CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR **MR.** FIRST **MN** MI
	NICKNAME LAST **Renteria III** SUFFIX

OFFICE USE ONLY

Date Received

OCT 6 2025 PM 1:43

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE
	1317 Cypress Street Baytown Texas

Date Hand-delivered or Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION **(832) 457-1073**

Receipt #   Amount $

6 CAMPAIGN TREASURER NAME	MS / MRS / MR **Mr.** FIRST **Mercedes** MI
	NICKNAME LAST SUFFIX **Renteria III**

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE **S.A.A.**
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION **( ) S A A**

9 REPORT TYPE			
☐ January 15	☑ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month Day Year / / THROUGH Month Day Year **10 / 06 / 2025**

11 ELECTION	ELECTION DATE Month Day Year **11 / 04 / 2025**	☐ Primary ☑ General	☐ Runoff ☐ Special	ELECTION TYPE ☐ Other Description

12 OFFICE	OFFICE HELD (if any)	**13** OFFICE SOUGHT (if known)

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

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ Ø
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 1394.58
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1394.58
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

18 SIGNATURE 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.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

GABRIELLA DOLORES GONZALES
Notary Public, State of Texas
My Commission Expires
May 20, 2029
NOTARY ID 131031079
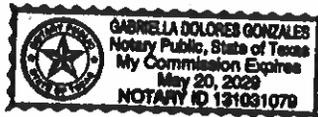
Sworn to and subscribed before me by _Mercedes Renteria III_ this the _10th_ day of _October_,

20 _25_, to certify which, witness my hand and seal of office.

Gabriella Gonzales   _Gabriella Gonzales_   _Notary_
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
                              (street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
                                                          (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME MERCEDES Renteria III	3 Filer ID (Ethics Commission Filers)

4 Date 10-06-25

5 Payee name MERCEDES Renteria

6 Amount ($)
[ ] Reimbursement from political contributions intended

7 Payee address: 1317 Cypress Street   **City:** Baytown   **State:** TX.   **Zip Code** 7720

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Signs

(b) Description: Political Advertisement

(c) [ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MERCEDES Renteria III

Office sought: City Council:

Office held: GCCISD Trustee

Date 10-06-25

Payee name SAA

Amount ($) 1394.58
[ ] Reimbursement from political contributions intended

Payee address: SAA   **City:**   **State:**   **Zip Code**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Signs

Description: Political Advertisement

[ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount ($)
[ ] Reimbursement from political contributions intended

Payee address: **City:**   **State:**   **Zip Code**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

[ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED