CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission F	Filers) 2 Total pages	s filed:
GANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST	MI SCOTT	OFFIC	CE USE ONLY
NAME	NICKNAME	LAST RENTRO	SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		CITY: STATE: ZIP COD FOWE TX 7545		
Change of Address					
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 818-7576	EXTENSION		red or Date Postmarked
CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI SCOTT	Receipt #	Amount \$
NAME	NICKNAME	LAST RENFRO	SUFFIX	Date Imaged	**** * · · · · · · · · · · · · · · · ·
CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	3924	WELLA RD	SHEANAN	TX	75090
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 818- 7576	EXTENSION		
REPORT TYPE	January 15	30th day before e	ection Exceeded Modifie	(Officeho	after campaign appointment Ider Only) port (Attach C/OH - FR)
0 PERIOD COVERED	Month 5	Day Year / 19 / 2024		unth Day Ye	oar DZ¥
1 ELECTION	ELECTION D. Month Day 5 / 28	Year Primary	ELECTION Runoff Other Descript		
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (#16)		R Per I
NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITUR S MAY HAVE BEEN MADE WITHOUT THE RED TO REPORT THIS INFORMATION ONL	CANDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	·	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

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15 C/OH NAME TERRA	SCOTT RENFAD	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)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,443.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$ 0
1	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Const k	Ja ho
	Signature of Ca	ndidate or Officeholder
	Discos complete sither ention below	
	Please complete either option below	v.
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat		
My name is JGRY	SCOTT RENTRO, and my date of birth is t WEUA RD, SHEMAN	05-14-1964
My address is 392L	t LIFUA RD SHEDMAN	TX 75090 USA
		state) (zip code) (country)
Executed in 1-DAVSO	County, State of TEXAS , on the 15 day of JUL	
Executed in	County, state of, on the day of (month	1) / (year),
	KAMIN Sea	+ Henpo
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Commission Filers)							
	JEARY SCOTT RENERO							
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTALS							
1.	SCHEDULE A1: MONETARY POL	ITICAL CONTRIBUTIONS		\$ 500.00				
2.	SCHEDULE A2: NON-MONETAR	Y (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTR	RIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$					
5.	SCHEDULE F1: POLITICAL EXP	RIBUTIONS	\$ 494.12					
6.	SCHEDULE F2: UNPAID INCURR		\$					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$							
9.	SCHEDULE G: POLITICAL EXPE	ENDITURES MADE FROM PERSONAL FUND	s	\$ 28,969,12				
10.	SCHEDULE H: PAYMENT MADE	FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EX	(PENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS	S				
12.	SCHEDULE K: INTEREST, CRED TO FILER	DITS, GAINS, REFUNDS, AND CONTRIBUTIO	INS RETURNED	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	JEARY SCOTT RENFRO		3 Filer ID (Ethics Commission Filers)
Date 5-14-24	 5 Full name of contributor □ out-of-state PAC JAMES BREAT SMITH 6 Contributor address; City; P. 0. BOX 1962 VAN AUSTINE 	7 Amount of contribution (\$) # 300.00	
	ATORNEY GRAYSON CONTY	9 Employer (See Instructi	
Date 5-28-24	Full name of contributor out-of-state PAG BEN F WBUE Contributor address; City; 1171 STARE HWY 289 SHGAMAN	State; Zip Code	Amount of contribution (\$) $\# 100, 00$
Principal occur FARM	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 5-31-24	DONNA PELKEY	C (10#) State; Zip Code 7X 75459	Amount of contribution (\$) $\# 100, 00$
Principal occup RETIN	pation / Job title (See Instructions)	Employer (See Instructi RETIRED	ons)
Date	Full name of contributor out-of-state PAG Contributor address; City;	C (ID#) State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr	uction guide for additional re	porting requirements.

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan	7 Name of lender Out-of-state	⇒ PAC (ID#:)	9 Loan Amount (\$)
ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	1
Description of Col	lateral		ds were deposited into political
		account (See Instruct	ions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
GUARANTOR INFORMATION	18 Guarantor address; City;		
GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions)	State; Zip Code	
GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	19 Amount Guaranteed (\$)
GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions) Name of lender out-of-state	State; Zip Code 21 Employer (See Instructions) PAC (ID#:)	19 Amount Guaranteed (\$) Loan Amount (\$)
GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions) Name of lender out-of-state	State; Zip Code 21 Employer (See Instructions) PAC (ID#:)	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate
GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:) State; Zip Code Employer (See Instructions)	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate Maturity date
GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal func	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate Maturity date
GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal func	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate Maturity date Is were deposited into political ons)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JEARY SCUTT RENTERO		3 Filer ID (Ethic	s Commission Filers)
4 Date 5-30-2024	JENZY SCUTT RENTERO 6 Payee name BILLOW MARKETING UC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$494.12	307 W FM 120	PUTTSBORG	D 7X	75076
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADV&RTISING EXPENSE	FACEBOOK	ADS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate) Officeholder name TATH SCOTT REVERS GRAYS	Office sought ON CONTY COMM	ISSIONER PCT	Office held
Date	Payee name			ter and
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Candidate/Officeholder/Polit Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense gs/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	JERRY SCOTT RENERU		3 Filer ID (Ethics Commission Filers)	
4 Date 5-6-2024	5 Payee name BILLOW MARKETING UC			
6 Amount (\$) 2 300.00 Reimbursement from political contributions intended	7 Payee address; 307 W FM 120	City; 10173Bv2i	State; Zip Code 0 7X 75076	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOUCITATION (c) Check if travel outside of Texas. Complete Schedule T.	VOTER PHONE	G, PHONE CAUNG NUMBERS TX, officeholder living expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JANY SCOTT RENERO GUYSON	Office sought CONTY COMMISS	Office held /www.PG-/	
Date 5-4-2024	Payee name BIUOW MAMKETING UC			
Amount (\$) 314.09 Reimbursement from political contributions intended	Payee address; 307 W FM120	city; Points/Boko	State; Zip Code 7X 750 76	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ALVATISING EXPANSE Check if travel outside of Texas. Complete Schedule T.		FOR CAMPAIGN TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate Officeholder name DH JANY SCOT RENAW (AM	Attice sought YSUN COMITY CO	Office held MIKSI WR PCT /	
Date 5-6-2024	Payee name BILLOW MARKETING UC			
Amount (\$) 540,00 Reimbursement from political contributions intended	Payee address; 307 W FM 120	City; POTTSBORD	State; Zip Code TX 75076	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV 4/LTTSING & KPASE Check if travel outside of Texas. Complete Schedule T.		IO SAGES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate) Officeholder name JUNY SCATT RENAD (LAYS	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D	

Forms provided by Texas Ethics Commission

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	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office O Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing	payment/Reimbursement werhead/Rental Expense Expense Wages/Contract Labor o complete this form.	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	orment & Related Expense
1 Total pages Schedule G:	2 FILER NAME JERRY SCOTT RENFR	Q	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
5-6-2024	BILLOW MARKETING LLC			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	307 W FM 120	POTT SBSa	770	75076
BURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	ADVERTISING EXPENSE	KMAD RAI	NO SPOTS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete ONLY if direct	Candidate? Officeholder name	Office sought		Office held
expenditure to benefit C/OH	JEMY SCOTT REWFRO GRAY	Son county ce	MUBSIONER 1	27/
Date	Payee name			
5-6-2024	BILLOW MARKETTING LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
600, 00 Reimbursement from political contributions intended	307 W FM 120	POTTSBORG		75076
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF	ADVERTISING EXPENSE	KLAK RASI	O SAOTS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct	Candidate Officeholder name	Office sought	,	Office held
expenditure to benefit C/C	DH JERRY SCOTT RENERO GRAY	son canty con	MISSAWAR	Pet 1
Date	Payee name			
5-8-2024	BILLOW MARKETTAG LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
273,00 Reimbursement from political contributions intended	307 W FM 120	POTTSBOR	o TX	75076
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	<u> </u>	
OF	ADVERTISING EXPENSE	DOUR HAN	HRS REOR	DER
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living e	
omplete ONLY if direct	Candidate Officeholder name	CITICE SOUGH		Office held
xpenditure to benefit C/OH	JERRY SCOTT RENTRO GRAYSON	J CONTY COMMI	SSIGNER PG	-1
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	Đ	Revised 1/1/2024
	hics Commission www.ethics.state.tx.			Revised 1/1/2024

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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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 Candidate/Officeholder/Politi Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office O Polling E Printing E Salaries/	Expense Wages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule G:		ME PRY SCOT RE	SFRO		3 Filer ID (Ethic	cs Commission Filers)
4 Date 5-13-2024	5 Payee nar BILLOV	ne J MARKETING	LLC			
6 Amount (\$) 7545,60 Reimbursement from political contributions intended	7 Payee add			city; POTTSBOLL	State;	
8 PURPOSE OF EXPENDITURE	AK VERT	(See Categories listed at the top of thi SINGELARSE Check if travel outside of Texas. Complete		(b) Description KX// & KTEA Check if Austin,	TELEVISIO	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ete / Officeholder name	GRAYSON	COUNTY COUNTY	SSION'SR PCT	Office held
Date 5-14-2024	Payee nam BILLEM	ne J MARKETING LI	LC			
Arnount (\$) /84.03 Reimbursement from political contributions intended	Payee add	dress; J FM 120		city; PUTTSBORD	State; TX	Zip Code 75076
PURPOSE OF EXPENDITURE	ALVERTI	(See Categories listed at the top of thi GMG EXPENSE Check if travel outside of Texas. Complete		Description ELECTION DA	HAND OL TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/(ate / Officeholder name SCOTT RENTRO	GAAYS	Office sought	MISSIONER	Office held
Date 5-14-2024	Payee nan		-C			
Amount (\$) 7871.13 Reimbursement from political contributions intended	Payee add 307	W FM 120		City; POTTSBURO	State; TX	Zip Code 750 76
PURPOSE OF EXPENDITURE	Consul	(See Categories listed at the top of this TTNL EXPENSE Check if travel outside of Texas. Complete			WAGEMENT TX, officeholder living	ADMIN FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate 7 Officeholder name SCOTT RENFAO	,	Office sought? J COUNTY COM	MISSING	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEEDE	ED	

Forms provided by Texas Ethics Commission

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POLITICAL	EXPENDITURES MADE F	ROM	SCHEDULE G	
If the requested information is not applicable, DO NOT include this page in the report.				
Advertising Expense Accounting/Banking Consulting Expense Contributiona/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Offit Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursament ce Overhead/Rental Expanse ling Expanse ning Expanse arter/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Total pages Schedule G:	2 FILER NAME JGRAY SCOTT RENFAC)	3 Filer ID (Ethics Commission Filers)	
Date 5-22-2024	5 Payee name BILLOW MARKETING LLC			
Amount (\$) 2549.90 Pailtical contributions Intended	7 Payee address; 307 W FM 120	City; POTTSBORCO	State; Zip Code 77 75076	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule PANTING EXPENSE (c) Check if travel outside of Texas. Complete Schedule T	RUNOTE A	NAILER , TX, officeholder living expense	
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate POfficeholder name JANY SLOT RENFRO 6/14	Soul COUNTY CON	Office held	
Date 5-22-2024	Payee name BILLOW MARKETNE UC	/		
Amount (\$) 332.10 Reimbursement from political contributions intended	Payee address; 307 W FM 120	City: Ports/BOND	State; Zip Code 7) 25076	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule ADVLATISMG EXAMISE Check if travel outside of Texas. Complete Schedule T		W TEXT /	
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name	Confice sough?	Office held	
Date 522-2024	Payee name BILLOW MARK45ING LLC			
Amount (\$) 254,47 Reimbursement from political contributions intended	Payee address; 307 W FM 120	City: PontSBoto	State; Zip Code 7) 757 7.6	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVANSING SAADSA	FACE BOOK	ADS	
omplete <u>QNLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name JUMY SCOTT RANGAO GMAS	emos sought W COUNSY COMMI	Office held SSIONER PGT /	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED Revised 1/1/2024	
orms provided by Texas Eth			ED Revised 1/1/2024	

Forms provided b	v Texas Ethics	Commissio
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PERSONAL	EXPENDITURES MADE FR FUNDS		SCHEDULE G	
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Consultions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E By Gitt/Awarda/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Mages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME JURY SCOTT RENTRO		3 Filer ID (Ethics Commission Filers)	
4 Dete 5-22-2024	6 Payee name BILLOW MARKETWO LLC	,	I	
6 Amount (\$) 43.87 Reimbursement from political contributions intended	7 Payee address; 307 W FM 120	city: POTTSBollo	State; Zip Code 7X 75076	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PAWAU EXPENSE (c) Check if travel outside of Texas, Complete Schedule T.	· · · · · · · · · · · · · · · · · · ·	HANDOUTS - IN ITIAL ORD &R , TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate Officeholder name	Office sought	Office held USSIGNER POT 1	
Date 5-22-2024	Payee name BILLOW MARKETTNE LLC	,		
Amount (\$) /30,00 Reimbursement from political contributions intended	Payee address; 307 W FM 120	City; POTTSBello	State; Zip Code 7X 25076	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRATING EXPENSE Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate? Officeholder name	Office soughts	Office held MISSIONSR PCT /	
Date 5-30-2024	Payee name Blow MARKEOUS LIC			
Amount (\$) 4826, 11 Reimbursement from political contributions intended	Payee address; 307 W FM 120	City; POTTSBORD	State; Zip Code 7X 750.76	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	JANY SCOTT RENERO GRANSON	V COUNTY COM	Office held MISSIANCE POT	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	

Forms provided by Texas Ethics Commission

PERSONAL	EXPENDITURES MADE FI FUNDS		
	EXPENDITURE CATEGORI		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office Food/Beverage Expense Politr By Gitt/Awarda/Memorials Expense Printi	Repayment/Reimbursement o Verhead/Rental Expense og Expense ing Expense ies/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Totel pages Schedule G:	2 FILER NAME JANY SCOTT RYNTHO		3 Filer ID (Ethics Commission Filers)
Date 5-30-2024	5 Payee name BILLOW MANKETWE UC		<u> </u>
Amount (\$) 5.88 Reimbursement from political contributions intended	7 Payee address; 307 W FM 120	City: POTTSBOLD	State; Zip Code 7X 75076
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate Officeholder name	Office sought	n, TX, officeholder living expense Office held
Date 5-30-2024	Payee name BULOW MARCENG LL		
Amount (\$) 575,58 Reimbursement from political contributions intended	Payee address; 307 W FM 120	City: POTRBO	State; Zip Code 20 7X 75076
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	MASS CAMPA	Now TEXT ELECTION SAY
Complete <u>ONLY</u> If direct expenditure to benefit C/0	Candidate Pofficeholder name DH JANY SCOTT REWAND G	Office sought? NAY SON COUNTY	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	· ·		·· · ·
PURPOSE OF EXPENDITURE	Catalogory (See Categories Issed at the top of this schedule)	Description	
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austir Office sought	n, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED
orms provided by Texas Et	hics Commission www.ethics.state.	bx.us	Revised 1/1/2024

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CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
C/OH	NAME JERRY SCOTT RENERO 2 Filer ID (Ethics Commission Filers)
SIGN	ATURE
design campa	et expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
•• Cor	nplete A & B below <i>only</i> if you are not an officeholder. •• CAMPAIGN FUNDS
-	
Chec	:k only one:
\checkmark	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	ASSETS
Chec	k only one:
\checkmark	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	EHOLDER
•• Com	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	<
	Signature of Officeholder

			OFFICE	USE ONLY
	AFFIDAV CANDIDATE OR O ELECTRONIC FILI	FFICEHOLDER:	Date Received	
	An exemption affidavit must be s	submitted with each paper report.	Date Hand-deliver	ed or Date Postmarked
Beginning on January 1, 2024, a candidate or officeholder who has accepted more than				
\$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.		Receipt #	Amount \$	
			Date Processed	
Filer name JGMA SCO	TT RENFAU	iler ID #	Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the ______ report due on ______. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

	(1) Affidavit
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NOTARY STAMP/SEAL		Signature of Filer
Sworn to and subscribed before me by 20, to certify which, witness my ha		s the day of,
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration My name is <u>TANY</u> SCOTT <u>MENT</u> My address is <u>3924</u> WEUA <u>RD</u> (stre Executed in <u>(MAKON</u> County, S	$\frac{St + 2 + 4 + 4}{\text{(city)}}$ $\frac{15}{\text{(city)}}$ $\frac{15}{\text{(city)}}$	_, <u>770</u> , <u>75090</u> , <u>USA</u> . (state), (zip code), (country)
	EXEMPT FROM THE ELECTRONIC FILIN RED TO FILE CAMPAIGN FINANCE REP	