		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME		Daphne		OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE; ZIP CODE	RECEIVED OCT 31 2022
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (S12)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME		Laurie Lutrell	Mi SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	10.00	NO PO BOX PLEASE); APT / S	Kyle X 1864	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 95 567-	EXTENSION.	_
9 REPORT TYPE	January 15	30th day before e		 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year 130/22	Month THROUGH	Day Year 129 / 22
11 ELECTION	ELECTION DA Month Day	Year Primary Year General	Description	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known	The surry
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CENOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRU	ACCEPTED OR POLITICAL EXPENDITURES N IS MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		GO TO	PAGE 2	

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME). Tenorio 16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 40 00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 20.00
	4. TOTAL POLITICAL EXPENDITURES	\$ B
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co quired to be reported by me under Title 15, Election Code.	
	Signature of Candidate	or Official dar
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	_ day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati		
My name is Dapha	e Tenoria , and my date of birth is Oct.	16,1972
My address is <u>122</u>	Arapaho Dr kyle Dr.	78640 USA
Executed in Haus	(street) (city) (state) County, State of <u>Texas</u> , on the <u>31</u> day of <u>Dct</u>	(zip code) (country)
Executed III FILLY 3	County, state of, on the day of (month)	(year)
	Signature of Candidate/Offic	ceholder (Declarant)
	0	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME D. TENOTO	20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	9	\$ 520 -
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

8 1

т	he Instruction Guide explains how	1 Total pages Schedule A1:		
Dall	ine Tunorio			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor 4 Johnson 6 Contributor address; 1948 Gibral far Dr coupation / Job title (See Instructions)	Sun Mar	State; Zip Code	7 Amount of contribution (\$) 500.000
ielf			-	
Date	Full name of contributor			Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PA		AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruc	tions)

Forms provided by Texas Ethics Commission

Г