


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt # Amount \$	
	NICKNAME LAST SUFFIX	Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2020 THROUGH 9 / 24 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	n/a	Hays County Tax Assessor - Collector	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Daphne Tenorio

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

n/a

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 240.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3245.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6572.61

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

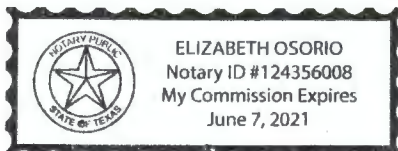
\$ 533.19

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 750.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Daphne Tenorio
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Daphne Tenorio, this the 25th day of September, 2020, to certify which, witness my hand and seal of office.

E. Osorio

Signature of officer administering oath

Elizabeth Osorio

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3245 -
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5597.11
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 975.50
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 8

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

1/8/2020

5 Full name of contributor

Michael & Teresa Tobias

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

221 Oxford

Kyle TX

78640

8 Principal occupation / Job title (See Instructions)

Sheriff Deputy Travis Guntz

9 Employer (See Instructions)

Date

7-23-2020

Full name of contributor

Diane Shanktman

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

331 Cruikside Dr

Buda TX

78610

Principal occupation / Job title (See Instructions)

Psychiatrist

Employer (See Instructions)

Date

7-23-2020

Full name of contributor

Cameron Wilson

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

165 Spring Branch Loop Kyle TX 78640

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

Date

7-23-2020

Full name of contributor

Debora Morris

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1111 Deer Lake Rd Wimberley TX 78666

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 8

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

7/23/2020

5 Full name of contributor

Anita Collins

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

924 W. Hopkins San Marcos TX 78666

\$50.00

8 Principal occupation / Job title (See Instructions)

Screenwriter

9 Employer (See Instructions)

Date

7-23-2020

Full name of contributor

Emma Osorio

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

843 Shadow Creek Blvd Buda TX 78610

\$100.00

Principal occupation / Job title (See Instructions)

APFIS Police Technician

Employer (See Instructions)

Date

7-28-2020

Full name of contributor

William Yarnell Jr

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

12308 Carlsbad Dr Austin TX 78738

\$250.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

8-1-2020

Full name of contributor

Linebarger Grogan Blair & Sampson LLP

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

PO box 17428 Austin TX 78760

\$500.00

Principal occupation / Job title (See Instructions)

law office

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 88

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

8-1-2020

5 Full name of contributor

Regina Gonzalez

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

8003 Briarton

Austin TX 78747

\$50.00

8 Principal occupation / Job title (See Instructions)

Team Lead LRS TX OPS

9 Employer (See Instructions)

Date

8-1-2020

Full name of contributor

Sandra Tenorio

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

373 Tobin Dr Buda TX 78610

\$50.00

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

Date

8-14-2020

Full name of contributor

Guadalupe Carbajal

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

715 Willow Creek Circle San Marcos TX 78666

\$250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-22-2020

Full name of contributor

Rosemary Nelson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

1308 Utterback Kyle TX 78640

\$50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 8

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

8-22-2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lizbeth Dobbins

6 Contributor address;

City;

State;

Zip Code

PO Box 1254

San Marcos TX 78667

7 Amount of contribution (\$)

\$75.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8-22-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Aart & Melissa Milleram

Contributor address;

City;

State;

Zip Code

1111 W Holland St

San Marcos TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-22-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Merle Moden

Contributor address;

City;

State;

Zip Code

1111 Thompson Ranch Rd Wimberley TX

78676

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Date

8-13-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Debra Morris

Contributor address;

City;

State;

Zip Code

1111 Deer Lake Rd Wimberley TX

78676

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 88

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

8-23-2020

5 Full name of contributor

Dina Gonzalez

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

117 Maplewood S Kyle TX 78640

\$50.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

8-23-2020

Rebecca Hatch

Contributor address;

City;

State;

Zip Code

216 Lear Ave Buda TX 78610

\$250.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

9-1-2020

Stella Ventures LLC

Contributor address;

City;

State;

Zip Code

4410 Clawson Rd Austin TX 78746

\$500.00

Principal occupation / Job title (See Instructions)

Construction Co.

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

9-21-2020

Thomas Murray

Contributor address;

City;

State;

Zip Code

180 Casper Cv Kyle TX 78640

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 8

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

7-23-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Diane Castilleja

6 Contributor address;

City;

State;

Zip Code

146 Feathergrass Dr Buck TX 78610

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)

IT Product Support

9 Employer (See Instructions)

Date

7-23-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Linda Coker

Contributor address;

City;

State;

Zip Code

153 Tallow Trail San Marcos TX 78666

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

not employeeed

Employer (See Instructions)

Date

7-23-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Mindy Webber

Contributor address;

City;

State;

Zip Code

102 Cedar Springs Dr Wimberley TX 78676

Amount of contribution (\$)

\$5.00

Principal occupation / Job title (See Instructions)

not employeeed

Employer (See Instructions)

Date

8-1-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Heiko Stang

Contributor address;

City;

State;

Zip Code

300 Turkey Hollow Wimberley TX 78676

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

not employeeed

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 8

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

8-1-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Cecilyn Large - Plasencia

6 Contributor address;

City;

State;

Zip Code

250 Johnny's Way Kyle TX 78640

7 Amount of contribution (\$)

\$10

8 Principal occupation / Job title (See Instructions)

Speech Pathologist

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

8-1-2020

Lori Moya

Contributor address;

City;

State;

Zip Code

158 Tilly Ln Buda TX 78610

\$25.00

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

8-13-2020

Margie Crosby

Contributor address;

City;

State;

Zip Code

1101 Leah Ave #117 San Marcos TX 78666

\$5.00

Principal occupation / Job title (See Instructions)

Young Living Consultant

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

8-13-2020

Sharon Blackhall

Contributor address;

City;

State;

Zip Code

6831 Alamo Pkwy San Antonio TX 78753

\$20

Principal occupation / Job title (See Instructions)

ABA Tri-city Allstars owner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 8

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8-13-2020

Raul Raoul Belleau

6 Contributor address;

City;

State;

Zip Code

291 Brunson Ln Wimberley TX 78676

\$25.00

8 Principal occupation / Job title (See Instructions)

Project Engineer

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8-23-2020

Alicia Acord

Contributor address;

City;

State;

Zip Code

301 Windy Hollow Kyle TX 78640

\$20.00

Principal occupation / Job title (See Instructions)

Program Specialist

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9-6-2020

Lori Moya

Contributor address;

City;

State;

Zip Code

453 Tilly Ln Buda TX 78610

\$25.00

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)																																																																																	
4 Date 7-10-2020		5 Payee name RF Printing Solutions																																																																																			
6 Amount (\$) 1434.31		7 Payee address; City; State; Zip Code 321 W Ben white #102 Austin TX 78704 78704																																																																																			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Signage																																																																																		
	<input type="checkbox"/> (c) 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																																																																													
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date 7-7-2020</td> <td colspan="5">Payee name Amazon</td> </tr> <tr> <td>Amount (\$) 28.12</td> <td colspan="5">Payee address; City; State; Zip Code 410 Terry Ave N Seattle WA 98109</td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;"> PURPOSE OF EXPENDITURE </td> <td colspan="2">Category (See Categories listed at the top of this schedule) Solicitation</td> <td colspan="3">Description thank you cards</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td colspan="3"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="5"></td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table> </td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date 7-21-2020</td> <td colspan="5">Payee name Taylor Hogel TNT Strategies</td> </tr> <tr> <td>Amount (\$) 950.00</td> <td colspan="5">Payee address; City; State; Zip Code 4111 Ave A #107 Austin TX 78751</td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;"> PURPOSE OF EXPENDITURE </td> <td colspan="2">Category (See Categories listed at the top of this schedule) Solicitation</td> <td colspan="3">Description Van Access</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td colspan="3"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="5"></td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table> </td> </tr> </table> </td></tr></table>						Date 7-7-2020	Payee name Amazon					Amount (\$) 28.12	Payee address; City; State; Zip Code 410 Terry Ave N Seattle WA 98109					PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description thank you cards			<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 <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date 7-21-2020</td> <td colspan="5">Payee name Taylor Hogel TNT Strategies</td> </tr> <tr> <td>Amount (\$) 950.00</td> <td colspan="5">Payee address; City; State; Zip Code 4111 Ave A #107 Austin TX 78751</td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;"> PURPOSE OF EXPENDITURE </td> <td colspan="2">Category (See Categories listed at the top of this schedule) Solicitation</td> <td colspan="3">Description Van Access</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. 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Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense								Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Date 7-7-2020	Payee name Amazon																																																																																				
Amount (\$) 28.12	Payee address; City; State; Zip Code 410 Terry Ave N Seattle WA 98109																																																																																				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description thank you cards																																																																																		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense																																																																																		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 7-24-2020		5 Payee name David Duerr			
6 Amount (\$) 200.00		7 Payee address; 1192 Sanders		City; kyle TX	State; 78640
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8-2-2020		Payee name Lowe's			
Amount (\$) 38.93		Payee address; 5753 Kyle Pkwy		City; kyle TX	State; 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description sign supplies		
	<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 8-1-2020		Payee name Zoom			
Amount (\$) 15.99		Payee address; 55 Almaden Blvd 6th fl		City; San Jose	State; CA
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Communication expenses		
	<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)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-3-2020		5 Payee name Super Cheap Signs			
6 Amount (\$) 88.77		7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100 Austin TX 78758			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation		(b) Description Yard sign posts		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-5-2020		Payee name Hays CISD (Hays High School)			
Amount (\$) 175.00		Payee address; City; State; Zip Code 21003 1435 Kyle TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description Football ad		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-9-2020		Payee name Lowie's			
Amount (\$) 16.76		Payee address; City; State; Zip Code 5753 Kyle Pkwy Kyle TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description Signage supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY 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)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-11-2020		5 Payee name Office Depot			
6 Amount (\$) 158.43		7 Payee address; City; State; Zip Code 201 Springtown way San Marcos TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation		(b) Description mailout supplies	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-11-2020		Payee name Office Depot			
Amount (\$) 177.42		Payee address; City; State; Zip Code 201 Springtown way San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation Printing		Description mail out letters	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-12-2020		Payee name Lowe's			
Amount (\$) 22.46		Payee address; City; State; Zip Code 5753 Kyle Pkwy Kyle TX 78640			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation		Description Signage supplies	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-12-2020		5 Payee name Lowe's			
6 Amount (\$) 16.63		7 Payee address; City; State; Zip Code 5753 Kyle Pkwy Kyle TX 78640			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation		(b) Description Signage supplies		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-12-2020		Payee name Lowe's			
Amount (\$) 62.46		Payee address; City; State; Zip Code 5753 Kyle Pkwy Kyle TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description Signage supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-15-2020		Payee name Hays County Food Bank			
Amount (\$) 20.00		Payee address; City; State; Zip Code 220 Herndon St San Marcos TX 78666			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by Candidate		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY 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)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-17-2020		5 Payee name Centro Cultural			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 211 Lee St San Marcos TX 78667			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		Contributions by Candidate			
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/23/2020		Payee name Amazon			
Amount (\$) 27.82		Payee address; City; State; Zip Code 410 Terry Ave N Seattle WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Solicitation		thank you cards	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-19-2020		Payee name Facebook			
Amount (\$) 28.24		Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Solicitation		Boosted Ads	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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)

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
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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 Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-22-2020		5 Payee name Super Cheap Signs			
6 Amount (\$) 79.89		7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100 Austin TX 78758			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation		(b) Description yard sign stakes		
	(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				
Date 8-23-2020		Payee name Vistaprint			
Amount (\$) 308.08		Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451 Hudsonweg 8 Kenton, The Netherlands 59286W			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Printing		Description handbills		
	<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				
Date 8-28-2020		Payee name Facebook			
Amount (\$) 71.76		Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description Boosted Ads		
	<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				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-30-2020		5 Payee name Marie Drosche			
6 Amount (\$) 80.00		7 Payee address; City; State; Zip Code 1506 S. IH35 #1812 San Marcos TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract labor		(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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 8-30-20		Payee name Lizette Gonzalez			
Amount (\$) 90.00		Payee address; City; State; Zip Code 109 Craddock Ave #106 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract labor		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 8-30-2020		Payee name Alison Castillo			
Amount (\$) 50.00		Payee address; City; State; Zip Code 109 Craddock Ave #106 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract labor		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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 9-4-2020		5 Payee name Facebook			
6 Amount (\$) 52.20		7 Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation		(b) Description Boosted Ads		
	<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					
Date 9-3-2020		Payee name Vistaprint			
Amount (\$) 416.08		Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Printing		Description hand bills		
	<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					
Date 8-31-2020		Payee name Low's			
Amount (\$) 341.47		Payee address; City; State; Zip Code 5753 Kyle Pkwy Kyle TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description Signage supplies		
	<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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenzio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-31-2020		5 Payee name Facebook			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation		(b) Description Boosted ads	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-9-20		Payee name Printing Solutions			
Amount (\$) 146.53		Payee address; City; State; Zip Code 321 W. Ben White #102 Austin TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing expenses		Description Signage	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-9-2020		Payee name Ellen Braverman			
Amount (\$) 50.00		Payee address; City; State; Zip Code 106 Wild Plum San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation		Description Postage	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 7-26-2020		5 Payee name Act Blue			
6 Amount (\$) 20.00		7 Payee address; City; State; Zip Code PO Box 441146 Somerville MA 02144-0031			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description CC Processing		
	(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 8-9-2020		Payee name Act Blue			
Amount (\$) 2.57		Payee address; City; State; Zip Code PO Box 441146 Somerville MA 02144-0031			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description CC Processing		
	<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 8-16-2020		Payee name Act Blue			
Amount (\$) 16.61		Payee address; City; State; Zip Code PO Box 441146 Somerville MA 02144-0031			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description CC Processing		
	<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)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-30-2020		5 Payee name ACT Blue			
6 Amount (\$) 0.99		7 Payee address; City; State; Zip Code PO Box 441146 Somerville MA 02144-0031			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description CC Processing		
	(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 9-6-2020		Payee name Act Blue			
Amount (\$) 3.95		Payee address; City; State; Zip Code PO Box 441146 Somerville MA 02144-0031			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description CC Processing		
	<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 9-23-2020		Payee name Cut Card Stock			
Amount (\$) \$347.50		Payee address; City; State; Zip Code 993 N State Rd #149, Ste Valparaiso IN 46385			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description envelopes		
	<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 PERSONAL FUNDS

SCHEDULE G

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 Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 8-14-2020		5 Payee name USPS			
6 Amount (\$) 11.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 555 Rebel Dr		City; Kyle TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation		(b) Description Postage	
		(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 9-4-2020		Payee name Office Depot			
Amount (\$) 174.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 201 Springtown Way		City; San Marcos TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		Description handbills	
		<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 9-6-2020		Payee name Alison Castillo			
Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; # 109 Craddock Ave #106		City; San Marcos TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 9-6-2020		5 Payee name Lizette Gonzalez			
6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 109 Craddock Ave #106 San Marcos TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract labor		(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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-6-2020		Payee name Marie Drosche			
Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1506 S IH35 #1812 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract labor		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-6-2020		Payee name TNT Strategies			
Amount (\$) 420.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4111 Ave A #107 Austin TX 78751			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling expenses		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 9-13-2020		5 Payee name Marie Drosche			
6 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1506 S IH35 # 1812 San Marcos TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract labor		(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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

Date 9-13-2020		Payee name Lizette Gonzalez			
Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 109 Craddock Ave #106 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract labor		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 9-13-2020		Payee name Alison Castillo			
Amount (\$) 70.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 109 Craddock Ave #106 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract labor		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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