FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 ACCOUNT # (Ethics Commission filers) 2 PAGE# The C/OH INSTRUCTION GUIDE explains how to complete this form. 1 of 66 00005000 CANDIDATE / MS/MRS/MR FIRST М OFFICE USE ONLY **OFFICEHOLDER** Ms. Kathryne Хd NAME Date Received NICKNAME LAST SUFFIX Kathie Τονο 3 ADDRESS / PO BOX: CANDIDATE / APT / SUITE #: CITY; STATE; ZIP CODE OFFICEHOLDER 809 W 32nd Street Austin, TX 78705 MAILING **ADDRESS** Date Hand-delivered or Date Postmarked Change of Address Receipt # Amount FIRST MS/MRS/MR **CAMPAIGN** Date Processed Mr. Joseph TREASURER NAME Date Imaged LAST Pinnelli SUFFIX NICKNAME STREET ADDRESS (NO PO BOX PLEASE), ZIP CODE CAMPAIGN **TREASURER** P.O. Box 50038 **ADDRESS** Austin, TX 78763 (Residence or business) PHONE NUMBER EXTENSION AREA CODE CAMPAIGN TREASURER (512) 478-5958 PHONE 8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) July 15 PERIOD Month Day Year Month Day Year THROUGH COVERED 03/10/2011 04/04/2011 ELECTION DATE 10 ELECTION **ELECTION TYPE** Day X General Primary Runoff Special 05/14/2011 OFFICE SOUGHT (if known) City Council Place 3 OFFICE HELD (if any) 11 OFFICE 13 NOTICE · Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE** Name BY OTHER **INDIVIDUALS** Address/PO Box; Zip Code Apt. / Suite #; City; additional pages **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPO	RT:
SUPPORT & TOTALS	

FORM C/OH

SUPPORT &	TOTALS		Cover	SHEET PG 2
14 C/OH NAME Tovo	, Kathryne (Ms.)		15 ACCOUNT # (00005000	Ethics Commission filers)
16 NOTICE FROM	1 have been made without the editedate of childeriologic of the mode of consent, editedates and of			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS	. <u></u>	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS), UNLESS ITEMIZED	\$	20.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	44,885.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL F	POLITICAL EXPENDITURES	\$	14,528.13
CONTRIBUTION BALANCE	l .	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	70,489.77
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	40,000.00
18 AFFIDAVIT		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information require	. ,
	NEAL PHILLIP Notary Public, State of Te My Commission Expirer JUNE 22, 201	S pixas 3	B Jacob Candidate of Officehold	er
	STAMP / SEAL ABOV	NBP	t	
		ne said <u>Katherine B Tovo</u> tify which, witness my hand and seal of office.	, this the	day
Wal plife.		NEAL PHILLIPS	FSR, Public 1	
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer admini	stering oath

VINER	THAN PLEDGES OR LOAD			
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/9	51 Report: 3/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/28/2011	6 Contributor address; City; State; Zip Code 1607 Kerr Street Austin, TX 78704		\$350.00	
				Texas, complete Schedule T)
9 Principal occup Owner	pation / Job title (See Instructions)	10 Employer (See In Bicycle Sport Sl		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 1607 Kerr St. Austin, TX 78704		\$350.00	
			l :	Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See In Bicycle Sport SI		
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741		\$10.00	
			<u></u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2011 Contributor address; City; State; Zip Code 3005 Whiteway Dr Austin, TX 78757			\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Consultant	Lation / Job title (See Instructions)	Employer (See Ins Self	<u> </u>	TOAKS, COMPLETE CONCERN TO
Date	Full name of contributor ut-of-state PAC (ID# Anderson, Sheila (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2011	Contributor address; City; State; Zip Code 3005 Whiteway Dr Austin, TX 78757		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Professor/Co	nation / Job title (See Instructions) nsultant	Employer (See Ins St. Edwards		

OTHER THAN FLEDGES ON LOANS					
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5	51 Report: 4/66	
2 FILER NAME	LER NAME Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID#) Anderson-Ewing, Kristy (Ms.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/26/2011	6 Contributor address; City; State; Zip Code 1008 S. 5th St. Austin, TX 78704		\$50.00	 	
			(if travel outside of	Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/31/2011	Contributor address; City; State; Zip Code 526 Surf Oaks Dr. Seabrook, TX 77586	, , , , , , , , ,	\$350.00	 	
		Faceton (October	l	Texas, complete Schedule T)	
Principal occu *Book Autho	pation / Job title (See Instructions) r/Editor	Employer (See In: Self	structions)		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/04/2011	Contributor address; City; State; Zip Code 911 Daniel Dr. Austin, TX 78704	, , . , . , . , . , , , ,	\$100.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	i	
Date	Full name of contributor ut-of-state PAC (ID# Atherton, Lorraine (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/12/2011	Contributor address; City; State; Zip Code 2009 Arpdale Austin, TX 78704		\$300.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occuş **Copy Edito	pation / Job title (See Instructions)	Employer (See Ins Self		, , , , , , , , , , , , , , , , , , ,	
Date	Full name of contributor ut-of-state PAC (ID# Bailey, Heather (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/04/2011	Contributor address; City; State; Zip Code 1500 Raleigh Ave Austin, TX 78703		\$100.00 		
			(If traval autoids - * 1	Toyon complete Cahadula 70	
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)	
i imupai occul	AZECT. SAS THE (COS MANUALISM)	Employor (ood inc	3000110 _/		

P.O.Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 3/51 Report: 5/66 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 5 Full name of contributor □ out-of-state PAC (ID# Date In-kind contribution Amount of contribution (\$) description (if applicable) Balaka, Gerald (Mr.) 6 Contributor address; City; State; Zip Code 04/04/2011 \$50.00 1800 W 34th St Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#___ Amount of In-kind contribution contribution (\$) description (if applicable) Basciano, Joyce (Ms.) 03/23/2011 Contributor address: City; State; Zip Code \$25.00 1907 W 34th St. Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Amount of contribution (\$) description (if applicable) Bello, John (Mr.) 04/04/2011 Contributor address; City; State; Zip Code \$25.00 1804 W 37th Austin, TX 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Blakeslee, Lynda (Ms.) Contributor address; City; State; Zip Code 04/04/2011 \$350.00 2814 Inridge Dr. Austin, TX 78745 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) *Manager Central Health In-kind contribution Date Amount of description (if applicable) contribution (\$) Blythe, Sharon (Ms.) 03/19/2011 Contributor address; City; State; Zip Code \$100.00 9206 Brigadoon Cove Austin, TX 78750 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) CPA

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/	51 Report: 6/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/02/2011	6 Contributor address; City; State; Zip Code 9206 Brigadoon Cove Austin, TX 78750		\$100.00	
				l_ <u>`</u>	Texas, complete Schedule T)
9	Principal occup CPA	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2011	Contributor address; City; State; Zip Code 1106 W 22 1/2 St Austin, TX 78705		\$100.00	
					Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011 Contributor address; City; State; Zip Code 3908 Glasgow Dr. Austin, TX 78749		\$25.00	1 } 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Brown, Sharon (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011 Contributor address; City; State; Zip Code 4213 Ave. F Austin, TX 78751		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/30/2011	Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704		\$350.00	! ! !
			1	(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins Save Our Spring		

Te	xas Ethics Con	nmission P.O.Box 12070 Austin	Texas 78711-2070	(512)46	53-5800	TDD 1-800-735-2
		CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHI	EDULE A
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/	51 Report: 7.	/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Comr	mission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (IDe Burkhardt, William (Mr.)	#)	7 Amount of contribution (\$)		contribution on (if applicable)
	04/04/2011	6 Contributor address; City; State; Zip Code 802 Christopher St. Austin, TX 78704		\$150.00	 	
				(If travel outside of	Texas, complet	le Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	¥)	Amount of contribution (\$)		l contribution on (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 108 W 33rd St Austin, TX 78705		\$50.00	 	Ī
ł				(If travel outside of	Texas, complet	ie Schedule T) 🔲
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Buttrey, Sarah (Ms.)	/)	Amount of contribution (\$)		d contribution on (if applicable)
	03/22/2011	Contributor address; City; State; Zip Code 902 W 31st Austin, TX 78705		\$100.00	 	
				(If travel outside of	Texas, complet	te Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Butts, David (Mr.)	f)	Amount of contribution (\$)		contribution (if applicable)
	03/28/2011	Contributor address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723		\$350.00	l 	
				(If travel outside of	Texas complet	re Schedule T)
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins Self	<u></u>		
	Date	Full name of contributor	()	Amount of contribution (\$)		contribution on (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 1415 Newning Ave Austin, TX 78704		\$100.00	 	i
		TOOMING TATOTOT			ı	
				(If travel outside of	Texas, complet	e Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
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OTHER	THAN PLEDGES OR LOA			
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 6/9	51 Report: 8/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8
03/12/2011	6 Contributor address; City; State; Zip Code 1201 Woodland Ave Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup *Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code		\$35.00	
***	Austin, TX 78705			Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/11/2011	Contributor address; City; State; Zip Code 606 South 3rd St Austin, TX 78704	,	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2011	Contributor address; City; State; Zip Code 605 W Johanna St. Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/11/2011	Contributor address; City; State; Zip Code 300 Academy Austin, TX 78704		\$350.00	[
· ·			(If travel outside of	Texas, complete Schedule T)
Principal occup *Owner/Mana	ation / Job title (See Instructions) ger	Employer (See Ins Kimber Modern	structions)	

OTHE	TITAN PLEDGES OR LOAD			
The Instruct	TION GUIDE explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE# Schedule: 7/9	51 Report: 9/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Chavez, Dora (Ms.)	#)	7 Amount of contribution (\$)	8
03/30/2011	6 Contributor address; City; State; Zip Code P.O. Box 13141 Austin, TX 78711		\$350.00	
			<u> </u>	Texas, complete Schedule T)
9 Principal occu Model	upation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 1413 Newton St Austin, TX 78704		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/11/2011	Contributor address; City; State; Zip Code 200 The Circle Austin, TX 78704		\$350.00	l } }
			(If travel outside of	Texas, complete Schedule T)
Principal occu *Consultant	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2011	Contributor address; City; State; Zip Code 4531 Cedar Ridge Tr. Houston, TX 77059		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu *Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Chimenti, Jeff (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2011	Contributor address; City; State; Zip Code 87 West Mirror Ridge Circle The Woodlands, TX 77382		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu *MD	pation / Job title (See Instructions)	Employer (See In Texas ENT Spe		

OTHER THAN PLEDGES OR LOANS					
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/5	51 Report: 10/66	
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID) Chimenti, Katie (Ms.)	")	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/12/2011	6 Contributor address; City; State; Zip Code 4531 Cedar Ridge Tr. Houston, TX 77059	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00	 	
			<i>!</i>	Texas, complete Schedule T)	
9 Principal occup *Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/02/2011	Contributor address; City; State; Zip Code 2108 Wright St Austin, TX 78704		\$200.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See In Graves Daughe		"	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/11/2011	Contributor address; City; State; Zip Code 302 W Johanna Austin, TX 78704		\$350.00		
<u> </u>				Texas, complete Schedule T)	
Principal occup *Environment	ation / Job title (See Instructions) al Activist	Employer (See In: Save Our Spring		****	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/02/2011	Contributor address; City; State; Zip Code 5307 Badger Bend Austin, TX 78749	,,	\$50.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Clayton, Billy (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/11/2011	Contributor address; City; State; Zip Code 2909 Oak Lane Dr. Austin, TX 78704		\$100.00 		
		<u> </u>	·	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

	OTHER	THAN PLEDGES OR LOAD			
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/	51 Report: 11/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/01/2011	6 Contributor address; City; State; Zip Code 4200 Ave G Austin, TX 78751		\$350.00	
				<u> </u>	Texas, complete Schedule T)
9	Principal occup Artist	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 6509 Marblewood Austin, TX 78731		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2011	Contributor address; City; State; Zip Code 710 W Gibson Austin, TX 78704		\$50.00	
				l '	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2011	Contributor address; City; State; Zip Code 702 Cardinal Ln C2 Austin, TX 78704		\$125.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2011	Contributor address; City; State; Zip Code 702 Cardinal Ln C2 Austin, TX 78704	. , , , , , , , , , , , , , , , , , , ,	\$125.00	1 1 1
				<u> </u>	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10)/51 Report: 12/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Conner, David (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/28/2011	6 Contributor address; City; State; Zip Code 4709 Duval St Austin, TX 78751		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Conner, David (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2011	Contributor address; City; State; Zip Code 4709 Duval St Austin, TX 78751		\$25.00	 -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See in	<u> </u>	Toxas, complete senedate 17
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2011	Contributor address; City; State; Zip Code 3100 Catalina Dr. Austin, TX 78741		\$25.00	
					Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (iD# Crow, Steven (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2011	Contributor address; City; State; Zip Code 3018 W Ave. Austin, TX 78705		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Curry, Michael (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2011	Contributor address; City; State; Zip Code 211 E 7th St Suite 920 Austin, TX 78701		\$100.00 	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instructi	ON GUIDE explains how to complete this form.	- ,	1 PAGE# Schedule: 11.	/51 Report: 13/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Daniel, Harold (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/26/2011	6 Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Systems Ana	pation / Job title (See Instructions) Nyst	10 Employer (See in Optimization Al		
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2011	Contributor address; City; State; Zip Code 1001 W 17th St Austin, TX 78701	• • • • • • • • • • • • • • • • • • • •	\$100.00	†
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Deal, Eric (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 5401 Ridge Oak Dr. Austin, TX 78731		\$350.00	
!			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)	

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 12	2/51 Report: 14/66	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor	')	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/27/2011	6 Contributor address; City; State; Zip Code 5303 Woodview Austin, TX 78756		\$50.00	1 ! !	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	vation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/30/2011	Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$175.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Dileo, Tracy (Ms.)	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/30/2011	Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$175.00	 	
					Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Dittmar, Christina (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/11/2011	Contributor address; City; State; Zip Code 904 Ebony Austin, TX 78704		\$50.00	I I I	
					Texas, complete Schedule T)	
	**	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Dittmar, Ronald (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/11/2011	Contributor address; City; State; Zip Code 904 Ebony Austin, TX 78704		\$50.00	 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		

Texas Ethics Commission P.O.Box 12070 TDD 1-800-735-2989 Austin, Texas 78711-2070 (512)463-5800 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 13/51 Report: 15/66 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 5 Full name of contributor ut-of-state PAC (ID# In-kind contribution Date 7 Amount of description (if applicable) contribution (\$) Dobson, Donald (Mr.) 04/04/2011 6 Contributor address: City; State; Zip Code \$100.00 11519 Trinity Hill Dr. Austin, TX 78753 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) Dolis, George (Mr.) 03/28/2011 Contributor address; City; State; Zip Code \$350.00 704 W Gibson Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Donovan, Brian (Mr.) Contributor address; City; State; Zip Code 04/04/2011 \$100.00 508 Genard St Austin, TX 78751 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Amount of description (if applicable) contribution (\$) Douglas, Pamela (Ms.) Contributor address; City; State; Zip Code 04/04/2011 \$40.00 1702 S. Lamar #7 Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Duncan, James (Mr.) \$350.00 04/04/2011 Contributor address: City; State; Zip Code 360 Nueces Suite 2701 Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Duncan Associates

City Planner

OTHER	R THAN PLEDGES OR LOAD	NS		
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	- /51 Report: 16/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Duncombe, Raynor (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/28/2011	6 Contributor address; City; State; Zip Code P.O. Box 1297 Highlands, NC 28741		\$100.00	}
				Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Elder, Andrew (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2011	Contributor address; City; State; Zip Code 1818 Treadwell St. Austin, TX 78704	,	\$50.00	[-
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	·	<u> </u>
Date	Full name of contributor ut-of-state PAC (ID# Elder, Rachel (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2011	Contributor address; City; State; Zip Code 1818 Treadwell St. Austin, TX 78704		\$50.00 	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 1704 W Ave. Austin, TX 78701	A CONTRACTOR OF THE CONTRACTOR	\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2011	Contributor address; City; State; Zip Code 5308 Raincreek Pkwy Austin, TX 78759	,	\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	tructions)	

P.O.Box 12070

The Instructi	ON GUIDE explains how to complete this form.	····	1 PAGE# Schedule: 15	/51 Report: 17/66	
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (IDa Faust, Sarah (Ms.)	#)	7 Amount of contribution (\$)	8	
03/29/2011	6 Contributor address; City; State; Zip Code 821 E. 53rd St Austin, TX 78751	,	\$150.00	1 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/11/2011	Contributor address; City; State; Zip Code 300 Academy Dr. Austin, TX 78704		\$350.00	1	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup *CPA/Owner	pation / Job title (See Instructions)	Employer (See In Tax Trailer	structions)		
Date	Full name of contributor Out-of-state PAC (ID# Fusco, Sarah (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/02/2011	Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704		\$60.00) 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/29/2011	Contributor address; City; State; Zip Code 504 Harris Ave Austin, TX 78705		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/02/2011	Contributor address; City; State; Zip Code 4314 Ave G Austin, TX 78751		\$50.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		

The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 16/51 Report: 18/66
2 FILER NAME Tovo, Kathryne (Ms.)	3 ACCOUNT # (Ethics Commission filers) 00005000
4 Date 5 Full name of contributor ☐ out-of-state PAC (III. Gibbs, Carol (Ms.)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
03/12/2011 6 Contributor address; City; State; Zip Code 1602 Roberts Ave Austin, TX 78704	\$350.00 I
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Neighborhood Advisor	10 Employer (See Instructions) City of Austin
Date Full name of contributor Out-of-state PAC (ID Gibbs, Ellen (Ms.)	Amount of In-kind contribution contribution (\$) description (if applicable)
03/12/2011 Contributor address; City; State; Zip Code 1701 S. 6th Austin, TX 78704	\$300.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A
Date Full name of contributor out-of-state PAC (ID Girard, Denise (Ms.)	#) Amount of In-kind contribution contribution (\$) description (if applicable)
03/28/2011 Contributor address; City; State; Zip Code 4520 Red River St Austin, TX 78751	\$50.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ut-of-state PAC (ID Goff, Gayle (Ms.)	#) Amount of In-kind contribution contribution (\$) description (if applicable)
03/11/2011 Contributor address; City; State; Zip Code 1106 Upland Dr Austin, TX 78741	\$350.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) *Bookkeeper	Employer (See Instructions) Self
Date Full name of contributor out-of-state PAC (ID Gonzalez, Ruben (Mr.)	#) Amount of I In-kind contribution contribution (\$) description (if applicable)
03/28/2011 Contributor address; City; State; Zip Code 3804 Ave H Austin, TX 78751	\$20.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 17	7/51 Report: 19/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Goodman, Kim (Ms.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/04/2011	6 Contributor address; City; State; Zip Code 4416 Sam Bass Rd. Round Rock, TX 78681		\$100.00	{ [[
L		<u> </u>		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2011	Contributor address; City; State; Zip Code 1404 Redbud Tr Austin, TX 78746		\$200.00	! !
ĺ				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	nstructions)	
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 2520 E 3rd St A Austin, TX 78702		\$25.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID Gordon, William (Mr.))#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/30/2011	Contributor address; City; State; Zip Code 6103 Cary Dr. Austin, TX 78757		\$100.00	! ! !
l				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
,,,,,	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2011	Contributor address; City; State; Zip Code 6410 Panca St Austin, TX 78741		\$50.00	
1				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	3/51 Report: 20/66	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
))	04/04/2011	6 Contributor address; City; State; Zip Code 3815 Ave H Austin, TX 78751		\$50.00	 	
	_			(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/11/2011	Contributor address; City; State; Zip Code 1402 Kinney Ave Austin, TX 78704		\$10.00	 	
L				<u> </u>	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/19/2011	Contributor address; City; State; Zip Code 3009 Washington Sq. Austin, TX 78705		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (IDA Griffin, Teresa (Ms.)	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/28/2011	Contributor address; City; State; Zip Code 1111 Woodland Ave Austin, TX 78704		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup *Architect	ation / Job title (See Instructions)	Employer (See In: Self	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/29/2011	Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705		\$150.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins Self	structions)		

L	OTHER THAN PLEDGES OR LOANS				
	The Instruction	ON GUIDE explains how to complete this form.	 .	1 PAGE# Schedule: 19	9/51 Report: 21/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Guerrero, Linda (Ms.)	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
ŀ	04/04/2011	6 Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consultant	eation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 10305 Dianella Ln Austin, TX 78759		\$350.00	1
		Additi, TA PO700		(If travel outside of	Texas, complete Schedule T)
	Principal occup Software Spe	ation / Job title (See Instructions) cialist	Employer (See In Varian Medical		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 10305 Dianella Ln Austin, TX 78759		\$350.00	
L				(If travel outside of	Texas, complete Schedule T)
	Principal occup Software Eng	ation / Job title (See Instructions) ineer	Employer (See In Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Harding, Rebecca (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 3907 Burr Oak Ln Austin, TX 78727		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Harper, Jeffrey (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2011	Contributor address; City; State; Zip Code 805 W 16th Street Austin, TX 78701		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

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The Inst	RUCTION GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	0/51 Report: 22/66
2 FILER N	AME Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Harris, August (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/20	6 Contributor address; City; State; Zip Code 1901 W 35th Austin, TX 78703		\$100.00	
} }			(If travel outside of	Texas, complete Schedule T)
9 Principal	occupation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/20	Contributor address; City; State; Zip Code 2520 Gate Ridge Dr. Austin, TX 78748		\$50.00	; 1
			· ·	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Heinen, Anne (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/20	O11 Contributor address; City; State; Zip Code 3010 Washington Sq. Austin, TX 78705	• • • • • • • • • • • • • • • • • • • •	\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/20	Contributor address; City; State; Zip Code 3007 West Ave Austin, TX 78705		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID# Held, Theodore (Mr.)	 	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/20	Contributor address; City; State; Zip Code 1908 Cliff St. Austin, TX 78705		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal of	occupation / Job title (See Instructions)	Employer (See In		
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	The Instruction	ON GUIDE explains how to complete th	nis form.		1 PAGE# Schedule: 21	1/51 Report: 23/66
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-Holderness, Earl (Mr.)	t-of-state PAC (ID#	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/02/2011	6 Contributor address; City; S 2943 Thousand Oaks Dr. Austin, TX 78746	State; Zip Code		\$100.00	
l _					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)		10 Employer (See In	structions)	
	Date	Full name of contributor	t-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2011	Contributor address; City; S 2943 Thousand Oaks Dr. Austin, TX 78746	State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
-	Principal occur	pation / Job title (See Instructions)		Employer (See In	<u> </u>	
_		· <u>-</u>	<u></u>		- <u></u>	
	Date	Full name of contributor ut- Holt, Angero (Mr.)	-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2011	Contributor address; City; S 930 E 53 1/2 St Austin, TX 78751	State; Zip Code		\$10.00	1
					(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occup	pation / Job title (See Instructions)		Employer (See In:		Texas, complete conductor (
	Date	Full name of contributor ut- Hornaday, Raina (Ms.)	t-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2011	Contributor address; City; S 908 W 18th St Austin, TX 78701	State; Zip Code	. , , , , , , , , , , , , , , , , , , ,	\$175.00	
	1				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor ut- Hornaday, Walter (Mr.)	-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2011	Contributor address; City; S 908 W 18th St Austin, TX 78701	State; Zip Code		\$175.00 [§]	!
		Í			(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)		Employer (See Ins	structions)	

OTTILL	THAN FLEDGES ON LOAD			
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	/51 Report: 24/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/11/2011	6 Contributor address; City; State; Zip Code 1503 Inglewood Austin, TX 78741		\$350.00	
				Texas, complete Schedule T)
9 Principal occup *Executive A	pation / Job title (See Instructions) ssistant	10 Employer (See In Casey Gentz &		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2011	Contributor address; City; State; Zip Code 1801 West Ave. Austin, TX 78701		\$350.00	
			<u> </u>	Texas, complete Schedule 7)
Principal occup Pharmacist	pation / Job title (See Instructions)	Employer (See In Seton Family of		
Date	Full name of contributor	*)	Amount of contribution (\$)	in-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code P.O. Box 1927 Abingdon, VA 24212		\$350.00 	
				Texas, complete Schedule T)
Principal occup Artist	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hurt, John (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2011	Contributor address; City; State; Zip Code 4510 Ave. F Austin, TX 78751		\$350.00 	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occup Store Owner	ation / Job title (See Instructions)	Employer (See Ins Accentric	structions)	
Date	Full name of contributor	!)	Amount of scontribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 1209 Newning Austin, TX 78704		\$350.00 	;
			(If travel outside of 3	Fexas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See Ins		oxas, complete softedule ()
Administrative		University of Tex		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 23	3/51 Report: 25/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hurt, Sam (Mr.)	;)	7 Amount of contribution (\$)	8
	04/04/2011	6 Contributor address; City; State; Zip Code P.O. Box 1927 Abingdon, VA 24212	.,.,.,	\$350.00	
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Self	L`	Texas, complete Schedule T)
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
]	04/04/2011	Contributor address; City; State; Zip Code 1209 Newning Austin, TX 78704		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) gner, Animator	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2011	Contributor address; City; State; Zip Code 1804 Eva Street Austin, TX 78704		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup *IT Consultan	ation / Job title (See Instructions)	Employer (See In Eva Street Con		
	Date	Full name of contributor ut-of-state PAC (ID# Ingle, Mary (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2011	Contributor address; City; State; Zip Code 3406 Duval Street Austin, TX 78705		\$350.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup **Clothes Des	ation / Job title (See Instructions) signer	Employer (See In Inglewear	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2011	Contributor address; City; State; Zip Code 506 West 34th Austin, TX 78705		\$100.00	; 1 !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

OTHER THAN PLEDGES OR LOANS					
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 24/	51 Report: 26/66	
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID. Jack, Jamie (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
04/02/2011	6 Contributor address; City; State; Zip Code 625 South 45th St Boulder, CO 80305		\$100.00 		
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/01/2011	Contributor address; City; State; Zip Code 3012 West Ave. Austin, TX 78705		\$250.00		
			(If travel outside of 1	Texas, complete Schedule T)	
Principal occu Owner	pation / Job title (See Instructions)	Employer (See In Tesoros Tradino	structions)	,	
Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/02/2011	Contributor address; City; State; Zip Code 1604 East 11th St Austin, TX 78702		\$100.00 		
			(If travel outside of T	exas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	W	
Date	Full name of contributor	.)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/31/2011	Contributor address; City; State; Zip Code 1402 Redway Ln Houston, TX 77062		\$350.00 		
				exas, complete Schedule T)	
Principal occup *Homemaker	pation / Job title (See Instructions)	Employer (See Ins N/A	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/31/2011	Contributor address; City; State; Zip Code 1402 Redway Ln Houston, TX 77062		\$350.00 		
			(If travel outside of T	exas, complete Schedule T)	
Principal occup *Physician/Fl	pation / Job title (See Instructions) ight Surgeon	Employer (See Ins NASA			

Principal occupation / Job title (See Instructions)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 25/51 Report: 27/66 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Date 5 Full name of contributor out-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Jurgens, Kenneth (Mr.) 6 Contributor address; 03/31/2011 City; State; Zip Code \$350.00 3209 Scenic Shore Dr. Seabrook, TX 77586 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Systems Control Engineer Valero Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) Jurgens, Nancy (Ms.) Contributor address; 03/31/2011 City; State; Zip Code \$350.00 3209 Scenic Shore Dr. Seabrook, TX 77586 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) *Homemaker Date Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Amount of contribution (\$) description (if applicable) Kallerman, Dick (Mr.) Contributor address; City; State; Zip Code 04/02/2011 \$100.00 2510 Cedarview Dr. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of description (if applicable) contribution (\$) Keohane, Cynthia (Ms.) 03/28/2011 Contributor address; City; State; Zip Code \$50.00 5702 Wynona Ave Austin, TX 78756 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of description (if applicable) contribution (\$) Keohane, John (Mr.) 03/28/2011 Contributor address; City; State; Zip Code \$50.00 5702 Wynona Ave Austin, TX 78756

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 26	/51 Report: 28/66	
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/12/2011	6 Contributor address; City; State; Zip Code 1809 Lightsey Rd. Austin, TX 78704		\$350.00		
•			(If travel outside of	Texas, complete Schedule T)	
9 Principal occup **Broadcastin	ation / Job title (See Instructions) g	10 Employer (See In: Self	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/12/2011	Contributor address; City; State; Zip Code 1809 Lightsey Rd. Austin, TX 78704		\$350.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup **Counselor	eation / Job title (See Instructions)	Employer (See Ins Self		issues compassed consecution ()	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/12/2011	Contributor address; City; State; Zip Code 3007 West Ave. Austin, TX 78705		\$200.00 		
			•	Texas, complete Schedule T)	
Principal occup Self	ation / Job title (See Instructions)	Employer (See Ins Homemaker	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Kirk, Saundra (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/28/2011	Contributor address; City; State; Zip Code 2117 Clifton St. Austin, TX 78704		\$50.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/04/2011	Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704		\$350.00 <mark> </mark> 		
			(if travel outside of	Texas, complete Schedule T)	
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins H&CS	tructions)	-	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 27/51 Report: 29/66 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Date 5 Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution description (if applicable) contribution (\$) Krames, Christy Kay (Ms.) 04/02/2011 6 Contributor address; City; State; Zip Code \$100.00 1802 Vance Cir Austin, TX 78701 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#_ In-kind contribution contribution (\$) description (if applicable) Kyle, Catherine (Ms.) 04/04/2011 Contributor address: City: State: Zip Code \$100.00 2700 Mountain Laurel Ln Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Amount of contribution (\$) description (if applicable) Land, Linda (Ms.) 03/11/2011 Contributor address; City; State; Zip Code \$350.00 1106 Upland Austin, TX 78741 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) *Bookkeeper Salling & Levbarg, PLLC Date Amount of In-kind contribution contribution (\$) description (if applicable) Langenberg, Ray (Mr.) 04/02/2011 Contributor address; City; State; Zip Code \$100.00 1802 Vance Cir. Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Amount of Date description (if applicable) contribution (\$) Lee, Carol (Ms.) 04/04/2011 Contributor address; City; State; Zip Code \$50.00 3506 Far View Dr. Austin, TX 78730 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

	OTHER THAN PLEDGES OR LUANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	3/51 Report: 30/66	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	04/04/2011	6 Contributor address; City; State; Zip Code 4509 Edgemont Dr, Austin, TX 78731		\$175.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	estructions)		
	Date	Full name of contributor	, , , , , , , , , , , , , , , , , , ,	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/04/2011	Contributor address; City; State; Zip Code 4509 Edgemont Dr, Austin, TX 78731		\$175.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)		
	Date	Full name of contributor out-of-state PAC (ID# Lewis, Kevin (Mr.)	<i>f</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/12/2011	Contributor address; City; State; Zip Code 1002 Bouldin Ave Austin, TX 78704		\$350.00	\$ 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In Whole Earth Pr			
	Date	Full name of contributor ut-of-state PAC (ID# Lipscombe, John (Mr.)	<u></u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/28/2011	Contributor address; City; State; Zip Code 6600 Mesa Dr. Austin, TX 78731		\$100.00	 	
	₋ ,			L <u>'</u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Llanes, Daniel (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/02/2011	Contributor address; City; State; Zip Code 4907 Red Bluff Rd,. Austin, TX 78702		\$25.00	 	
	ľ			(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		

	OTTIER		····		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 29	9/51 Report: 31/66
2	FILER NAME	Tovo, Kathryne (Ms.)	-	3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Loo, James (Mr.)	+)	7 Amount of contribution (\$)	8 In-kind contribution description (if appticable)
į	04/04/2011	6 Contributor address; City; State; Zip Code 812 Rutherford Place Austin, TX 78704		\$175.00	
Ĺ				(If travel outside of	Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Loo, Jason (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
!	04/04/2011	Contributor address; City; State; Zip Code 812 Rutherford Place Austin, TX 78704		\$175.00	
				<u></u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Lowe, Claudette (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/11/2011	Contributor address; City; State; Zip Code 400 Academy Dr. Austin, TX 78704		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup *Real Estate	nation / Job title (See Instructions) Agent	Employer (See In Moreland Realt		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2011	Contributor address; City; State; Zip Code P.O. Box 3332 Bellaire, TX 77402		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup *Creative Dire	ation / Job title (See Instructions) ector	Employer (See In Gotham Image		
	Date	Full name of contributor ut-of-state PAC (ID# Luckey, Mary (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2011	Contributor address; City; State; Zip Code P.O. Box 3332 Bellaire, TX 77402		\$350.00	}
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Table Company Company ()
	*Government	Employee	NASA		

Texas Ethics Commission P.O.Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 30/51 Report: 32/66 2 FILER NAME Tovo, Kathryne (Ms.) 3 ACCOUNT # (Ethics Commission filers) 00005000 5 Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Lupa, Paul (Mr.) 6 Contributor address; City; State; Zip Code 04/02/2011 \$35.00 903 W 31st Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Maclaine, Nancy (Ms.) 03/15/2011 Contributor address; City; State; Zip Code \$250.00 2302 Del Curto Rd Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Software Programmer Neon Enterprise Software Full name of contributor ut-of-state PAC (ID#_ Amount of Date In-kind contribution contribution (\$) description (if applicable) Maciaine, Nancy (Ms.) Contributor address; City; State; Zip Code 03/23/2011 \$100.00 2302 Del Curto Rd Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) **Software Programmer Neon Enterprise Software out-of-state PAC (ID#_ Date Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) MacNeilage, Linda (Ms.) 03/28/2011 Contributor address; City; State; Zip Code \$350.00 606 Harthan St Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Psychologist** Self Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Madden, Louise (Ms.) 03/29/2011 Contributor address: City; State; Zip Code \$250.00 12405 Mossback Cove Austin, TX 78739 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Compensation Consultant City of Austin

(512)463-5800

P.O.Box 12070

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAD	NS		SCHEDULE A
The Instructi	ION GUIDE explains how to complete this form.		1 PAGE#	1/51 Report: 33/ <u>6</u> 6
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Majors, Sharon (Ms.)	<i>f</i>)		18 In-kind contribution description (if applicable)
03/28/2011	6 Contributor address; City; State; Zip Code 3811 Ave. G Austin, TX 78751		\$10.00	
		1	(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 4510 Avenue F Austin, TX 78751		\$25.00)
		ı	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Martinez, Narda (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2011	Contributor address; City; State; Zip Code 4510 Avenue F Austin, TX 78751		\$350.00	1
			`	Texas, complete Schedule T)
Principal occup Store Owner	pation / Job title (See Instructions)	Employer (See Ins Avenue Gallery		
Date	Full name of contributor ut-of-state PAC (ID#, Mather, Jean (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/11/2011	Contributor address; City; State; Zip Code 1611 Alameda Dr. Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Retired	pation / Job title (See Instructions)	Employer (See Ins N/A	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2011	Contributor address; City; State; Zip Code 2610 Friar Tuck Ln. Austin, TX 78704		\$350.00	[] !
	, Adding the State of the State	1	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) or	Employer (See Ins Self	<u> </u>	rexas, complete outleadure 1,

OTHER	THAN PLEDGES OR LOA			·
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32	1/51 Report: 34/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/23/2011	6 Contributor address; City; State; Zip Code 111 Laurel Ln Austin, TX 78705		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 111 Laurel Ln Austin, TX 78705		\$100.00	
i		·		Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID/ McCarver, Bo (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 1719 Manor Rd Austin, TX 78722		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Social Anthropologist		Employer (See In Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 5703 Shoalwood Ave. Austin, TX 78756		\$100.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In: N/A	i	
Date	Full name of contributor ut-of-state PAC (ID# McDaniel, Marc (Mr.)	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2011	Contributor address; City; State; Zip Code 811 W 31st		\$250.00	
	Austin, TX 78705			
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Retired	, , , , , ,	N/A	,	

OTHER THAN PLEDGES OR LOANS					
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 33	/51_Report: 35/66	
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# McGraw, Karen (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/28/2011	6 Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751		\$25.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/04/2011	Contributor address; City; State; Zip Code 4315 Avenue C		\$25.00		
	Austin, TX 78751		<u> </u>	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/02/2011	Contributor address; City; State; Zip Code 5327 Western Hills Dr. Austin, TX 78731		\$200.00 		
<u> </u>			(If travel outside of	Texas, complete Schedule T)	
Principal occup Owner	ation / Job title (See Instructions)	Employer (See In: McGray&McGra	structions) iy Land Surveyors 		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/12/2011	Contributor address; City; State; Zip Code 2009 Arpdale Austin, TX 78704		\$300.00 	f -	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Retired Engin	ation / Job title (See Instructions) eer	Employer (See Ins N/A	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Meisenbach, Albert (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/29/2011	Contributor address; City; State; Zip Code 1800 San Gabriel St. Austin, TX 78701		\$350.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Physician	ation / Job title (See Instructions)	Employer (See Ins UT Student Hea			

Contributor address;

300 Crockett St.

Austin, TX 78704

Mishra, Amanda (Ms.)

Principal occupation / Job title (See Instructions)

3200 W. Avenue Austin, TX 78705

Principal occupation / Job title (See Instructions)

#328

City; State; Zip Code

Contributor address; City; State; Zip Code

03/30/2011

Date

04/02/2011

Texas Ethics Commission

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 34/51 Report: 36/66 Tovo, Kathryne (Ms.) 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 00005000 Date 5 Full name of contributor ut-of-state PAC (ID#_ Amount of | 8 In-kind contribution contribution (\$) description (if applicable) Meisenbach, Megan (Ms.) 6 Contributor address: City; State; Zip Code \$350.00 03/29/2011 1800 San Gabriel St. Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Musician Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Middleton, James (Mr.) 04/02/2011 Contributor address; City; State; Zip Code \$50.00 908 W Monroe Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Miller, Dan (Mr.) 03/30/2011 Contributor address; City; State; Zip Code \$350.00 P.O. Box 13141 Austin, TX 78711 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) McElroy, Sullivan & Miller, LLP Attorney Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Miller, Steven (Mr.)

Electronic Filing Version 3 4.1

In-kind contribution

description (if applicable)

\$50.00

Amount of

contribution (\$)

\$25.00

Employer (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

	<u></u>		
omplete this form.		1 PAGE# Schedule: 35	5/51 Report: 37/66
		3 ACCOUNT # 00005000	(Ethics Commission filers)
☐ out-of-state PAC (ID		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
City; State; Zip Code		\$25.00	
		(If travel outside of	f Texas, complete Schedule T)
ons)	10 Employer (See In	nstructions)	
out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
City; State; Zip Code		\$50.00	
		(If travel outside of	। Texas, complete Schedule T) 🛚
ons)	Employer (See In	estructions)	
☐ out-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
City; State; Zip Code		\$350.00	i
		(If travel outside of	Texas, complete Schedule T)
ons)	Employer (See In Self	estructions)	_
out-of-state PAC (ID)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
City; State; Zip Code		\$175.00	!
		(If travel outside of	Texas, complete Schedule T)
ons)	Employer (See In: N/A	structions)	
out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
City; State; Zip Code		\$175.00	∤ 1 ∤
		/If travel outside of	Texas, complete Schedule T)
ons)	Employer (See In: N/A	<u> </u>	Texas, compress concerns,
	City; State: Zip Code ons) Out-of-state PAC (ID City: State; Zip Code ons) Out-of-state PAC (ID City; State; Zip Code ons) Out-of-state PAC (ID City; State; Zip Code ons) Out-of-state PAC (ID City; State; Zip Code ons)	City; State; Zip Code Ons) 10 Employer (See In Out-of-state PAC (ID#) City; State; Zip Code Ons) Employer (See In Out-of-state PAC (ID#) City; State; Zip Code Ons) Employer (See In Self out-of-state PAC (ID#) City; State; Zip Code Ons) Employer (See In N/A Out-of-state PAC (ID#) City; State; Zip Code	Schedule: 33

OTHER			<u></u>	
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 36	5/51 Report: 38/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Moore, John (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/18/2011	6 Contributor address; City; State; Zip Code 3802 Avenue H Austin, TX 78751		\$175.00	! } !
				Texas, complete Schedule T)
9 Principal occu Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2011	Contributor address; City; State; Zip Code 3802 Avenue H Austin, TX 78751		\$175.00	
		·	1 .	Texas, complete Schedule T)
Principal occuj Retired	pation / Job title (See Instructions)	Employer (See In: N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Morrison, Susan (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 4205 Ramsey Avenue Austin, TX 78756		\$100.00	
		·		Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Morrow, D.J. (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/11/2011	Contributor address; City; State; Zip Code 504 Terrace Dr. Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Artist	pation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 3213 French Place Austin, TX 78722		\$50.00 I	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See Ins	structions)	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 37/51 Report: 39/66 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Date 5 Full name of contributor ut-of-state PAC (ID#_ 7 Amount of In-kind contribution contribution (\$) description (if applicable) Oden, Michael (Mr.) 04/04/2011 6 Contributor address; City; State; Zip Code \$100.00 3213 French Place Austin, TX 78722 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) O'Hanlon, Lou (Ms.) 04/02/2011 Contributor address; City; State; Zip Code \$150.00 7212 Marywood Cir Austin, TX 78723 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date contribution (\$) description (if applicable) Overton, Roscoe (Mr.) City; State; Zip Code 03/30/2011 Contributor address: \$100.00 1701 E. 21st Austin, TX 78722 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of description (if applicable) contribution (\$) Palaima, Carolyn (Ms.) 03/28/2011 Contributor address; City; State; Zip Code \$50.00 505 E. 40th St Austin, TX 78751 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date description (if applicable) contribution (\$) Pascoe, Susan (Ms.)

Contributor address; City; State; Zip Code

03/31/2011

2502 Hartford Rd. Austin, TX 78703

Principal occupation / Job title (See Instructions)

\$50.00

Employer (See Instructions)

(if travel outside of Texas, complete Schedule T)

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 38/51 Report: 40/66 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Date ut-of-state PAC (ID#_ 5 Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Patterson, Bradford (Mr.) 6 Contributor address; 03/11/2011 City; State; Zip Code \$50.00 1311 Newton St. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Penn, Beverly (Ms.) Contributor address; City; State; Zip Code 03/12/2011 \$250.00 811 W 31st St Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist/Homemaker Self Date Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Amount of contribution (\$) description (if applicable) Phillips, Russell (Mr.) Contributor address; City; State; Zip Code 03/28/2011 \$50.00 6901 Glen Ridge Austin, TX 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Piedmont-Marton, Elisabeth (Ms.) Contributor address; City; State; Zip Code 04/01/2011 \$100.00 3901 Glasgow Dr. Austin, TX 78749 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Pinnelli, Janis (Ms.) 03/31/2011 Contributor address; City; State; Zip Code \$350.00 2001 Exposition Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant J. Pinnelli Co.

	OTHER	THAN PLEDGES OR LOAD			
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 39	1/51 Report: 41/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	03/31/2011	6 Contributor address; City; State; Zip Code 2001 Exposition Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup General Con	pation / Job title (See Instructions) tractor	10 Employer (See In J. Pinnelli Co.	estructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd. Austin, TX 78756		\$100.00	
		Addult, 1X70730		(If travel outside of	Texas, complete Schedule T)
	Principal occup	oation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2011	Contributor address; City; State; Zip Code 1300 West Lynn Suite 106 Austin, TX 78703		\$350.00	}
				<u></u>	Texas, complete Schedule T)
	Principal occup Business Cor	nation / Job title (See Instructions)	Employer (See In Se If	structions)	
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2011	Contributor address; City; State; Zip Code 2311 S. 2nd St Austin, TX 78704		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 805 Ethel St. Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	,		, , , , , ,	,	

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS						
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 40	1/51 Report: 42/66		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID Read-Orr, Bookie (Ms.)	#)	7 Amount of contribution (\$)	8		
03/11/2011	6 Contributor address; City; State; Zip Code 908 B Post Oak St. Austin, TX 78704		\$250.00	 		
		····	<u></u>	Texas, complete Schedule T)		
9 Principal occup Accountant	eation / Job title (See Instructions)	10 Employer (See In D&S Residentia				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/28/2011	Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731		\$125.00	 		
- · 				Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	tn-kind contribution description (if applicable)		
03/28/2011	Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731		\$125.00	l 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See tn	structions)			
Date	Full name of contributor))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/28/2011	Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751		\$50.00	 		
			,	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/02/2011	Contributor address; City; State; Zip Code 1902 Anita Dr. Austin, TX 78704		\$300.00			
		<u>.</u>		Texas, complete Schedule T)		
Principal occup Drafter	ation / Job title (See Instructions)	Employer (See Ins Self	structions)			

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	THAN PLEDGES OR LOAD			
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 41	/51 Report: 43/66
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor	<i>#</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2011	6 Contributor address; City; State; Zip Code 1902 Anita Dr. Austin, TX 78704		\$50.00	1]
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Drafter	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 611 Terrell Hill Dr. Austin, TX 78704		\$50.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID# Robinson, Edward (Mr.)	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 2614 Pembrook Tr Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Professor	pation / Job title (See Instructions)	Employer (See th University of Te		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 2614 Pembrook Tr Austin, TX 78731		\$350.00	}
			(If travel outside of	Texas, complete Schedule T)
Principal occup Artist	Pation / Job title (See Instructions)	Employer (See In Self	<u></u>	
Date	Full name of contributor Out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Rodgers, Brian (Mr.)		(+,]
04/01/2011	Contributor address; City; State; Zip Code 1112 W 9th Austin, TX 78703		\$350.00	'
			(If travel outside of	Texas, complete Schedule T)
Principal occup Real Estate D	Dation / Job title (See Instructions) Developer	Employer (See In: Self	<u> </u>	

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS						
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 42	2/51 Report: 44/66		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID# Sanger, Mary (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/02/2011	6 Contributor address; City; State; Zip Code 704 Carolyn Ave. Austin, TX 78705		\$250.00	 		
				Texas, complete Schedule T)		
9 Principal occu Consultant	pation / Job title (See Instructions)	10 Employer (See In Self	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Sawyer, Michael (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/11/2011	Contributor address; City; State; Zip Code 548 Old San Antonio Rd Lytton Springs, TX 78616	, , , , , , , , , , , , , , , , ,	\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Musician	pation / Job title (See Instructions)	Employer (See In Self	structions)	1		
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/18/2011	Contributor address; City; State; Zip Code 13504 Overland Pass Bee Cave, TX 78738		\$50.00	 		
		<u></u>	!	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/04/2011	Contributor address; City; State; Zip Code 2313 S. 2nd Austin, TX 78704		\$50.00	 		
			<u>`</u>	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	-	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/28/2011	Contributor address; City; State; Zip Code 805 W. 16th St Austin, TX 78701		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			

Speer, Jack (Mr.)

1704 Briar St Austin, TX 78704

Principal occupation / Job title (See Instructions)

Contributor address; City; State; Zip Code

03/12/2011

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 43/51 Report: 45/66 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 5 Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Seeger, Patricia (Ms.) 03/30/2011 6 Contributor address; City; State; Zip Code \$150.00 6705 Winterberry Dr. Austin, TX 78750 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor □ out-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Sheff, Gregory (Mr.) 03/22/2011 Contributor address; City; State; Zip Code \$100.00 902 W 31st St Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) Sittler, Wolf (Mr.) Contributor address; City; State; Zip Code 03/28/2011 \$100.00 1403 Kenwood Ave Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) Sorenson-Hyatt, Kristie (Ms.) 03/12/2011 Contributor address; City; State; Zip Code \$350.00 1804 Eva St Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) *Realtor/Broker Self Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T)

contribution (\$)

Employer (See Instructions)

\$100.00

Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 44/51 Report: 46/66 2 FILER NAME Tovo, Kathryne (Ms.) 3 ACCOUNT # (Ethics Commission filers) 00005000 ut-of-state PAC (ID# Date 5 Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Speir, Stephen (Mr.) 6 Contributor address; 04/02/2011 City; State; Zip Code \$30.00 1225 Corona Austin, TX 78723 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Sprinkle, Patricia (Ms.) 03/12/2011 Contributor address; City; State; Zip Code \$50.00 1114 Fieldcrest Dr. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Fuil name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) St. Romain, Beth (Ms.) 04/04/2011 Contributor address; City; State; Zip Code \$100.00 2711 Greenlawn Pkwy Austin, TX 78757 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) St. Romain, Malcolm (Mr.) 04/04/2011 Contributor address; City; State; Zip Code \$100.00 2711 Greenlawn Pkwy Austin, TX 78757 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution description (if applicable) contribution (\$) Stevens, Jean (Ms.) Contributor address; City; State; Zip Code 04/04/2011 \$150.00 1619 W 14th St Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 45/51 Report: 47/66 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Date 5 Full name of contributor ut-of-state PAC (ID# 7 Amount of In-kind contribution contribution (S) description (if applicable) Stevens, Stephen (Mr.) 04/04/2011 6 Contributor address; City; State; Zip Code \$150.00 1619 W 14th St Austin, TX 78703 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Stott, William (Mr.) 04/04/2011 Contributor address; City; State; Zip Code \$100.00 1818 Vance Cir Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) Stoughton, Bill (Mr.) 03/12/2011 Contributor address: City; State; Zip Code \$100.00 3200 South Oak Dr. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Stuart, Jen (Ms.) 04/04/2011 Contributor address; City; State; Zip Code \$25.00 2404 Rock Terrace Cir Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution description (if applicable) contribution (\$) Swaffar, Bob (Mr.) Contributor address; City; State; Zip Code 03/29/2011 \$100.00 906 West 17th St Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

<u></u>	OTHER THAN PLEDGES ON LOANS						
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 46	6/51 Report: 48/66		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (IDa Taniguchi, Evan (Mr.)	;)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/02/2011	6 Contributor address; City; State; Zip Code 1609 West 6th St Austin, TX 78703		\$250.00	 		
					Texas, complete Schedule T)		
9	Principal occur Architect	pation / Job title (See Instructions)	10 Employer (See In Taniguchi Archi				
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/12/2011	Contributor address; City; State; Zip Code 1001 West 17th St.		\$100.00	 		
		Austin, TX 78701			l		
	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
	*	ration 7 500 title (See Institutions)	Employer (See in	an uctions)			
	Date	Full name of contributor ut-of-state PAC (ID# Team, Lin (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/29/2011	Contributor address; City; State; Zip Code 600 Bellevue Place Austin, TX 78705		\$250.00	 		
				· ·	Texas, complete Schedule T)		
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In Self	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/27/2011	Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735		\$350.00	 		
	·			<u>' </u>	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See In: Barley & Pfeiffe					
	Date	Full name of contributor uut-of-state PAC (ID# Todd, David (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/26/2011	Contributor address; City; State; Zip Code 1304 Mariposa Dr.		\$100.00	[
	:	#211 Austin, TX 78704		/if turnual acceptables = 4	Tayon normalata Sabaduta Ti		
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 47	7/51 Report: 49/66		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Trejo, Deborah (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	03/26/2011	6 Contributor address; City; State; Zip Code 1717 Briar St Austin, TX 78704		\$350.00			
				<u> </u>	Texas, complete Schedule T)		
9	Principal occup Attorney	vation / Job title (See Instructions)	10 Employer (See In Kemp Smith LL				
	Date	Full name of contributor ut-of-state PAC (ID: Tschurr, Betsy (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/02/2011	Contributor address; City; State; Zip Code 3701 River Rd Austin, TX 78703		\$350.00	! 		
				(if travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions)	Employer (See In	structions)			
	Teacher		AISD				
	Date	Full name of contributor ut-of-state PAC (ID# Tschurr, Mark (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/02/2011	Contributor address; City; State; Zip Code 3701 River Rd Austin, TX 78703		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete ocheane 1)		
	Investor		Self (,			
	Date	Full name of contributor	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/11/2011	Contributor address; City; State; Zip Code 606 S 3rd St Austin, TX 78704		\$50.00	! { 1		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete same of the		
_							
	Date	Full name of contributor ut-of-state PAC (ID# Waley, Roy (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/04/2011	Contributor address; City; State; Zip Code 1310 B Palo Duro Austin, TX 78757		\$200.00) 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Realtor	ation / Job title (See Instructions)	Employer (See In: Barbara Hilliard				

	OTHER	THAN FLEDGES ON LOAD	13		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 48	3/51 Report: 50/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Walton, Cory (Mr.)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/12/2011	6 Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9		pation / Job title (See Instructions) Communications	10 Employer (See In Emerson Proce	structions) ss Management	
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2011	Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704		\$250.00	
				<u> </u>	Texas, complete Schedule T) ☐
	Principal occup **Occupation	ation / Job title (See Instructions) al Therapist	Employer (See In Kid Therapy	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/11/2011	Contributor address; City; State; Zip Code 2407 Riverside Farms Rd Austin, TX 78741		\$350.00	
					Texas, complete Schedule T)
	Principal occup *Executive As	ation / Job title (See Instructions) ssistant	Employer (See In: Leslie M Howe,		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/30/2011	Contributor address; City; State; Zip Code 3804 Avenue H Austin, TX 78751		\$20.00]
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Way, Heather (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2011	Contributor address; City; State; Zip Code 2108 Wright St Austin, TX 78704		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,
	Attorney/Lect		Univerity of Texa		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 49/51 Report: 51/66 (Ethics Commission filers) 2 FILER NAME Tovo, Kathryne (Ms.) 3 ACCOUNT # 00005000 5 Full name of contributor □ out-of-state PAC (ID# Date Amount of In-kind contribution description (if applicable) contribution (\$) Weed, Betty (Ms.) 03/26/2011 6 Contributor address; City; State; Zip Code \$350.00 2218 Alta Vista Ave. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Research Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Weigand, Ingrid (Ms.) 03/28/2011 Contributor address: City; State; Zip Code \$350.00 704 W Gibson Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Communications Austin Energy Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) Whatley, Bart (Mr.) Contributor address; City; State; Zip Code 03/28/2011 \$50.00 907 E 37th St Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of description (if applicable) contribution (\$) White, Sage (Ms.) 04/02/2011 Contributor address; City; State; Zip Code \$250.00 1904 Kenwood Ave. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution description (if applicable) contribution (\$) White, Stephen (Mr.) 03/30/2011 Contributor address; City; State; Zip Code \$50.00 3406 Duval St Austin, TX 78705

Principal occupation / Job title (See Instructions)

Professor

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

University of Texas at Austin

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS						
The Instruct	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 50)/51 Report: 52/66		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID4 White, Stephen (Mr.)	/)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
03/30/2011	6 Contributor address; City; State; Zip Code 3406 Duval St Austin, TX 78705		\$250.00	} 		
			· ·	Texas, complete Schedule T)		
9 Principal occup Professor	pation / Job title (See Instructions)	10 Employer (See In University of Te				
Date	Full name of contributor	<i>f</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/31/2011	Contributor address; City; State; Zip Code 526 Surf Oaks Dr. Seabrook, TX 77586		\$350.00	} 		
	Couplook, 1X 17 500		(If travel outside of	Texas, complete Schedule T)		
Principal occu *Earth Scient	pation / Job title (See Instructions) list	Employer (See In Jacobs Enginee	structions)			
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/04/2011	Contributor address; City; State; Zip Code 4803 Ave. H Austin, TX 78751		\$50.00	 		
			(`	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	-		
Date	Full name of contributor ut-of-state PAC (ID# Wilson, Jack (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/04/2011	Contributor address; City; State; Zip Code 4803 Ave. H Austin, TX 78751		\$50.00] 		
				Texas, complete Schedule T)		
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/04/2011	Contributor address; City; State; Zip Code 1508 Eva St Austin, TX 78704		\$50.00 			
				Texas, complete Schedule T)		
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	·		

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		THAN EEDGES SILEGA			
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/51 Posset: 52/66
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	/51 Report: 53/66 (Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	03/11/2011	6 Contributor address; City; State; Zip Code 2105 B Ann Arbor Ave. Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2011	Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704		\$350.00	1 []
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	nstructions)	<u> </u>
	Consultant		H&CS		
	Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2011	Contributor address; City; State; Zip Code 1908 Cliff St Austin, TX 78705		\$175.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2011	Contributor address; City; State; Zip Code 5507 Lemonwood Dr. Austin, TX 78731		\$25.00	
				(M traval autrida of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
_	Date	Full name of contributor		Amount of	In-kind contribution
	Date	Zettner, Steven (Mr.)	·	contribution (\$)	description (if applicable)
	04/01/2011	Contributor address; City; State; Zip Code 6811 Daugherty Rd Austin, TX 78757		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxas, complete schedule 1)
	. ,	,			

LOANS				SCHEDULE E	
The Instruction Gui	2 Report: 54/66				
2 FILER NAME To	ovo, Kathryne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000		
4 TOTAL OF UN	ITEMIZED LOANS:			\$	
5 Date of loan 03/14/2011	7 Name of lender Out Tovo, Kathryne (Ms.)	t-of-state PAC (ID#)	9 Loan Amount (\$) \$5,000.00	
6 Is lender a financial Institution?	8 Lender address; City; State; 809 W 32nd Street Austin, TX 78705	Zip Code		10 Interest rate N/A	
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			11 Maturity date 05/14/2011	
12 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instruct	ions)		
14 Description of Collat X none	leral				
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)	
X not applicable	17 Guarantor address; City; State;	Zip Code			
19 Principal Occupation	1	20 Employer		<u></u>	
Date of loan 03/22/2011	Name of lender	-of-state PAC (ID#)	Loan Amount (\$) \$15,000.00	
ls lender a financial Institution?	Lender address; City; State; 809 W 32nd Street	Zip Code		Interest rate N/A	
No	Austin, TX 78705			Maturity date 05/14/2011	
Principal occupation	/ Job title (See Instructions)	Employer (See Instructi	ions)		
Description of Collateral IX none					
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code [X] not applicable					
Principal Occupation	î ·	Employer			

Candidate / Officeholder name

Complete ONLY if

direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Travel Out Of District Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) 2 Tovo, Kathryne (Ms.) 00005000 Schedule: 1/9 Report: 56/66 4 Date 5 Payee name Austin Chronicle 03/22/2011 Payee address 6 Amount (\$) City; State; Zip Code P.O. Box 49066 \$749.00 Austin, TX 78765 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Advertising Expense poliltical advertisement OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name AustinToner.com 03/25/2011 Amount (\$) Payee address City: State: Zip Code 13718 Cambourne Drive \$265.21 Pflugerville, TX 78660 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Toner for Printer OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/11/2011 Capitol Rubber Stamp Amount (\$) Payee address City; State; Zip Code 3314 S. Congress Ave \$10.28 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Campaign Name Badge OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Capitol Rubber Stamp 03/28/2011 Amount (\$) Payee address City; State; Zip Code 3314 S. Congress Ave \$16.24 Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Deposit Stamp **EXPENDITURE**

Office held:

Office sought:

to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Travel Out Of District Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Schedule: 2/9 Report: 57/66 Tovo, Kathryne (Ms.) 00005000 4 Date 5 Payee name Central Market 03/31/2011 City; State; Zip Code 6 Amount (\$) Payee address 4001 N. Lamar Blvd. Austin, TX 78756 \$78.01 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Food/Beverage Expense Food for Office Opening Event OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Рауее пате Clarkie Hall Farmers Inc 03/18/2011 Amount (\$) Payee address City; State; Zip Code 5818 Balcones Dr. \$207.00 Austin, TX 78731 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Insurance for Campaign Office **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Clarkie Hall Farmers Inc. 03/18/2011 Amount (\$) Payee address City; State; Zip Code 5818 Balcones Dr. \$44.92 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedute T) **PURPOSE** Office Overhead/Rental Expense Insurance Payment for Campaign Office OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/23/2011 Compu Signs Payee address Amount (\$) City; State; Zip Code 632 N. Lamar \$281.45 Austin, TX 78703 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Printing Expense Campaign Banners and Signs **OF** EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# 2 FILER NAME Toyo, Kathryne (Ms.) Schedule: 3/9 Report: 58/66 00005000 5 Payee name Date 4 Costco 03/27/2011 Amount (\$) Payee address City; State; Zip Code 10401 Research Blvd. \$139.45 Austin, TX 78759 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Food/Beverage Expense Food for Campaign Office Opening **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Costco 03/29/2011 City, State: Payee address Zip Code Amount (\$) 10401 Research Blvd. \$173.35 Austin, TX 78759 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense Food and Beverages for Campaign Office Opening OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/29/2011 Costco Payee address Amount (\$) City; State; Zip Code 10401 Research Blvd. \$149.08 Austin, TX 78759 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Office Furniture **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Fagan, Dennis (Mr.) 03/22/2011 Amount (\$) Payee address City; State; Zip Code 1601 West 38th Street \$565.66 #201 Austin, TX 78731 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Campaign photography services OF EXPENDITURE Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Legal Services Food/Beverage Expense Consulting Expense Event Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense Office Overhead/Rental Expense Fees Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) Schedule: 4/9 Report: 59/66 00005000 5 Payee name Date 03/23/2011 Michaels 6 Amount (\$) Payee address City; State; Zip Code 3201 Bee Caves Rd \$4.32 Ste 112 Austin, TX 78746 (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 03/31/2011 Miller, Steven (Mr.) Amount (\$) Payee address City; State; Zip Code 300 Crockett St \$2,500.00 #328 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/QH Date Payee name 03/14/2011 Net Victories Payee address Amount (\$) City; State; Zip Code P.O. Box 5013 \$1,750.00 Austin, TX 78763 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Salaries/Wages/Contract Labor Contract Labor for Website Design/Build OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 03/12/2011 OfficeMax Payee address Amount (\$) City; State; Zip Code 907 West Fifth St \$79.97 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Leaflet Printing OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above) Travel Out Of District
Office Overhead/Rental Expense Polling Expense Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) 00005000 Schedule: 5/9 Report: 60/66 5 Payee name 4 Date OfficeMax 03/19/2011 6 Amount (\$) Payee address City; State; Zip Code 5451-B North IH35 \$49.65 Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 03/23/2011 OfficeMax Pavee address City; State; Zip Code Amount (\$) The Triangle Austin, TX 78756 \$90.95 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name OfficeMax 03/24/2011 Payee address Amount (\$) City: State: Zip Code The Triangle \$21.43 Austin, TX 78756 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 03/25/2011 OfficeMax Payee address City; State; Zip Code Amount (\$) The Triangle \$71.92 Austin, TX 78756 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF **EXPENDITURE**

Office held:

Office sought:

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Candidate/Officeholder/Political Committee Event Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) Schedule: 6/9 Report: 61/66 00005000 4 Date 5 Payee name OfficeMax 03/26/2011 6 Amount (\$) Payee address City; State; Zip Code The Triangle Austin, TX 78756 \$19.43 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Nametags **EXPENDITURE** 9 Complete ONLY if Office sought: Candidate / Officeholder name Office held: to benefit C/OH Date Payee name OfficeMax 03/28/2011 Amount (\$) Payee address State; City; Zip Code The Triangle \$74.95 Austin, TX 78756 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF **EXPENDITURE** Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name OfficeMax 03/29/2011 Amount (\$) Payee address City; State; Zip Code 907 West Fifth Street \$54.22 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Leaflet Printing OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Paypal 04/04/2011 Amount (\$) Payee address City; State; Zip Code 2145 Hamilton Avenue \$279.98 San Jose, CA 95125 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees Credit card processing fees for entire period OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

direct expenditure

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) Schedule: 7/9 Report: 62/66 00005000 4 Date 5 Payee name Pronto Food Mart 03/31/2011 6 Amount (\$) Payee address City: State: Zip Code 4301 Duval St. \$15.74 Austin, TX 78751 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Food/Beverage Expense Food for Campaign Office Opening Event OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 03/17/2011 T&J Building Limited, LLP Payee address City; State; Zip Code Amount (\$) \$10.00 11130 Jollyville Rd Suite #303 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Guaranty for Campaign Office Lease OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/17/2011 T&J Building Limited, LLP Amount (\$) Pavee address City; State; Zip Code 11130 Jollyville Rd \$2,500.00 Suite #303 Austin, TX 78759 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Campaign Office Rent OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 03/17/2011 T&J Building Limited, LLP Payee address City; State; Amount (\$) Zip Code 11130 Jollyville Rd \$1,500.00 Suite #303 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Rent Security Deposit OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: Office held:

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Legal Services Food/Beverage Expense Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Event Expense Polling Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) Schedule: 8/9 Report: 63/66 00005000 4 Date 5 Payee name 03/27/2011 Target 6 Amount (\$) Payee address City; State; Zip Code 5621 N IH35 \$12.43 Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Furniture OF **EXPENDITURE** 9 Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Payee name Date Tops 03/22/2011 Amount (\$) Payee address State; City; Zip Code 1100 E. 5th Street Austin, TX 78702 \$104.46 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Printer for campaign office and paper **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/24/2011 Tops Payee address Amount (\$) City; State; Zip Code 1100 E. 5th Street Austin, TX 78702 \$54.13 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Furniture OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Trujillo-Robnet, Arianna (Ms.) 03/31/2011 Amount (\$) Payee address City; State; Zip Code 3008 Kerbey Ln \$2,000.00 Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Salary OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense

P.O.Box 12070

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bank Consulting Exper Event Expense Fees	ang Legal 5 nse Food/Be Polling I Printing	ervices everage Expense Expense Expense The Instruction	Travel In District Travel Out Of Dis Office Overhead/ Guide explains hov		Contributions/Dona Candidate/Office OTHER (enter a ca m.	tions Made Bv	
1 PAGE#		2 FILER NAME			3	ACCOUNT #	(TEC filers)
Schedule: 9/9 Re	eport: 64/66	Tovo, Kathryne (M	s.)			00005000	
4 Date	5 Payee name						
03/15/2011	United Statu	s Postal Service					
6 Amount (\$)	7 Payee addres		; Zip Code				=
\$22.00	Central Park Austin, TX 7	r, West Station 78705					
8 PURPOSE OF		e Categories listed at the top nead/Rental Expense	of this schedule)	(b) Description Post Office B	(If travel outside of Te ox Rental	exas, complete S	chedule T)
EXPENDITURE							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name		Office soug	ht:	Office held:	

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) Schedule: 1/2 Report: 65/66 00005000 4 Date 5 Payee name 03/11/2011 City of Austin 6 Amount (\$) Payee address City; State; Zip Code 301 W Second St \$500.00 Austin, TX 78701 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Filing Fee **EXPENDITURE** Date Payee name 03/11/2011 GoDaddy.com Amount (\$) Payee address City; State; Zip Code 14455 N Hayden Rd \$32.05 Suite 219 Reimbursement from political contributions intended Scottsdale, AZ 85260 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Purchase Domain/Email **EXPENDITURE** Date Pavee name GoDaddy.com 03/12/2011 Amount (\$) Payee address City: State; Zip Code 14455 N Hayden Rd \$32.05 Suite 219 Reimbursement from political contributions intended Scottsdale, AZ 85260 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Purchase Domain/Email OF EXPENDITURE Date Payee name OfficeMax 03/20/2011 Pavee address Amount (\$) City: State: Zip Code The Triangle \$21.64 Austin, TX 78756 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF **EXPENDITURE**

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel O Printing Expense Office O	out Of District	Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 PAGE# Schedule: 2/2 Re	2 FILER NAME	and now to complete this form.	3 ACCOUNT # (TEC filers) 00005000
4 Date 03/21/2011	5 Payee name OfficeMax		1 0000000
6 Amount (\$) \$47.16 Reimbursement from political contributions intended	7 Payee address City; State; Zip Code The Triangle	<u>-</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Printing Expense	(b) Description (If translate) Ink, leaflet printing	avel outside of Texas, complete Schedule T)
			:
			,

SCHEDULE V - attach to form C/OH (C & E) Reference 2-2-22, Austin City Code

PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Name of Candidate/Officeholder: <u>Kathryn Tovo</u>
Enter the name and address of any person who has solicited and obtained contributions on your behalf during the reporting period of \$200 per person from five or more individuals. (This requirement does not apply to an individual who raises funds in total
amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of person soliciting contributions	Address		
Danette Chimenti *	200 The Circle, Austin, TX 78704		
Bryan King **	1809 Lightsey Rd, Austin, TX 78704		

Reminder: This form is to identify bundlers, i.e. individuals who solicit and obtain contributions on your behalf. Remember there is a separate form to identify the actual donors (C/OH).

All Contributions shown on C/OH from "bundlers" are marked with asterisks as shown above in their respective employer/occupation information.