
Amount (\$) 25000.00	Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting fee
	<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 10/3/2024	Payee name United States Postal Service		
Amount (\$) 188.00	Payee address; City; State; Zip Code 2400 McCullough San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description PO Box rental
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 4 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2024	5 Payee name Deluxe Corporation		
6 Amount (\$) 276.67	7 Payee address; City; State; Zip Code 801 Marquette Ave. Minneapolis, MN 55402		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Check order
	(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 10/3/2024	Payee name Centre Club		
Amount (\$) 2366.80	Payee address; City; State; Zip Code 112 E. Pecan St. San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Fundraising event
	<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 10/3/2024	Payee name KGBTexas		
Amount (\$) 4877.64	Payee address; City; State; Zip Code 825 E. Locust St. San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Creative services
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 5 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2024	5 Payee name KGBTexas		
6 Amount (\$) 6451.25	7 Payee address; City; State; Zip Code 825 E. Locust St. San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(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 10/3/2024	Payee name KGBTexas		
Amount (\$) 50436.70	Payee address; City; State; Zip Code 825 E. Locust St. San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense		Description Benchmark polling
	<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 10/7/2024	Payee name SignBusters		
Amount (\$) 3587.00	Payee address; City; State; Zip Code 330 W. Baetz Blvd. San Antonio, TX 78221		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Sign installation
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 6 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2024	5 Payee name Anedot		
6 Amount (\$) 41.98	7 Payee address; City; State; Zip Code 1340 Poydras St. New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card 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 10/11/2024	Payee name Anedot		
Amount (\$) 400.30	Payee address; City; State; Zip Code 1340 Poydras St. New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees
	<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 10/14/2024	Payee name KGBTexas		
Amount (\$) 2330.08	Payee address; City; State; Zip Code 825 E. Locust St. San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Collateral material
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 7 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2024	5 Payee name KGBTexas		
6 Amount (\$) 23994.85	7 Payee address; City; State; Zip Code 825 E. Locust St. San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Creative services
	(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 10/14/2024	Payee name KGBTexas		
Amount (\$) 24794.45	Payee address; City; State; Zip Code 825 E. Locust St. San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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 10/14/2024	Payee name CSG, Inc.		
Amount (\$) 25000.00	Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 8 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2024	5 Payee name CSG, Inc.		
6 Amount (\$) 38564.00	7 Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Digital advertising
	(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 10/15/2024	Payee name Anedot		
Amount (\$) 41.98	Payee address; City; State; Zip Code 1340 Poydras St. New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees
	<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 10/15/2024	Payee name Ms Gianna Salinas		
Amount (\$) 500.00	Payee address; City; State; Zip Code 1130 Blanca Ct. Alamo, TX 78516		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach coordinator
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 9 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2024	5 Payee name Anedot		
6 Amount (\$) 62.81	7 Payee address; City; State; Zip Code 1340 Poydras St. New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card 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 10/17/2024	Payee name CSG, Inc.		
Amount (\$) 38564.00	Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Digital advertising
	<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 10/17/2024	Payee name CSG, Inc.		
Amount (\$) 73100.00	Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Direct mail
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 10 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2024	5 Payee name SignBusters		
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 330 W. Baetz Blvd. San Antonio, TX 78221		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Sign installation
	(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 10/21/2024	Payee name B Michele Branding Agency		
Amount (\$) 1505.99	Payee address; City; State; Zip Code 10615 Perrin Beitel Rd #401 San Antonio, TX 78217		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description GOTV rally
	<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 10/21/2024	Payee name Anedot		
Amount (\$) 2.40	Payee address; City; State; Zip Code 1340 Poydras St. New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 11 of 11	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2024	5 Payee name Anedot		
6 Amount (\$) 21.15	7 Payee address; City; State; Zip Code 1340 Poydras St. New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card 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 10/23/2024	Payee name Prestige Printing		
Amount (\$) 3241.01	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Collateral material
	<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 10/24/2024	Payee name CSG, Inc.		
Amount (\$) 73100.00	Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Direct mail
	<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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F2: 1 of 1	2 FILER NAME Renew San Antonio	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Renew San Antonio

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; City; 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; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F4: 1 of 1	2 FILER NAME Renew San Antonio	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/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 H: 1 of 1	2 FILER NAME Renew San Antonio	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 schedule)	(b) Description
	<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	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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

SCHEDULE **K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Renew San Antonio

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check 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; State; Zip Code

Purpose for which amount is received

☐ Check 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; State; Zip Code

Purpose for which amount is received

☐ Check 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; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: 1 of 1
2 FILER NAME Renew San Antonio		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME
Renew San Antonio

2 Filer ID (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath