CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Sandra Te	norio	16 ACCOUNT # (Ethics Commission Filers)				
17 NOTICE FROM POLITICAL	candidate / officehole	otice of political contributions accepted or political expenditures made der. These expenditures may have been made without the candidate's beholders are required to report this information only if they receive not	or officeholder's knowledge or consent.				
COMMITTEE(S)	COMMITTEE TYPE						
	GENERAL SPECIFIC	COMMITTEE ADDRESS					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
18 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI					
	\$ 2572.00						
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$				
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ 1619.50				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$				
19 AFFIDAVIT NINA M. ROTANTALINA O7-02-	OJEDA TATE TEUS -2011	is true and correct and includes all me under Title 15 Election Code.	perjury, that the accompanying report information required to be reported by				
AFFIX NOTARY STAME		Small Tomorio	, this the <u>Jh</u> day				
of April ,2 Nina M	0 <u>09</u> , to cer	tify which, witness my hand and seal of office. Nina M. DiedA	Notary Public				
Signature of officer ad	ministering oath	Printed name of officer administering oath	itle of officer administering oath				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY					
NAME	Sandra NICKNAME LAST	SUFFIX	· Date Received					
	Tenorio		1					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	373 Tobin Dr., Buda, TX	78610	Date Hand-delivered or Date Postmarked					
			-					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 423-2470	EXTENSION	Receipt # Amount					
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed					
TREASURER NAME	Date Imaged							
	Ruge							
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	ZIP CODE					
TREASURER ADDRESS (Residence or business)	302 N. Cedar St., Buda, TX 78610							
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 312-4145							
9 REPORTTYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)							
	July 15 Bth day before election Exceeded \$500 limit Final report (Attach C/OH - FR)							
10 PERIOD COVERED	Month Day Year THRO	Month Day UGH 4 09	Year 09					
11 ELECTION	ELECTION DATE Month Day Year 5 / 09 / 09 Primary	PE Runoff	General Special					
12 OFFICE	OFFICE HELD (if any) Buda City Council, Pl. 3 Buda City Council, Pl. 3							
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior concampaign expenditures are required to disclose this information only if they receive notification of the direct campaign expenditures are required to disclose this information only if they receive notification of the direct campaign expenditures made by others without the candidate's prior concampaign expenditures are campaign expenditures made by others without the candidate's prior concampaign expenditures are campaign expenditures made by others without the candidate's prior concampaign expenditures are campaign expenditures. **Name**								
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code						
GO TO PAGE 2								

(512) 463-5800

SCHEDULE A POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME Sandra Tenorio In-kind contribution 7 Amount of Date 5 Full name of contributor out-of-state PAC (ID#: description (if applicable) contribution (\$) 50.00 3/23/09 Herbert Evans 6 Contributor address; City: State; Zip Code Austin, Texas (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (iD#: Full name of contributor Date description (if applicable) contribution (\$) 100.00 Bob Barton Contributor address; 3/23/09 City; State; Zip Code Kyle, Texas (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of contributor out-of-state PAC (10#. description (if applicable) contribution (\$) Kathy Morris 100.00 3/23/09 Contributor address: City; State; Zip Code San Marcos, TX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#; Date description (if applicable) contribution (\$) 100.00 3/23/09 Gloria Aleman City; State; Zip Code Contributor address; Austin, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#: Date description (if applicable) contribution (\$) 100.00 Emma Barrientos 3/23/09 Contributor address: City; State; Zip Code Austin, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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(512) 463-5800

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS							
The Instructio	n Guide explains how to complete this form.	1 Total pages Schedule A: 4					
2 FILER NAMI	≡ Sandra Tenorio	3 ACCOUNT # (Ethics Commission filers)					
	Sandra Tenorito		7 Amount of	8 In-kind contribution			
4 Date	5 Full name of contributor)	contribution (\$)	description (if applicable)			
3/23/09	Nora Linares-Moeller 6 Contributor address; City; State; Zip Code		.200.00	 			
	Wimberley, TX		(If travel outside o	of Texas, complete Schedule T)			
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)			
3/23/09	Todd & Elizabeth Ruge Contributor address; City; State; Zip Code		50.00				
	Buda, TX	Employer (See I		of Texas, complete Schedule T)			
Principal occul	pation / Job title (See Instructions)	Employer (dec i					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)			
3/23/09	Lila Knight Contributor address; City; State; Zip Code		250.00	 			
	Kyle, TX		(If travel outside of Texas, complete Schedule T)				
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)				
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)			
3/23/09	David Patterson Contributor address; City; State; Zip Code		50.00	! 			
	Buda, TX		(If travel outside	of Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See					
Date .	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)			
3/23/09	. Sýlvia Camarillo Brittain Contributor address; City; State; Zip Code		50.00				
	Austin, TX		(If travel outside	of Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)					
If c	ATTACH ADDITIONAL COPIE ontributor is out-of-state PAC, please see inst			requirements.			

Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission P.O. Box 12070 SCHEDULE A POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME Sandra Tenorio 7 Amount of In-kind contribution 5 Full name of contributor out-of-state PAC (ID#. Date description (if applicable) contribution (\$) Georgie Cunningham 3/23/09 50.00 6 Contributor address; City; State; Zip Code Buda, TX (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#: Full name of contributor Date description (if applicable) contribution (\$) Douglas Bell Contributor address; 3/25/09 City; State; Zip Code 50.00 Austin, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of contributor out-of-state PAC (ID#. description (if applicable) contribution (\$) Crystal Smith 4/1/09 250.00 Contributor address; City; State; Zip Code Kyle, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of contributor ut-of-state PAC (ID#: description (if applicable) contribution (\$) 50.00 4/2/09 Aurora Sanchez City; State; Zip Code Contributor address; Austin, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor ut-of-state PAC (ID#:_ Date description (if applicable) contribution (5) Mrs. M.T. McCormick 4/2/09 50.00 Contributor address: City; State; Zip Code Buda, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Гeх	as Ethics Co	ommission	P.O. Box 12	2070	Austin,	Texas	78711-2070	(512) 463-	5800	1-800-325-8506
			ONTRIBU PLEDGE			ANS			S	CHEDULE A
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2	FILER NAME Sandra Tenorio							3 ACCOUNT # (Ethics Commission filers)		
4	Date	5 Full name	e of contributor	out-o	of-state PAC (ID)	t	,	7 Amount of contribution (\$)	, -	kind contribution iption (if applicable)
	4/3/09	Ka 6 Contribut	ra Bishop oraddress; Ci	 ity; Sta	 ite; Zip Co	 ode		50.00		
		Ку	le, TX					(If travel outside	 of Texas,	complete Schedule T)
9	Principal occu	ipation / Job t	itle (See Instruction	ons)		10	Employer (See			
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	Date .	Full nam	e of contributor	C out-	of-state PAC (ID	# <u> </u>		Amount of contribution (\$)		n-kind contribution cription (if applicable)
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

SCHEDULE F POLITICAL EXPENDITURES Total pages Schedule F: 2 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME Sandra Tenorio Amount 5 Payee name Date 80.00 4/1/09 Full Moon Design Group City; State; Zip Code 6 Payee address; Austin, TX · Complete if direct expenditure to benefit C/OH · · 8 Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name Office sought required.) Graphic Design (If travel outside of Texas, complete Schedule T) Amount Payee name Worley Printing Pavee address: City: State: Zip Code 613.24 3/28/09 Austin, TX · Complete if direct expenditure to benefit C/OH · Purpose of payment (See instructions regarding type of information Office held required.) Candidate / Officeholder name Signs (If travel outside of Texas, complete Schedule T) Amount Date Payee name (\$) 78.76 Xpedx Paper & Graphics. 4/1/09 City; State; Zip Code Payee address; Austin, TX Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Office held Office sought required.) Candidate / Officeholder name Suppliès (If travel outside of Texas, complete Schedule T) Amount Payee name Date (\$) U.S. Postal Service 121.50 4/3/09 City; State; Zip Code Payee address; Buda, TX Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name Office sought required.) $\begin{tabular}{ll} Postage \\ \end{tabular} \begin{tabular}{ll} (If travel outside of Texas, complete Schedule T) \\ \end{tabular}$ ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIC	SCHEDULE F				
The Instruct	ion Guide explains how to complete this form.	1	Total pages Schedule F:		
2 FILER NAME	Sandra Tenorio	3 /	ACCOUNT # (Ethics Commission filers)		
4 Date	5 Payee name		7 Amount		
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	Buda, TX				
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