

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>  </u> FIRST <u>  </u> MI <u>  </u> NICKNAME <u>  </u> LAST <u>  </u> SUFFIX <u>  </u>	<b>OFFICE USE ONLY</b>  Date Received  <u>10/6/2020 JJA</u>  Date Hand-delivered or Date Postmarked  Receipt # <span style="float:right">Amount \$</span>  Date Processed  Date Imaged	
	<u>(Linda)</u> <u>TENORIO</u>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. BOX 48 Kyle TX 78640</u> <u>100 TENORIO St. Kyle, TX</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(512) 791 3521</u> <u>      </u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>  </u> FIRST <u>  </u> MI <u>  </u> NICKNAME <u>  </u> LAST <u>  </u> SUFFIX <u>  </u>		
	<u>Adrian</u> <u>TENORIO</u>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>101 TENORIO St Kyle TX 78640</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(830) 299 0262</u> <u>      </u>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year <u>08 14 / 2020</u> THROUGH <u>10 / 05 / 2020</u>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <u>NOV 3rd 2020</u> <del>08 14 / 20</del>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>None</u>	<b>13 OFFICE SOUGHT (if known)</b> <u>Candidate for Mayor of Kyle</u>	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Erlinda Tenorio 15 Filer ID (Ethics Commission Filers)

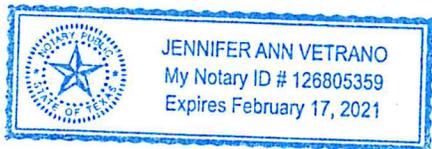
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> Additional Pages	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1300. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1040.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 259.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 AFFIDAVIT



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

Erlinda Tenorio  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erlinda Tenorio, this the 10<sup>th</sup> day of October, 2020, to certify which, witness my hand and seal of office.

Jennifer Ann Vetrano  
Signature of officer administering oath

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME EnLinda Tenorio		3 Filer ID (Ethics Commission Filers)
4 Date 9-23-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Slover	7 Amount of contribution (\$) \$150. <sup>00</sup>
6 Contributor address; City; State; Zip Code Dripping Spring TX - 78644		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-23-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger & Sampson	Amount of contribution (\$) \$250. <sup>00</sup>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>ENLINDA TENORIO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9-1-2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Estella Andersen</b>	7 Amount of contribution (\$) <b>\$ 500.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>310 Primrose Kyle TX 78640</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9-1-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DYA Campos</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>202 Hitching Post Kyle TX 78640</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-10-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHARON COZAD</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>108 S. NANCE Kyle TX 78640</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-10-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSIE CARTER</b>	Amount of contribution (\$) <b>\$ 50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>121 Yeist mill Rd - Kyle TX 78640</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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