

PERSONAL FINANCIAL STATEMENT**FORM PFS
COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2015, covering calendar year ending December 31, 2014.
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

13

ACCOUNT #

1 NAME

TITLE: FIRST, MI

Austin City Council Member D3 Sabino

NICKNAME: LAST, SUFFIX

Pio Renteria

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1511 Haskell St
Austin Tx 78702☐ (CHECK IF FILER'S HOME ADDRESS)**3 TELEPHONE
NUMBER**

AREA CODE

PHONE NUMBER; EXTENSION

(512) 4786770

**4 REASON
FOR FILING
STATEMENT**☐ CANDIDATE _____ (INDICATE OFFICE)☒ ELECTED OFFICER Austin City Council District 3 (INDICATE OFFICE)☐ APPOINTED OFFICER _____ (INDICATE AGENCY)☐ EXECUTIVE HEAD _____ (INDICATE AGENCY)☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT☐ STATE PARTY CHAIR _____ (INDICATE PARTY)☐ OTHER _____ (INDICATE POSITION)**5** Family members whose financial activity you are reporting (see instructions).

SPOUSE

Lori B Renteria

DEPENDENT CHILD 1.

2.

3.

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT**COVER SHEET
PAGE 2**

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☒ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☐ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☒ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☒ N/A Part 7B - Interests in Business Entities
- ☐ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Assets of Business Associations
- ☒ N/A Part 11B - Liabilities of Business Associations
- ☒ N/A Part 12 - Boards and Executive Positions
- ☐ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME**PART 1A**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|---|
| 1 INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) City of Austin Elected Officer NATURE OF OCCUPATION |
| INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) IBM Personal Pension Retired NATURE OF OCCUPATION |
| INFORMATION RELATES TO | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) NATURE OF OCCUPATION |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY | |

RETAINERS**PART 1B**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|-------------------------------|---|
| 1 FEE RECEIVED FROM | NAME AND ADDRESS |
| 2 FEE RECEIVED BY | NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____ |
| 3 FEE AMOUNT | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |
| FEE RECEIVED FROM | NAME AND ADDRESS |
| FEE RECEIVED BY | NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____ |
| FEE AMOUNT | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK**PART 2**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|------------------------------------|---|--|--|--|
| 1 BUSINESS ENTITY | NAME <i>International Business Machine</i> | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input checked="" type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| 4 IF SOLD | <input type="checkbox"/> NET GAIN | | | |
| | <input type="checkbox"/> NET LOSS | | | |
| | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |
| BUSINESS ENTITY | NAME <i>I B m</i> | | | |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input checked="" type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD | <input type="checkbox"/> NET GAIN | | | |
| | <input type="checkbox"/> NET LOSS | | | |
| | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |
| BUSINESS ENTITY | NAME | | | |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD | <input type="checkbox"/> NET GAIN | | | |
| | <input type="checkbox"/> NET LOSS | | | |
| | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |
| BUSINESS ENTITY | NAME | | | |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD | <input type="checkbox"/> NET GAIN | | | |
| | <input type="checkbox"/> NET LOSS | | | |
| | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |
| BUSINESS ENTITY | NAME | | | |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD | <input type="checkbox"/> NET GAIN | | | |
| | <input type="checkbox"/> NET LOSS | | | |
| | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BONDS, NOTES & OTHER COMMERCIAL PAPER**PART 3**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 DESCRIPTION OF INSTRUMENT | |
| 2 HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |
| DESCRIPTION OF INSTRUMENT | |
| HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |
| DESCRIPTION OF INSTRUMENT | |
| HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS**PART 4**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 MUTUAL FUND <i>Fidelity</i> | NAME <i>Fidelity Investment 401k</i> |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <i>SK</i> |
| MUTUAL FUND | NAME <i>New York Life Insurance Elizabeth A. Gonzales, agent</i> |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES OF MUTUAL FUND | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| MUTUAL FUND | NAME |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS **PART 5**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS—INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|---|
| 1 SOURCE OF INCOME <i>Short term rental</i> | NAME AND ADDRESS <i>Eastside Cottage 1511 Haskell St Austin, TX 78702</i> |
| 2 RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 AMOUNT | <input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME | NAME AND ADDRESS |
| RECEIVED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME | NAME AND ADDRESS |
| RECEIVED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY**PART 7A**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|---|
| 1 HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1511 Haskell St Austin, Tx 78702 (Travis) |
| 3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Homestead, Travis County |
| 4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | |
| 5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE |
| DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED |
| NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | |
| 2 LIABILITY OF | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 GUARANTOR | |
| 4 AMOUNT | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | |
| LIABILITY OF | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | |
| AMOUNT | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | |
| LIABILITY OF | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | |
| AMOUNT | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

GIFTS**PART 8**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify any person or organization that has given a gift worth more than \$250 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|----------------------------------|--|
| ¹ DONOR AT&T | NAME AND ADDRESS AT&T 1920 Riverside Dr Ste 100 Austin, Tx 78741 |
| ² RECIPIENT | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ³ DESCRIPTION OF GIFT | IPAD (Door Prize) |
| DONOR | NAME AND ADDRESS |
| RECIPIENT | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT | |
| DONOR | NAME AND ADDRESS |
| RECIPIENT | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT | |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES**PART 7B**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

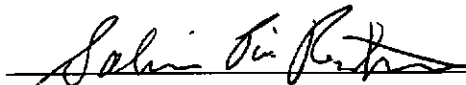
| | |
|---|---|
| 1 HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 DESCRIPTION | NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) |
| 3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION | NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION | NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

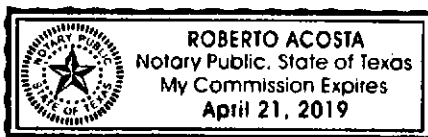
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2014, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

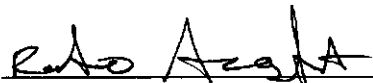


Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said SABINO PENTERIA, this the 1st day of JUNE, 20 15, to certify which, witness my hand and seal of office.



Signature of officer administering oath

ROBERTO ACOSTA

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath