

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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Daphne		OFFICE USE ONLY Date Received RECEIVED OCT 26 2020 001 20 2020
	NICKNAME LAST SUFFIX Tenorio		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1601 Orion Cu Kyle TX 78640		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 293 0966		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Cindy		Receipt #
	NICKNAME LAST SUFFIX Arrendondo		Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9041 Stagecoach Trail San Marcos TX 78666		Date Processed
	AREA CODE PHONE NUMBER EXTENSION (512) 665-0785		Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 Month Day Year 9 / 25 / 2020 THROUGH 10 / 24 / 2020		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 3 / 2020 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) n/a	13 OFFICE SOUGHT (if known) 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

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

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)

\$ 0

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

\$ 1060.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4489.36

CONTRIBUTION
BALANCE

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

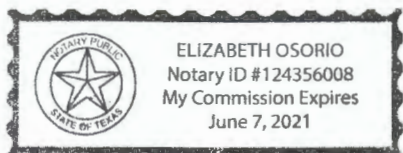
\$ 26.87

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 October day of 25th October 2020, to certify which, witness my hand and seal of office.

Elizabeth 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

Daphne Tenorio

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1060.00
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	\$ 1279.50
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	\$ 3209.86
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 3

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/20

5 Full name of contributor

James Summers

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

319 Rachel St San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

Auditor

9 Employer (See Instructions)

Date

9/28/20

Full name of contributor

Eulema Barba

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100 -

Contributor address;

City;

State;

Zip Code

415 Sun Bonnet Dr Buda TX 78610

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Date

9/27/20

Full name of contributor

Hays Co. Women's Political Caucus PAC

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

108 Camero Way San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/20

Full name of contributor

Terence McCabe

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

1315 Alamo St San Marcos 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 3

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/20

5 Full name of contributor

Mary Espinoza

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

239 Blanco Dr Wimberley TX 78676

8 Principal occupation / Job title (See Instructions)

Not employed

9 Employer (See Instructions)

Date

9/28/20

Full name of contributor

Clementine Carru

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

305 Oak Ridge San Marcos TX 78666

\$100.00

Principal occupation / Job title (See Instructions)

School Board Trustee

Employer (See Instructions)

Date

10/4/20

Full name of contributor

Lori Moya

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

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

10/4/20

Full name of contributor

Lloyd Dossett

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

PO Box 5843 Austin TX 78763

\$200.00

Principal occupation / Job title (See Instructions)

Congressman

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 3

2 FILER NAME

Daphne Tenorio

3 Filer ID (Ethics Commission Filers)

4 Date

10-20-20

5 Full name of contributor

Anna Cortez

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

11708 Gold Run Ct Manor TX 78653

\$80.00

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Date

10-15-20

Full name of contributor

Diane Hervol

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1528 Amberwood LP Kyle TX 78640

\$100.00

Principal occupation / Job title (See Instructions)

Administrative

Employer (See Instructions)

Date

10-23-20

Full name of contributor

Alicia Dawila

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

349 Spillway Dr Wylie TX 78640

\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-23-20

Full name of contributor

Mindy Webber

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

102 Cedar Springs Dr Wimberly TX 78676

\$10.00

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: 1 of 4		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 9-27-20		5 Payee name Lowes			
6 Amount (\$) 4.09		7 Payee address; 5753 Kyle Pkwy		City; Kyle TX	State; 78640
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Sign 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9-30-20		Payee name Facebook			
Amount (\$) 203.11		Payee address; 1601 Willow Rd		City; Menlo Park CA	State; 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		Candidate / Officeholder name		Office sought	Office held
Date 10-1-20		Payee name USPS			
Amount (\$) 275.00		Payee address; 555 Rebel Rd		City; Kyle TX	State; 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 of 4		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 10-3-20		5 Payee name Office Depot			
6 Amount (\$) 172.10		7 Payee address; 201 Springtown Way		City; San Marcos TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Printing 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-5-20		Payee name USPS			
Amount (\$) 550.00		Payee address; 555 Rebel Rd		City; Kyle TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-9-20		Payee name Lowe's			
Amount (\$) 4.09		Payee address; 5753 Kyle Pkwy		City; Kyle TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description SSA 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	

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: 3 of 4		2 FILER NAME: Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date: 9-29-20		5 Payee name: Act Blue			
6 Amount (\$): \$5.93		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)		(b) Description		
	bus		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: 9-27-20		Payee name: Act Blue			
Amount (\$): \$5.99		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)		Description		
	bus		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: 10-11-20		Payee name: Lowe's			
Amount (\$): 59.84		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)		Description		
	Advertising		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	

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: 4 of 4		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 10-20-20		5 Payee name Act Blue			
6 Amount (\$) \$3.16		7 Payee address; City; State; Zip Code PO Box 44146 Somerville Ma 02144-0051			
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				
Date 10-18-20		Payee name Act Blue			
Amount (\$) \$1.19		Payee address; City; State; Zip Code PO Box 44146 Somerville MA 02144-0051			
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				
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1 of 5		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 10-3-20		5 Payee name Vunmo			
6 Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2211 N. 1 st St San Jose CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other Contract Labor: Phonebank		(b) Description A. Castillo	
		(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 10-4-20		Payee name Vunmo			
Amount (\$) \$170.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2211 N. 1 st St. San Jose CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other Contract Labor: Phonebank		Description L. Gonzalez	
		<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 10-4-20		Payee name Vunmo			
Amount (\$) \$90.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2211 N. 1 st St San Jose CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other Contract Labor: Phonebank		Description A. Castillo	
		<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 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: <div style="font-size: 1.5em;">2 of 5</div>	2 FILER NAME <div style="font-size: 1.2em;">Daphne Tenorio</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">10-4-20</div>	5 Payee name <div style="font-size: 1.2em;">Vunmo</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$60.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2211 N. 15th St. San Jose CA 95131</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Other Contract labor: Phonebank M. Drosche</div>	
	(b) Description <div style="font-size: 1.2em;">Contract labor: Phonebank M. Drosche</div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date <div style="font-size: 1.2em;">10-6-20</div>	Payee name <div style="font-size: 1.2em;">USPS</div>	
Amount (\$) <div style="font-size: 1.2em;">\$220.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">555 Rebel Rd Kyle TX 78640</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising</div>	
	Description <div style="font-size: 1.2em;">Postage</div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date <div style="font-size: 1.2em;">10-8-20</div>	Payee name <div style="font-size: 1.2em;">USPS</div>	
Amount (\$) <div style="font-size: 1.2em;">\$165.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">555 Rebel Rd Kyle TX 78640</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising</div>	
	Description <div style="font-size: 1.2em;">Postage</div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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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: 3 of 5		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 10-9-20		5 Payee name USPS			
6 Amount (\$) \$165		7 Payee address; City; State; Zip Code 555 Rebel Rd Kyle TX 78640			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Postage	
		<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 10-11-20		Payee name Lowe's			
Amount (\$) 59.84		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-12-20		Payee name Printing Solutions			
Amount (\$) 1978.62		Payee address; City; State; Zip Code 821 W. Ben White #102 Austin TX 78704			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Signs / shirts	
		<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: 4 of 5		2 FILER NAME Daphne Tenorio		3 Filer ID (Ethics Commission Filers)	
4 Date 10-12-20		5 Payee name Venmo			
6 Amount (\$) \$60- <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2211 N. 1st San Jose CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other Contract labor: Phonebank		(b) Description L. Gonzalez	
		(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 10-12-20		Payee name Venmo			
Amount (\$) \$48- <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2211 W. 1st San Jose CA 95131			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other Contract labor: Phonebank		(b) Description M. Prosch	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10-12-20		Payee name Venmo			
Amount (\$) \$50- <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2211 W. 1st San Jose CA 95131			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other Contract labor: Phonebank		(b) Description A. Castiño	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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: <div style="font-size: 1.5em;">5 of 5</div>	2 FILER NAME <div style="font-size: 1.2em;">Daphne Tenorio</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">10-15-20</div>	5 Payee name <div style="font-size: 1.2em;">Facebook</div>	
6 Amount (\$) <div style="font-size: 1.2em;">181.24</div> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1601 W. How Rd Menlo Park CA 94025</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising</div>	
	(b) Description <div style="font-size: 1.2em;">Boosted Ads</div>	
(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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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	
<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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	
<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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