## CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|   | CANDID   | A I E/OFFIC  | CEHOLDER   | {  |  |  |
|---|--|--|--|--|--|--|
| ACCOUNT # 000   | 005000   | PAGE   | :#   | 1 of 107   |  |  |
| CANDIDATE/ OFFICEHOLDER NAME  | MS / MRS / MR  MS. Ka  NICKNAME  Kathie To               | FIRST<br>thryne<br>LAST  | MI   | OFFICE USE ONLY  |  |  |
| ORIGINAL<br>REPORT TYPE   | January 15 July 15 30th day before election              | X Runoff  Exceeded \$500 limit  15th day after treasur appointment (officeho |  | Date Hand-delivered or Date Folkharked TT CLTT   |  |  |
| ORIGINAL PERIOD COVERED   | Month Day Year   | Final Report  Month  | Day Year   | Legal Totals  Date Processed   |  |  |
| 6 EXPLANATION OF CORE   | 05/05/2011   | THROUGH  | 06/08/2011   | Date Imaged  |  |  |
| was added for Susan Willia contributions inadvertently  | ams and Carolyn Hadnot. 2) left out. Expenditures were a | Corrected misspelling of canded to match the in-kind                         | contributor name (Jett Han   | ling \$200 or more. This information na). 3) Expenditures to match in-kind   |  |  |
| AFFIX NOTARY STAMP / SE Sworn to and subscribed to certify which, witness re                              | before me by Kath  | report is Check C I swear, c 14th busi filed is ina                          | true and correct.  ONLY if applicable: or affirm, that I am filing thiness day after the date I leaccurate or incomplete. I in the report as originally if | is corrected report not later than the earned that the report as originally swear, or affirm, that any error or filed was made in good faith.  Thure |  |  |
| Signaturate officer administering oath  |  | ame of officer administering oath  |  | officer administering oath  Report Form  |  |  |
| Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections |  |  |  |  |  |  |

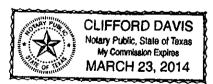
#### P.O. Box 12070 FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT ACCOUNT # 2 PAGE# The C/OH INSTRUCTION GUIDE explains how to complete this form. (Ethics Commission filers) 2 of 107 00005000 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Kathryne NAME Date Received NICKNAME LAST SUFFIX Kathie Tovo ADDRESS / PO BOX: APT / SUITE #: ZIP CODE CITY: STATE CANDIDATE / **OFFICEHOLDER** MAILING 809 W 32nd Street Austin, TX 78705 **ADDRESS** Date Hand-delivered or Date Postmarked \_\_\_ Change of Address Receipt # Amount FIRS. MS/MRS/MR CAMPAIGN Date Processed Joseph Mr. TREASURER NAME Date Imaged LAST SUFFIX NICKNAME Pinnelli STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #1 STATE ZIP CÔDE CITY: TREASURER P.O. Box 50038 **ADDRESS** Austin, TX 78763 (Residence or business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER (512) 478-5958 PHONE 8 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) Day Yea Month PERIOD THROUGH COVERED 05/05/2011 06/08/2011 **ELECTION DATE ELECTION TYPE** 10 ELECTION Month Year Dav Primary Special Runoff General 06/18/2011 OFFICE SOUGHT (if known) City Council Place 3 11 OFFICE OFFICE HELD (if any) 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; Apt / Suite #, Zip Code City: State: additional pages **GO TO PAGE 2**

#### CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME Tovo,  | 15 ACCOUNT #<br>00005000   | (Ethics Commission filers)   |    |            |  |  |
|---|--|--|----|------------|--|--|
| 16 NOTICE<br>FROM   | have been made with  | tice of political expenditures by political committees to support the calout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures |    |            |  |  |
| POLITICAL<br>COMMITTEE(S)                                 | COMMITTEE TYPE   | COMMITTEE NAME Better Austin Today PAC   |    |            |  |  |
| GENERAL COMMITTEE ADDRESS P.O. Box 91041 Austin, TX 78709 |  |  |    |            |  |  |
|   | COMMITTEE CAMPAIGN TREASURER NAME Ogunro, Sunny (Mr.)                                |  |    |            |  |  |
| Al doublet pages  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS Austin, TX 78709  |    |            |  |  |
| 17 CONTRIBUTION<br>TOTALS                                 |  | DTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN LEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED   |    |            |  |  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) |  | \$ | 64,091.57  |  |  |
| EXPENDITURE<br>TOTALS                                     | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED                     |  | \$ | 0.00       |  |  |
| <br>  | 4. TOTAL POLITICAL EXPENDITURES  |  | \$ | 128,425.34 |  |  |
| CONTRIBUTION<br>BALANCE                                   |  | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 25,918  |    |            |  |  |
| OUTSTANDING<br>LOAN TOTALS                                |  | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>Y OF THE REPORTING PERIOD  | \$ | 53,000.00  |  |  |
| 18 AFFIDAVIT  | _  |  |    |            |  |  |



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kathryne Tovo

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Canidate: Katherne Tour

, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Clifford Davis Print name of officer administering oath

## **CANDIDATE / OFFICEHOLDER REPORT:**

## FORM C/OH

| NOTICE FROM POLITCAL COMMITTEE(S) |                     |  |                            |   | ADDENDUM   |
|-----------------------------------|---------------------|--|----------------------------|---|--|
|                                   |                     |  |                            |   | Page 4 of 107  |
| C/OH NAME Tovo, Ka                | athryne (Ms.)       |  |                            |   | ACCOUNT # (Ethics Commission filers) 00005000  |
| 17 NOTICE<br>FROM<br>POLITICAL    | have been made with | tice of political expenditur<br>out the candidate's or offi<br>by receive notice of such e | iceholder's knowled        | mittees to support the candid<br>tge or consent. Candidates a | ate / officeholder. These expenditures may<br>nd officeholders are required to report this |
| COMMITTEE(S)                      | COMMITTEE TYPE      | COMMITTEE NAME   | Sierra Club P              | olitical Committee of T                                       | exas   |
|                                   | X GENERAL           | COMMITTEE ADDRESS  | 615 Willow<br>San Antonio, | TX 78202  |  |
| ·                                 | SPECIFIC            | COMMITTEE CAMPAIGN<br>TREASURER NAME   | Gonzalez, He               | ctor (Mr.)  |  |
|                                   |                     | COMMITTEE CAMPAIGN<br>TREASURER ADDRESS  | 615 Willow<br>San Antonio, | TX 78202  |  |
| •                                 |                     | -  |                            |   |  |
|                                   |                     |  |                            |   |  |
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|-----------------------------------|--|-------------------------------------|-------------------------------|--|
| The Instruction                   | ON GUIDE explains how to complete this form.   |                                     | 1 PAGE#<br>Schedule: 1/       | 77 Report: 5/107                                   |
| 2 FILER NAME                      | Tovo, Kathryne (Ms.)   |                                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |
| 4 Date                            | 5 Full name of contributor ☐ out-of-state PAC (ID. Abbott, Robin (Ms.)               | #)                                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/31/2011                        | 6 Contributor address; City; State; Zip Code 5601 Blueridge Ct. Austin, TX 78731     |                                     | * \$100.00                    | 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)   |
| 05/07/2011                        | Contributor address; City; State; Zip Code<br>9109 Edwardson Ln.<br>Austin, TX 78749 |                                     | \$25.00                       | <br>   |
|                                   |  |                                     | (If traval autoida et         | Texas, complete Schedule T)                        |
| Deineinel annue                   | tion / Joh title (Con Instructions)  | Complement (Constant                |                               | Texas, complete schedule 1)                        |
| Principal occup                   | pation / Job title (See Instructions)  | Employer (See In                    | structions)                   |  |
| Date                              | Full name of contributor   | <u> </u>                            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/08/2011                        | Contributor address; City; State; Zip Code<br>1213 West 12th<br>Austin, TX 78703     |                                     | \$350.00                      | <br>   |
|                                   |  |                                     |                               | Texas, complete Schedule T)                        |
| Principal occup<br>Retail         | pation / Job title (See Instructions)  | Employer (See In<br>Anderson's Coff |                               |  |
| Date                              | Full name of contributor   | <u> </u>                            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/03/2011                        | Contributor address; City; State; Zip Code<br>3005 Whiteway Dr<br>Austin, TX 78757   |                                     | \$350.00                      | ł<br> <br>   |
|                                   |  |                                     | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Consultant     | ation / Job title (See Instructions)   | Employer (See In:<br>Self           | structions)                   |  |
| Data                              | Full name of contributor   |                                     | Amount of                     | In kind on stalk                                   |
| Date                              | Anderson, Tyler (Mr.)  |                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/03/2011                        | Contributor address; City; State; Zip Code<br>4804 Balcones Dr.<br>Austin, TX 78731  |                                     | <b>\$</b> 350.00              |  |
|                                   |  |                                     | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Retired Austir | ation / Job title (See Instructions)<br>n Fire Dept.                                 | Employer (See Ins<br>N/A            |                               | э, ээ, ээ, ээ, ээ, ээ, ээ, ээ, ээ, ээ,             |

|   | The Instruction              | ON GUIDE explains how to complete this form.   |                                      | 1 PAGE#<br>Schedule: 2/       | 77 Report: 6/107                                    |
|---|------------------------------|--|--------------------------------------|-------------------------------|---|
| 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)  |
|   | 05/17/2011                   | 6 Contributor address; City; State; Zip Code<br>1008 S. 5th St.<br>Austin, TX 78704            |                                      | \$40.00                       | !<br>!  |
|   |                              |  |                                      | (if travel outside of         | Texas, complete Schedule T)                         |
| 9 | Principal occup              | nation / Job title (See Instructions)  | 10 Employer (See In                  | structions)                   |   |
|   | Date                         | Full name of contributor  ut-of-state PAC (ID#<br>Antrobus, Sally (Ms.)                        |                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 06/08/2011                   | Contributor address; City; State; Zip Code<br>526 Surf Oaks Dr.<br>Seabrook, TX 77586          |                                      | \$350.00                      | <br>  |
|   |                              |  |                                      | <u> </u>                      | Texas, complete Schedule T)                         |
|   | Principal occup *Book Author | ation / Job title (See Instructions)<br>/Editor  | Employer (See In<br>Self             | structions)                   |   |
|   | Date                         | Full name of contributor   | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/14/2011                   | Contributor address; City; State; Zip Code<br>110 West 33rd St<br>Austin, TX 78705             |                                      | \$100.00                      | !<br>   |
|   |                              |  |                                      | (if travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup              | ation / Job title (See Instructions)   | Employer (See In                     | 1                             | Texas, compete sorted 17                            |
|   | Date                         | Full name of contributor  ut-of-state PAC (ID# Baer, Therese (Ms.)                             | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/24/2011                   | Contributor address; City; State; Zip Code<br>5904 Mountainclimb Dr. Apt 1<br>Austin, TX 78731 |                                      | \$350.00                      | <br>  |
|   |                              |  |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup<br>Engineer  | ation / Job title (See Instructions)   | Employer (See In:<br>Baer Engineerin |                               |   |
|   | Date                         | Full name of contributor   | )                                    | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 05/17/2011                   | Contributor address; City; State; Zip Code<br>1801 West 10th St<br>Austin, TX 78703            |                                      | \$50.00                       | <br> <br>   |
|   |                              |  |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup              | ation / Job title (See Instructions)   | Employer (See Ins                    |                               | Toxas, complete selledule 1)                        |
|   | spar boodp                   |  | p.070. (000 III                      |                               |   |

|   | The Instruction                    | ON GUIDE explains how to complete this form.   |                              | 1 PAGE#<br>Schedule: 3/1      | 77 Report: 7/107                                    |  |  |
|---|------------------------------------|--|------------------------------|-------------------------------|---|--|--|
| 2 | FILER NAME                         | Tovo, Kathryne (Ms.)   |                              | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |  |  |
| 4 | Date                               | 5 Full name of contributor  ut-of-state PAC (ID# Bailey, Kris (Mr.)  | #)                           | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |  |  |
|   | 06/06/2011                         | 6 Contributor address; City; State; Zip Code<br>8418 Spring Valley Dr<br>Austin, TX 78736  |                              | \$350.00                      | <br>  |  |  |
|   |                                    |  | I                            | (If travel outside of         | Texas, complete Schedule T)                         |  |  |
| 9 | Principal occup<br>Insurance Adj   | pation / Job title (See Instructions)<br>juster  | 10 Employer (See In:<br>Self | structions)                   |   |  |  |
|   | Date                               | Full name of contributor   | ¥)                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |  |
|   | 05/26/2011                         | Contributor address; City; State; Zip Code<br>1800 W 34th St<br>Austin, TX 78703   |                              | \$50.00                       | <br>  |  |  |
|   |                                    | Additio, TX 70700  |                              | (If travel outside of         | Texas, complete Schedule T)                         |  |  |
|   | Principal occupa                   | eation / Job title (See Instructions)  | Employer (See Ins            | structions)                   |   |  |  |
|   | SUIIWale Devi                      | eiopei   | IDIVI                        |                               |   |  |  |
|   | Date                               | Full name of contributor   | <del>#</del> )               | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |  |
| ı | 05/25/2011                         | Contributor address; City; State; Zip Code<br>4112 Speedway<br>Austin, TX 78751  |                              | \$350.00                      | 1   |  |  |
|   | ĺ                                  | A Company of the Comp |                              | /lf traval auteida af         | Texas, complete Schedule T)                         |  |  |
|   | Principal occup                    | vation / Job title (See Instructions)  | Employer (See Ins            |                               | 1exas, complete scriedule 1)                        |  |  |
|   | Publisher                          |  | Austin Chronicle             | €                             |   |  |  |
|   | Date                               | Full name of contributor   | ř)                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |  |
| ( | 06/07/2011                         | Contributor address; City; State; Zip Code<br>3118 Wheeler<br>Austin, TX 78705   |                              | \$100.00  <br>                | <br> <br>   |  |  |
|   |                                    | ,  |                              | (If travel outside of         | Texas, complete Schedule T)                         |  |  |
|   | Principal occupa<br>Real Estate In | ation / Job title (See Instructions) nvestments  | Employer (See Ins<br>Self    | structions)                   |   |  |  |
|   | Date                               | Full name of contributor   | f)                           | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |  |
| ( | 05/11/2011                         | Contributor address; City; State; Zip Code<br>2730 Tether Trail<br>Austin, TX 78704  |                              | \$25.00  <br> <br>            | <br>  |  |  |
|   |                                    |  |                              | (If travel outside of         | Texas, complete Schedule T)                         |  |  |
|   | Principal occupa                   | ation / Job title (See Instructions)   | Employer (See Ins            | structions)                   |   |  |  |
|   |                                    |  |                              |                               | 1   |  |  |

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|---|-----------------|--|---------------------|-------------------------------|---|--|--|--|
| The Instruction Guide explains how to complete this form.   |                 |  |                     | 1 PAGE#<br>Schedule: 4/       | 77 Report: 8/107                                    |  |  |  |
| 2   | FILER NAME      | Tovo, Kathryne (Ms.)   |                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |  |  |  |
| 4   | Date            | 5 Full name of contributor ☐ out-of-state PAC (ID: Barnes, Jay (Mr.)                     | #)                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |  |  |  |
|   | 06/08/2011      | 6 Contributor address; City; State; Zip Code<br>1108 West 7th Street<br>Austin, TX 78703 |                     | \$100.00                      | <br>  |  |  |  |
| Ì   |                 |  |                     | (If travel outside of         | Texas, complete Schedule T)                         |  |  |  |
| 9   | Principal occup | ation / Job title (See Instructions)   | 10 Employer (See In | structions)                   |   |  |  |  |
|   | Date            | Full name of contributor   | #)                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |  |  |
|   | 06/07/2011      | Contributor address; City; State; Zip Code<br>1505 Brentwood<br>Austin, TX 78757         | •••••               | \$50.00                       | <br>  |  |  |  |
| <u> </u>  |                 |  |                     | (If travel outside of         | Texas, complete Schedule T)                         |  |  |  |
|   | Principal occup | ation / Job title (See Instructions)   | Employer (See In    | structions)                   |   |  |  |  |
|   |                 |  |                     |                               |   |  |  |  |
| _   | Date            | Full name of contributor  uut-of-state PAC (IDa  | #)                  | Amount of                     | In-kind contribution                                |  |  |  |
|   |                 | Basciano, Joyce (Ms.)  |                     | contribution (\$)             | description (if applicable)                         |  |  |  |
|   | 06/08/2011      | Contributor address; City; State; Zip Code 1907 W 34th St.                               |                     | \$50.00                       | <br>  |  |  |  |
|   | i               | Austin, TX 78703   |                     |                               | I   |  |  |  |
|   |                 |  |                     | (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#   | <u> </u>            | Amount of                     | In-kind contribution                                |  |  |  |
|   | Date            | Batson, Amanda (Ms.)   |                     | contribution (\$)             | description (if applicable)                         |  |  |  |
|   | 05/17/2011      | Contributor address; City; State; Zip Code<br>9803 Ravenwood Cove<br>Austin, TX 78750    |                     | \$100.00                      | ]<br>   |  |  |  |
|   |                 |  |                     | (If travel outside of         | Texas, complete Schedule T)                         |  |  |  |
|   | Principal occup | ation / Job title (See Instructions)   | Employer (See In    |                               |   |  |  |  |
|   |                 |  |                     |                               |   |  |  |  |
|   | Date            | Full name of contributor  ut-of-state PAC (ID#<br>Becker, Al (Mr.)                       | )                   | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |  |  |
|   | 05/21/2011      | Contributor address; City; State; Zip Code<br>3656 Ranch Creek Dr.<br>Austin, TX 78730   |                     | \$350.00                      |   |  |  |  |
|   |                 |  |                     | (If travel outside of         | Texas, complete Schedule T)                         |  |  |  |
|   |                 | ation / Job title (See Instructions)   | Employer (See In:   |                               | ·   |  |  |  |
|   | Engineer        |  | National Instrum    | nents                         |   |  |  |  |

|   | The Instruction                   | ON GUIDE explains how to complete this form.   |                                     | 1 PAGE#<br>Schedule: 5/i      | 77 Report: 9/107                                 |
|---|-----------------------------------|--|-------------------------------------|-------------------------------|--|
| 2 | FILER NAME                        | Tovo, Kathryne (Ms.)   | .,                                  | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                       |
| 4 | Date                              | 5 Full name of contributor  uut-of-state PAC (ID# Beers, Stephen (Mr.)                     | ŧ)                                  | 7 Amount of contribution (\$) | In-kind contribution description (if applicable) |
|   | 06/01/2011                        | 6 Contributor address; City; State; Zip Code<br>107 A East 47th Street<br>Austin, TX 78751 |                                     | \$250.00                      | )<br> <br>                                       |
|   | 1                                 | 1  | !                                   | (If travel outside of         | Texas, complete Schedule T)                      |
| 9 | Principal occup<br>Writer/Editor  | pation / Job title (See Instructions)  | 10 Employer (See Ins<br>Self        | structions)                   |  |
|   | Date                              | Full name of contributor   | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| , | 05/17/2011                        | Contributor address; City; State; Zip Code 1111 Nueces Street Austin, TX 78701             |                                     | \$200.00                      | }<br> <br>                                       |
|   | Di Pari conur                     |  | - Javar (Sao In                     |                               | Texas, complete Schedule T)                      |
| _ |                                   | pation / Job title (See Instructions) Project Manager                                      | Employer (See Ins<br>Beinecke Prese |                               | and Project Management                           |
| _ | Date                              | Full name of contributor   | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
|   | 05/20/2011                        | Contributor address; City; State; Zip Code 1505 Travis Hts Blvd                            |                                     | \$350.00                      | <br>   |
| - |                                   | Austin, TX 78704   |                                     | <u> </u>                      | Texas, complete Schedule T)                      |
|   | Principal occupa<br>Union Steel W | oation / Job title (See Instructions)<br>Vorker  | Employer (See Ins<br>OSI            | structions)                   |  |
|   | Date                              | Full name of contributor   | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
|   | 05/18/2011                        | Contributor address; City; State; Zip Code 5607 Montview St. Austin, TX 78756              | , , , , , , , , , , , , , , , , ,   | \$25.00  <br> <br>            | <br>   |
|   | 1                                 | 1  | J                                   | (If travel outside of         | Texas, complete Schedule T)                      |
|   | Principal occupa                  | ation / Job title (See Instructions)   | Employer (See Ins                   |                               |  |
|   | Date                              | Full name of contributor  ut-of-state PAC (ID# Biedrzycki, Carol (Ms.)                     | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| , | 05/30/2011                        | Contributor address; City; State; Zip Code<br>1411 Gracy Farms Ln #23<br>Austin, TX 78758  |                                     | \$50.00  <br> <br>            | <br>   |
|   |                                   | ı  | 1                                   | (If travel outside of         | Texas, complete Schedule T)                      |
|   | Principal occup                   | eation / Job title (See Instructions)  | Employer (See Ins                   | structions)                   |  |
|   |                                   |  |                                     |                               |  |

|   | The Instruction         | ON GUIDE explains how to complete this form.  |   | 1 PAGE#<br>Schedule: 6/7      | 77 Report: 10/107                                   |
|---|-------------------------|---|---|-------------------------------|---|
| 2 | FILER NAME              | Tovo, Kathryne (Ms.)  |   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 | Date                    | 5 Full name of contributor ☐ out-of-state PAC (ID#<br>Bird, Sarah (Ms.)                     | <u> </u>                                | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
|   | 06/07/2011              | 6 Contributor address; City; State; Zip Code 6102 Mountainclimb Dr. Austin, TX 78731        | , | \$50.00                       | <br>  |
|   |                         |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 | Principał occup         | pation / Job title (See Instructions)   | 10 Employer (See In:                    | structions)                   |   |
|   | Date                    | Full name of contributor  | t)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 06/08/2011              | Contributor address; City; State; Zip Code<br>10912 Enchanted Rock Cove<br>Austin, TX 78726 |   | \$25.00                       | <br>  |
|   |                         |   |   | <u> </u>                      | 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)    |
|   | 05/14/2011              | Contributor address; City; State; Zip Code<br>2006 South Oak Canyon Rd.<br>Austin, TX 78746 |   | \$100.00<br>                  | <br>  |
|   |                         |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| • | Principal occup         | eation / Job title (See Instructions)   | Employer (See Ins                       | <u> </u>                      |   |
|   | Date                    | Full name of contributor  | )                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 06/07/2011              | Contributor address; City; State; Zip Code<br>1808 Forestglade Dr.<br>Austin, TX 78745      |   | \$50.00  <br> <br>            | <br> <br> -   |
|   |                         |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| • | Principal occupa        | ation / Job title (See Instructions)  | Employer (See Ins                       | structions)                   |   |
|   | Date                    | Full name of contributor  | )                                       | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 05/21/2011              | Contributor address; City; State; Zip Code<br>9206 Brigadoon Cove<br>Austin, TX 78750       |   | \$100.00  <br>                | 1<br>   |
|   | {                       |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occupa<br>CPA | ation / Job title (See Instructions)  | Employer (See Ins<br>Self               | ·                             |   |
|   |                         |   |   |                               |   |

| The Instructi     | ON GUIDE explains how to comple  | ete this form.        |                     | 1 PAGE#<br>Schedule: 7/       | 77 Report: 11/107                                   |
|-------------------|--|-----------------------|---------------------|-------------------------------|---|
| 2 FILER NAME      | Tovo, Kathryne (Ms.)   |                       |                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date            | 5 Full name of contributor Bope, Flannery (Mr.)                        | out-of-state PAC (ID# | ·)                  | 7 Amount of contribution (\$) | In-kind contribution description (if applicable)    |
| 05/18/2011        | 6 Contributor address; City<br>3200 S. 1st St #815<br>Austin, TX 78704 | y; State; Zip Code    |                     | \$25.00                       | [<br> <br>  |
|                   |  |                       |                     | (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 Bornstein, Sue (Ms.)                          | out-of-state PAC (ID# | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/26/2011        | 909 Post Oak St.   | y; State; Zip Code    |                     | \$100.00                      | <b>\</b><br>  |
|                   | Austin, TX 78704   |                       |                     |                               | _   |
|                   |  |                       |                     | <u> </u>                      | Texas, complete Schedule T)                         |
| Principal occur   | pation / Job title (See Instructions)                                  |                       | Employer (See In    | structions)                   |   |
| Date              | Full name of contributor D<br>Boulton, Monica (Ms.)                    | out-of-state PAC (ID# | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/08/2011        | Contributor address; City<br>3802 B Byron Dr<br>Austin, TX 78704       | y; State; Zip Code    |                     | \$20.00                       | <br>  |
| •                 |  |                       | :                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup   | ation / Job title (See Instructions)                                   |                       | Employer (See In:   |                               |   |
|                   |  |                       |                     |                               |   |
| Date              | Full name of contributor D<br>Bowman, Lanier (Mr.)                     | out-of-state PAC (ID# | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/26/2011        | Contributor address; City<br>12041 Dessau Rd #508<br>Austin, TX 78754  | y; State; Zip Code    |                     | \$50.00                       | <br>  |
|                   |  |                       |                     | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup   | ation / Job title (See Instructions)                                   |                       | Employer (See Ins   | structions)                   |   |
| Date              | Full name of contributor Bowman, Maxcine (Ms.)                         | out-of-state PAC (ID# | )                   | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/26/2011        |  | y; State; Zip Code    |                     | \$50.00 <sub> </sub>          |   |
|                   |  |                       |                     | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup   | ation / Job title (See Instructions)                                   |                       | Employer (See Ins   | ·                             | reads, complete schedule 1)                         |
|                   |  |                       |                     |                               |   |

| TI          | не Імѕтвистю  | אס Guide explains how to complete t                                 | his form.            |   | 1 PAGE#<br>Schedule: 8/       | 77 Report: 12/107  |
|-------------|---------------|---|----------------------|---|-------------------------------|--|
| 2 FII       | LER NAME      | Tovo, Kathryne (Ms.)  | -                    | · -                                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)   |
| 4           | Date          | 5 Full name of contributor □ ou<br>Braun, Carl (Mr.)                | it-of-state PAC (ID  | #)                                      | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)                       |
| 05          | /31/2011      | 6 Contributor address; City;<br>2506 Douglas St<br>Austin, TX 78741 | State; Zip Code      |   | \$25.00                       | <u> </u><br> <br>  |
|             |               |   |                      |   | (If travel outside of         | Texas, complete Schedule T)  |
| <b>9</b> Pr | incipal occup | ation / 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)                         |
| 05.         | /14/2011      | Contributor address; City;<br>1406 Newning<br>Austin, TX 78704      | State; Zip Code      |   | \$30.00                       | !<br>  |
|             |               |   |                      |   | (If travel outside of         | Texas, complete Schedule T)  |
| Pri         | incipal occup | ation / Job title (See Instructions)                                |                      | Employer (See In                        |                               | Toxas, sompete conclude 17   |
|             |               |   |                      |   |                               |  |
|             | Date          | Full name of contributor  | t-of-state PAC (ID#  | )                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)                         |
| 05,         | /26/2011      | Contributor address; City; 1406 Newning<br>Austin, TX 78704         | State; Zip Code      | •••••                                   | \$25.00                       | <br>   |
|             |               |   |                      |   | (If travel outside of         | Texas, complete Schedule T)  |
| Pri         | incipal occup | ation / Job title (See Instructions)                                | •                    | Employer (See In                        |                               |  |
|             |               |   |                      |   |                               |  |
|             | Date          | Full name of contributor  | t-of-state PAC (ID#  | <i>f</i> )                              | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable)<br>Ink Pad and Stamp |
| 05/         | /19/2011      | Contributor address; City; 5306 Guadalupe Ave<br>Austin, TX 78701   | State; Zip Code      | • | \$36.81                       | purchased from Capitol<br>Rubber Stamp                                   |
|             |               |   |                      |   | (If travel outside of         | Texas, complete Schedule T)  |
| Pri         | ncipal occup  | ation / Job title (See Instructions)                                | -                    | Employer (See In:                       | structions)                   |  |
|             | Date          | Full name of contributor  | t-of-state PAC (ID#  | ,                                       | Amount of                     | In-kind contribution   |
|             | Date          | Bunch, William (Mr.)  | t of state 1 Ao (15" |   | contribution (\$)             | description (if applicable)  |
| 06/         | /08/2011      | Contributor address; City; 1307 Oxford Ave<br>Austin, TX 78704      | State; Zip Code      | ,                                       | \$350.00                      | <br>   |
|             |               |   |                      |   | (If travel outside of         | Texas, complete Schedule T)  |
|             |               | ation / Job title (See Instructions)                                |                      | Employer (See In:                       | structions)                   | <u></u>  |
| Att         | torney        |   |                      | Save Our Spring                         | gs Alliance                   |  |

|   | OTHER                             |   |                                    |                                       |   |
|---|-----------------------------------|---|------------------------------------|---------------------------------------|---|
|   | The Instruction                   | אס Guide explains how to complete this form.  |                                    | 1 PAGE#<br>Schedule: 9/               | 77 Report: 13/107                                   |
| 2 | FILER NAME                        | Tovo, Kathryne (Ms.)  |                                    | 3 ACCOUNT # 00005000                  | (Ethics Commission filers)                          |
| 4 | Date                              | 5 Full name of contributor ☐ out-of-state PAC (ID)<br>Burnham, Joan (Ms.)           | <del>/</del> )                     | 7 Amount of contribution (\$)         | 8 In-kind contribution description (if applicable)  |
|   | 06/07/2011                        | 6 Contributor address; City; State; Zip Code<br>108 W 33rd St<br>Austin, TX 78705   |                                    | \$50.00                               | \<br>   |
|   | !                                 |   |                                    | (If travel outside of                 | Texas, complete Schedule T)                         |
| 9 | 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)    |
|   | 05/18/2011                        | Contributor address; City; State; Zip Code<br>P.O. Box 9349<br>Austin, TX 78766     |                                    | \$100.00                              | <br> <br><del> </del>                               |
|   |                                   |   | <u> </u>                           | <u> </u>                              | Texas, complete Schedule T)                         |
|   | Principal occup                   | ation / Job title (See Instructions)  | Employer (See In                   | structions)                           | - 21 - 22   |
|   | Date                              | Full name of contributor  ut-of-state PAC (ID# Burton, Amon (Mr.)                   | )                                  | Amount of contribution (\$)           | In-kind contribution<br>description (if applicable) |
|   | 05/20/2011                        | Contributor address; City; State; Zip Code<br>1306 Guadalupe St<br>Austin, TX 78701 |                                    | \$350.00                              | }<br> <br>  |
|   |                                   |   |                                    | (If travel outside of                 | Texas, complete Schedule T)                         |
|   | Principal occup<br>Attorney       | ation / Job title (See Instructions)  | Employer (See In<br>Self           | structions)                           |   |
|   | Date                              | Full name of contributor  | )                                  | Amount of contribution (\$)           | In-kind contribution<br>description (if applicable) |
| ı | 05/07/2011                        | Contributor address; City; State; Zip Code<br>902 W 31st<br>Austin, TX 78705        |                                    | \$250.00                              |   |
|   | Ì                                 |   |                                    | (If travel outside of                 | Texas, complete Schedule T)                         |
|   | Principal occup<br>Family Practit | ation / Job title (See Instructions)<br>ioner                                       | Employer (See In<br>Seton McCarthy |                                       |   |
|   | Date                              | Full name of contributor  ut-of-state PAC (ID# Carlson, Michelle (Ms.)              | )                                  | Amount of contribution (\$)           | In-kind contribution description (if applicable)    |
| ( | 05/07/2011                        | Contributor address; City; State; Zip Code<br>903 W 31st<br>Austin, TX 78705        |                                    | \$25.00                               |   |
|   |                                   |   |                                    | /If traval outside of                 | Texas, complete Schedule T)                         |
|   | Principal occurs                  | ation / Job title (See Instructions)  | Employer (See Ins                  |                                       | Toxas, complete schedule 1)                         |
|   | E 0200b.                          | ,   | - ;··· , -·                        | · · · · · · · · · · · · · · · · · · · |   |

#### 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: 10/77 Report: 14/107 (Ethics Commission filers) 3 ACCOUNT# 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) Carlton, Carl (Mr.) 06/08/2011 6 Contributor address; City; State; Zip Code \$50.00 P.O. Box 444 Austin, TX 78655 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ☐ out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Carpenter, Sue (Ms.) City; State; Zip Code 05/17/2011 Contributor address: \$50.00 3028 Sunland Austin, TX 78748 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#\_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Carter, Patrick (Mr.) 05/14/2011 Contributor address; City; State; Zip Code \$200.00 P.O. Box 141514 Austin, TX 78714 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Carter and Juarez Contracting LLC Date Full name of contributor ut-of-state PAC (ID#\_ In-kind contribution Amount of contribution (\$) description (if applicable) Cartlidge, Ron (Mr.)

| Principal occuş | pation / Job title (See Instructions)   | Employer (See In | <u> </u>                    | Texas, complete Schedule T)                         |
|-----------------|---|------------------|-----------------------------|---|
| Date            | Full name of contributor  | #)               | Amount of contribution (\$) | In-kind contribution<br>description (if applicable) |
| 06/02/2011      | Contributor address; City; State; Zip Code<br>1715 Norris Dr.<br>Austin, TX 78704 |                  | \$100.00                    | Fexas, complete Schedule T) ☐                       |
| Principal occur | pation / Job title (See Instructions)   | Employer (See In | structions)                 |   |

City; State; Zip Code

05/26/2011

Contributor address;

1802 Woodland Ave Austin TX 78741

\$25.00

|                                |   | A.B.                              |                               | <del></del>   |
|--------------------------------|---|-----------------------------------|-------------------------------|---|
| The Instruction                | ON GUIDE explains how to complete this form.  |                                   | 1 PAGE#<br>Schedule: 11       | /77 Report: 15/107                                  |
| 2 FILER NAME                   | Tovo, Kathryne (Ms.)  |                                   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                         | 5 Full name of contributor  uut-of-state PAC (ID#<br>Cathcart, Mark (Mr.)                 | <del>/</del> )                    | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/30/2011                     | 6 Contributor address; City; State; Zip Code<br>605 W Johanna St.<br>Austin, TX 78704     |                                   | \$350.00                      | <br>  |
|                                |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 Principal occur<br>Director  | oation / Job title (See Instructions)   | 10 Employer (See In<br>Dell Inc.  | structions)                   |   |
| Date                           | Full name of contributor  | )                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/17/2011                     | Contributor address; City; State; Zip Code 2008 Arthur Lane Austin, TX 78704              |                                   | \$25.00                       | <br>  |
|                                | August, TATOTO  |                                   |                               | · · · · · · · · · · · · · · · · · · ·               |
| Principal occur                | pation / Job title (See Instructions)   | Employer (See In                  | 1. :                          | Texas, complete Schedule T)                         |
| <i>-</i> гипсіраї оссир        | Nation 7 Job title (See Mistractions)   | Employer (See in                  | structions)                   |   |
| Date                           | Full name of contributor  out-of-state PAC (ID# Chemet, Tsegaye (Mr.)                     | )                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/19/2011                     | Contributor address; City; State; Zip Code<br>1915 Wells Branch #1614<br>Austin, TX 78728 |                                   | \$350.00                      | <b>}</b><br>  |
|                                | Adsuri, 17,70720  |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Taxi Driver | pation / Job title (See Instructions)   | Employer (See In<br>Lone Star Cab | structions)                   |   |
| Date                           | Full name of contributor  | )                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/16/2011                     | Contributor address; City; State; Zip Code<br>200 The Circle<br>Austin, TX 78704          |                                   | \$350.00                      | <br> <br>   |
| •                              |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>*Consultant | ation / Job title (See Instructions)  | Employer (See In<br>Self          | structions)                   |   |
| Date                           | Full name of contributor  | )                                 | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 06/08/2011                     | Contributor address; City; State; Zip Code<br>4531 Cedar Ridge Tr.<br>Houston, TX 77059   |                                   | \$350.00                      |   |
|                                |   |                                   | (if travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>*Retired    | ation / Job title (See Instructions)  | Employer (See Ins<br>N/A          |                               | Todas, complete Schedule 1)                         |
|                                |   |                                   |                               |   |

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|----|-------|-------|-------|------|
| -  | mb    | - 1 1 | <br>_ | - 43 |

| The Instruction                 | ON GUIDE explains how to complete this form.  | -                                       | 1 PAGE#<br>Schedule: 12       | 2/77 Report: 16/107                                 |
|---------------------------------|---|---|-------------------------------|---|
| 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)  |
| 06/08/2011                      | 6 Contributor address; City; State; Zip Code 4531 Cedar Ridge Tr. Houston, TX 77059 |   | \$350.00                      | <br> -<br>  |
|                                 |   |   | (if travel outside of         | Texas, complete Schedule T)                         |
| 9 Principal occup<br>*Retired   | pation / Job title (See Instructions)   | 10 Employer (See In<br>N/A              | structions)                   |   |
| Date                            | Full name of contributor  | #)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/07/2011                      | Contributor address; City; State; Zip Code<br>807 West 16th St<br>Austin, TX 78701  |   | \$100.00                      | <br>  |
|                                 | Austri, 1276701   |   |                               | ·   |
| Deitaria da a casa              |   |   | 1 '                           | Texas, complete Schedule T)                         |
| Principal occup                 | pation / Job title (See Instructions)   | Employer (See In                        | structions)                   |   |
| Date                            | Full name of contributor  | <del>"</del> )                          | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/21/2011                      | Contributor address; City; State; Zip Code<br>302 W Johanna<br>Austin, TX 78704     |   | \$350.00                      | <br>  |
|                                 |   | _                                       | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Environmenta | ation / Job title (See Instructions)<br>al Activist                                 | Employer (See In<br>Save Our Sprin      |                               |   |
| Date                            | Full name of contributor  | <u> </u>                                | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/07/2011                      | Contributor address; City; State; Zip Code<br>3011 West Ave.<br>Austin, TX 78705    | • | \$20.00                       |   |
|                                 | Austin, 1770/05   |   |                               |   |
|                                 |   | F1 (O1-                                 | <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<br>description (if applicable) |
| 05/14/2011                      | Contributor address; City; State; Zip Code<br>2909 Oak Lane Dr.<br>Austin, TX 78704 |   | \$50.00                       |   |
|                                 |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
|                                 | ation / Job title (See Instructions)  | Employer (See Ins                       | structions)                   | <u> </u>  |
| Retired                         |   | N/A                                     |                               |   |

P.O.Box 12070

|   | The Instruction             | אס Guide explains how to complete this form.  |                                     | 1 PAGE#<br>Schedule: 13       | 8/77 Report: 17/107                              |
|---|-----------------------------|---|-------------------------------------|-------------------------------|--|
| 2 | FILER NAME                  | Tovo, Kathryne (Ms.)  |                                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                       |
| 4 | Date                        | 5 Full name of contributor ☐ out-of-state PAC (ID# Clayton, Billy (Mr.)               | *)                                  | 7 Amount of contribution (\$) | 8  |
|   | 05/18/2011                  | 6 Contributor address; City; State; Zip Code<br>2909 Oak Lane Dr.<br>Austin, TX 78704 | , ,                                 | \$100.00                      | {<br>}   |
|   |                             |   |                                     | (If travel outside of         | Texas, complete Schedule T)                      |
| 9 | Principal occup<br>Retired  | ation / Job title (See Instructions)  | 10 Employer (See In<br>N/A          | structions)                   |  |
|   | Date                        | Full name of contributor  | <u> </u>                            | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
|   | 06/08/2011                  | Contributor address; City; State; Zip Code<br>2909 Oak Lane Dr.<br>Austin, TX 78704   |                                     | \$50.00                       | <br>   |
|   |                             |   |                                     | (If travel outside of         | Texas, complete Schedule T)                      |
|   |                             | ation / Job title (See Instructions)  | Employer (See In                    | structions)                   |  |
|   | Retired                     |   | N/A                                 | <del></del>                   |  |
|   | Date                        | Full name of contributor  ut-of-state PAC (ID# Coldiron, Ron (Mr.)                    | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
|   | 05/26/2011                  | Contributor address; City; State; Zip Code<br>6509 Marblewood<br>Austin, TX 78731     | ••••                                | \$50.00                       | <br>   |
|   |                             | Ausuii, 1270701   |                                     | (If the vel extended of       | Texas, complete Schedule T)                      |
|   | Principal occup             | ation / Job title (See Instructions)  | Employer (See In:                   | `                             | Texas, complete schedule 1)                      |
|   |                             |   |                                     |                               |  |
|   | Date                        | Full name of contributor  ut-of-state PAC (ID# Cole, Kevin (Mr.)                      | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
|   | 05/19/2011                  | Contributor address; City; State; Zip Code<br>4101 Wildwood Rd.<br>Austin, TX 78722   |                                     | \$350.00                      | <br>   |
|   |                             |   |                                     | (If travel outside of         | Texas, complete Schedule T)                      |
|   | Principal occup<br>Attorney | ation / Job title (See Instructions)  | Employer (See Ins<br>The Cole Law F |                               |  |
|   | Date                        | Full name of contributor  | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
|   | 05/18/2011                  | Contributor address; City; State; Zip Code<br>4019 Tealwood<br>Austin, TX 78731       |                                     | \$10.00                       | }<br> <br>                                       |
|   |                             |   |                                     | •                             | Texas, complete Schedule T)                      |
|   | Principal occup             | ation / Job title (See Instructions)  | Employer (See Ins                   | structions)                   |  |

#### TDD 1-800-735-2989

SCHEDULE A

## **POLITICAL CONTRIBUTIONS** OTHER THAN DI FOGES OR LOANS

| OTHER                        |  | NO                          |                               |  |
|------------------------------|--|-----------------------------|-------------------------------|--|
| The Instruct                 | TION GUIDE explains how to complete this form.   |                             | 1 PAGE#<br>Schedule: 14       | 1/77 Report: 18/107  |
| 2 FILER NAME                 | Tovo, Kathryne (Ms.)   |                             | 3 ACCOUNT # 00005000          | (Ethics Commission filers)   |
| 4 Date                       | 5 Full name of contributor ☐ out-of-state PAC (ID# Cook, R. Scott (Mr.)                  | <i>‡</i> )                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)                       |
| 05/15/2011                   | 6 Contributor address; City; State; Zip Code<br>1300 Karen Ave.,<br>Austin, TX 78757     |                             | \$250.00                      | <br>   |
|                              |  |                             |                               | Texas, complete Schedule T)  |
| 9 Principal occu<br>Attorney | pation / Job title (See Instructions)  | 10 Employer (See In<br>Self | nstructions)                  |  |
| Date                         | Full name of contributor   | )                           | Amount of contribution (\$)   | In-kind contribution description (if applicable) Email List - 1 time use |
| 05/06/2011                   | Contributor address; City; State; Zip Code<br>1304 Alta Vista Avenue<br>Austin, TX 78704 |                             | \$75.00                       | ;<br> <br>   |
|                              |  |                             | (If travel outside of         | Texas, complete Schedule T)  |
| Principal occu               | pation / Job title (See Instructions)  | Employer (See Ir            | nstructions)                  |  |
| Date                         | Full name of contributor   | )                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)                         |
| 05/17/2011                   | Contributor address; City; State; Zip Code 3100 Catalina Dr. Austin, TX 78741            |                             | \$25.00                       | }<br> <br>   |
|                              |  |                             | (If travel outside of         | Texas, complete Schedule T)  |
| Principal occu               | pation / Job title (See Instructions)  | Employer (See Ir            | nstructions)                  |  |
| Date                         | Full name of contributor  ut-of-state PAC (ID# Crow, Dan (Mr.)                           | )                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)                         |
| 05/31/2011                   | Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704               |                             | \$350.00                      | }<br>1<br>1  |
|                              |  |                             | (If travel outside of         | Texas, complete Schedule T)  |
| Principal occu<br>Retired    | pation / Job title (See Instructions)  | Employer (See In<br>N/A     | structions)                   |  |
| Date                         | Full name of contributor  ut-of-state PAC (ID# Crow, Lindsey (Ms.)                       | )                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)                         |
| 06/07/2011                   | Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705               |                             | \$50.00                       |  |
|                              |  |                             | (If travel outside of         | Texas, complete Schedule T)  |
| Principal occu               | pation / Job title (See Instructions)  | Employer (See In            | structions)                   |  |
|                              |  |                             |                               |  |

| The Instructi                | ON GUIDE explains how to complete this form.   |   | 1 PAGE#<br>Schedule: 15       | 5/77 Report: 19/107                                |
|------------------------------|--|---|-------------------------------|--|
| 2 FILER NAME                 | Tovo, Kathryne (Ms.)   |   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |
| 4 Date                       | 5 Full name of contributor ☐ out-of-state PAC (ID: Crow, Steven (Mr.)                    | #)                                      | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/09/2011                   | 6 Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705             |   | \$100.00                      | †<br>†<br>   |
|                              |  |   | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 Principal occup<br>MD      | pation / Job title (See Instructions)  | 10 Employer (See In<br>David Powell C   |                               |  |
| Date                         | Full name of contributor  ut-of-state PAC (ID: Crow, Steven (Mr.)                        | #)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/31/2011                   | Contributor address; City; State; Zip Code 3018 West Ave.<br>Austin, TX 78705            | • | \$100.00                      | <br>   |
|                              |  |   | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occur<br>MD        | pation / Job title (See Instructions)  | Employer (See In<br>David Powell C      |                               |  |
| Date                         | Full name of contributor  out-of-state PAC (ID: Cubillos, Ruben (Mr.)                    | )                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/20/2011                   | Contributor address; City; State; Zip Code 3816 S. Lamar #2113 Austin, TX 78704          |   | \$350.00                      | <br>   |
|                              |  |   | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Associate | pation / Job title (See Instructions)  | Employer (See In<br>Brisa Communi       |                               |  |
| Date                         | Full name of contributor  ut-of-state PAC (ID#<br>Curry, Michael (Mr.)                   | #)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/21/2011                   | Contributor address; City; State; Zip Code<br>211 E 7th St Suite 920<br>Austin, TX 78701 |   | \$100.00                      | <br>   |
| <u> </u>                     |  |   | <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#<br>Dailey, Denise (Ms.)                   | <u> </u>                                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/09/2011                   | Contributor address; City; State; Zip Code<br>1415 Dwyce Dr.<br>Austin, TX 78757         |   | \$50.00                       | <br> <br>  |
|                              |  |   | <u> </u>                      | Texas, complete Schedule T)                        |
| Principal occup              | eation / Job title (See Instructions)  | Employer (See In:                       | structions)                   |  |

| The Instruction Guide explains how to complete this form.                                 | 1 PAGE #  |             |
|---|---|-------------|
| 2 FILER NAME Tovo, Kathryne (Ms.)   | Schedule: 16/77 Report: 20/107  3 ACCOUNT # (Ethics Commission f 00005000 | ilers)      |
| 4 Date 5 Full name of contributor ☐ out-of-state PAC (If Daniel, Harold (Mr.)             |   |             |
| 05/21/2011 6 Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735   | \$350.00  |             |
|   | (If travel outside of Texas, complete Schedu                              | ule T)      |
| Principal occupation / Job title (See Instructions)     Systems Analyst                   | 10 Employer (See Instructions) Optimization Alternatives                  |             |
| Date Full name of contributor out-of-state PAC (IED Davis, Dick (Mr.)                     | Amount of In-kind contribution (\$) description (if app                   |             |
| 05/21/2011 Contributor address; City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704   | \$100.00  |             |
| August (Arbros)   | (Manual publide of Tours as males Cohed                                   | I           |
| Principal accumption / Joh titla (See Instructions)                                       | (If travel outside of Texas, complete Schedu                              | ile I) [    |
| Principal occupation / Job title (See Instructions)                                       | Employer (See Instructions)   |             |
| Date Full name of contributor out-of-state PAC (ID Davis, Janet (Ms.)                     | #) Amount of In-kind contribution (\$) description (if app                |             |
| 05/07/2011 Contributor address; City; State; Zip Code 2602 Twin Oaks Dr. Austin, TX 78757 | \$100.00  |             |
| Ausuri, TX 70737  | l<br>(If travel outside of Texas, complete Schedu                         | ıle T)      |
| Principal occupation / Job title (See Instructions)                                       | Employer (See Instructions)   |             |
| Date Full name of contributor out-of-state PAC (ID Deaderick, Suzanne (Ms.)               | #) Amount of In-kind contribution (\$) description (if app                | • • • • • • |
| O6/08/2011 Contributor address; City; State; Zip Code 2502 Harris Blvd. Austin, TX 78703  | \$100.00   I  |             |
|   | (If travel outside of Texas, complete Schedu                              | le T)       |
| Principal occupation / Job title (See Instructions)                                       | Employer (See Instructions)   |             |
| Date Full name of contributor  out-of-state PAC (ID Dealey, Amanda (Ms.)                  | #) Amount of In-kind contribution (\$) description (if appl               |             |
| O5/18/2011 Contributor address; City; State; Zip Code 5401 Ridge Oak Dr. Austin, TX 78731 | \$350.00  |             |
|   | (if travel outside of Texas, complete Schedu                              | le T) □     |
| Principal occupation / Job title (See Instructions) Retired                               | Employer (See Instructions)<br>N/A  |             |

|   | The Instruction                  | ON GUIDE explains how to complete this form.  | 1 PAGE#<br>Schedule: 17             | 7/77 Report: 21/107           |   |
|---|----------------------------------|---|-------------------------------------|-------------------------------|---|
| 2 | FILER NAME                       | Tovo, Kathryne (Ms.)  |                                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 | Date                             | 5 Full name of contributor  ut-of-state PAC (ID: Dealey, Christopher (Mr.)                  | <del>"</del> )                      | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
|   | 06/07/2011                       | 6 Contributor address; City; State; Zip Code<br>5401 Ridge Oak Dr.<br>Austin, TX 78731      |                                     | \$350.00                      | <br>  |
|   |                                  |   |                                     | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 | Principal occup<br>Rancher       | ation / Job title (See Instructions)  | 10 Employer (See In<br>Mayhew Ranch |                               |   |
|   | Date                             | Full name of contributor  | <del>"</del> )                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/20/2011                       | Contributor address; City; State; Zip Code<br>323 Congress #250<br>Austin, TX 78701         |                                     | \$350.00                      | <br>  |
|   | Dissipator                       | ction / Joh Hills (Condinateurs)  | Complement (Comple                  |                               | Texas, complete Schedule T)                         |
|   | Associate                        | ation / Job title (See Instructions)  | Employer (See In<br>Brisa Communi   |                               |   |
|   | Date                             | Full name of contributor  | <u> </u>                            | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/18/2011                       | Contributor address; City; State; Zip Code<br>6112 Highlandale Dr.<br>Austin, TX 78731      |                                     | \$350.00                      | <br>  |
|   |                                  |   |                                     |                               | Texas, complete Schedule T)                         |
|   | Principal occup Accounting       | ation / Job title (See Instructions)  | Employer (See In:<br>Travis County  | structions)                   |   |
|   | Date                             | Full name of contributor  ut-of-state PAC (ID#  | ()                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/14/2011                       | Contributor address; City; State; Zip Code<br>1801 Broken Shoe Cove<br>Round Rock, TX 78681 |                                     | \$350.00                      | <br>  |
|   |                                  |   |                                     | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup<br>Real Estate M | ation / Job title (See Instructions)<br>lanager   | Employer (See Ins<br>Reagan Nationa | structions)                   |   |
|   | Date                             | Full name of contributor  | :)                                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 05/14/2011                       | Contributor address; City; State; Zip Code<br>1801 Broken Shoe Cove<br>Round Rock, TX 78681 |                                     | \$350.00                      | <br>  |
|   |                                  |   |                                     |                               |   |
|   | Principal occup                  | ation / Job title (See Instructions)  | Employer (See Ins                   |                               | Texas, complete Schedule T)                         |
|   | LVN                              |   | Texas Orthoped                      |                               |   |

| The Instruct                           | TION GUIDE explains how to complete this form.  |  | 1 PAGE#<br>Schedule: 18       | 3/77 Report: 22/107                                   |
|--|---|--|-------------------------------|---|
| 2 FILER NAME                           | Tovo, Kathryne (Ms.)  |  | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                            |
| 4 Date                                 | 5 Full name of contributor ☐ out-of-state PAC (ID# Dettman, Greg (Mr.)                    | #)                                       | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)    |
| 05/18/2011                             | 6 Contributor address; City; State; Zip Code<br>9113 Old Lampasas Tr.<br>Austin, TX 78750 |  | \$200.00                      | <br>  |
|  |   | · ———                                    | <u> </u>                      | Texas, complete Schedule T)                           |
| 9 Principal occu<br>Owner              | upation / Job title (See Instructions)  | 10 Employer (See In:<br>Sport Court of A |                               |   |
| Date                                   | Full name of contributor  uut-of-state PAC (ID# Deuser, Larry (Mr.)                       | <i>f</i> )                               | Amount of contribution (\$)   | In-kind contribution description (if applicable)      |
| 05/11/2011                             | Contributor address; City; State; Zip Code 111 Rudder Dr. Austin, TX 78738                |  | \$100.00                      | <br>  |
|  |   |  | <u> </u>                      | Texas, complete Schedule T)                           |
| Principal occu                         | upation / Job title (See Instructions)  | Employer (See Ins                        | structions)                   |   |
|  |   |  |                               |   |
| Date                                   | Full name of contributor  ut-of-state PAC (ID# Deyoung, Claire (Ms.)                      | )  | Amount of contribution (\$)   | In-kind contribution description (if applicable)      |
| 06/08/2011                             | Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768               |  | \$100.00                      | <br>  |
|  |   | I  | (If travel outside of         | Texas, complete Schedule T)                           |
| Principal occu                         | upation / Job title (See Instructions)  | Employer (See Ins                        | <u> </u>                      |   |
|  |   | l  |                               |   |
| Date                                   | Full name of contributor  | )  | Amount of contribution (\$)   | In-kind contribution description (if applicable)      |
| 05/26/2011                             | Contributor address; City; State; Zip Code<br>9 Niles Rd<br>Austin, TX 78703              |  | \$350.00                      | <br> <br>   |
|  |   |  | (If travel outside of         | Texas, complete Schedule T)                           |
| Principal occu<br>Teacher              | pation / Job title (See Instructions)   | Employer (See Ins<br>Waldorf School      |                               |   |
| Date                                   | Full name of contributor  ut-of-state PAC (ID# Dileo, Tracy (Ms.)                         | )  | Amount of contribution (\$)   | In-kind contribution<br>  description (if applicable) |
| 05/26/2011                             | Contributor address; City; State; Zip Code<br>9 Niles Rd<br>Austin, TX 78703              |  | \$350.00  <br> <br>           | <br>  |
|  |   |  | <u> </u>                      | Texas, complete Schedule T)                           |
| Principal occu <sub>l</sub><br>Partner | pation / Job title (See Instructions)   | Employer (See Ins<br>Killam Oil Co       | structions)                   |   |

| The Instruct              | ION GUIDE explains how to complete this form.                                     |                                     | 1 PAGE#<br>Schedule: 19       | 9/77 Report: 23/107                              |
|---------------------------|---|-------------------------------------|-------------------------------|--|
| 2 FILER NAME              | Tovo, Kathryne (Ms.)  |                                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                       |
| 4 Date                    | 5 Full name of contributor  ut-of-state PAC (ID Dittmar, Christie (Ms.)           | #)                                  | 7 Amount of contribution (\$) | 8  |
| 05/26/2011                | 6 Contributor address; City; State; Zip Code<br>904 Ebony<br>Austin, TX 78704     |                                     | \$50.00                       | <br> <br>  |
|                           |   |                                     | (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  ut-of-state PAC (ID: Dittmar, Ronald (Mr.)              | #)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 05/26/2011                | Contributor address; City; State; Zip Code 904 Ebony<br>Austin, TX 78704          |                                     | \$50.00                       | <br> <br>  |
|                           |   | :                                   | (If travel outside of         | Texas, complete Schedule T)                      |
| Deineigal acces           | nation / Joh title (Con Josephine)  | Employer (Coolin                    | 1 '                           | Texas, complete schedule ()                      |
|                           | pation / Job title (See Instructions)   | Employer (See In                    | structions)                   |  |
| Date                      | Full name of contributor  ut-of-state PAC (ID: Dolis, George (Mr.)                | #)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 05/17/2011                | Contributor address; City; State; Zip Code 704 W Gibson Austin, TX 78704          |                                     | \$350.00                      | <br>   |
|                           |   |                                     |                               | Texas, complete Schedule T)                      |
| Principal occu<br>Retired | pation / Job title (See Instructions)   | Employer (See Ins<br>N/A            | structions)                   |  |
| Date                      | Full name of contributor  ut-of-state PAC (ID# Donovan, Brian (Mr.)               | <i>†</i> )                          | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 06/07/2011                | Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751         |                                     | \$100.00                      | \<br>  |
|                           |   |                                     | (If travel outside of         | Texas, complete Schedule T)                      |
| Principal occu            | pation / Job title (See Instructions)   | Employer (See Ins                   | structions)                   |  |
| Date                      | Full name of contributor  uut-of-state PAC (ID#<br>Duncan, James (Mr.)            | <del>/</del> )                      | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 06/07/2011                | Contributor address; City; State; Zip Code 360 Nueces Suite 2701 Austin, TX 78701 |                                     | \$350.00                      | <br>   |
|                           |   |                                     | (If travel outside of         | Texas, complete Schedule T)                      |
| Principal occup           | Dation / Job title (See Instructions)   | Employer (See Ins<br>Duncan Associa | structions)                   | - Samuel, Complete Community 1)                  |
|                           |   |                                     |                               | 1  |

| The Instruction                | ON GUIDE explains how to complete this form.  |                                     | 1 PAGE#<br>Schedule: 20       | 0/77 Report: 24/107                                 |
|--------------------------------|---|-------------------------------------|-------------------------------|---|
| 2 FILER NAME                   | Tovo, Kathryne (Ms.)  |                                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                         | 5 Full name of contributor  ut-of-state PAC (ID Ejigu, Daniel (Mr.)                     | )#)                                 | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/19/2011                     | 6 Contributor address; City; State; Zip Code<br>1522 Thibodeaux<br>Round Rock, TX 78664 |                                     | \$100.00                      | <br>  |
|                                |   |                                     | (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<br>description (if applicable) |
| 06/01/2011                     | Contributor address; City; State; Zip Code<br>1704 W Ave.<br>Austin, TX 78701           |                                     | \$100.00                      | <br>  |
|                                |   |                                     | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occur                | pation / Job title (See Instructions)   | Employer (See In                    | <u></u>                       | Texas, complete constant //                         |
| T Tillelpar decup              | anon 7 dob title (dee instructions)   | Zinployer (Ode II)                  | an donona)                    |   |
| Date                           | Full name of contributor  | #)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/14/2011                     | Contributor address; City; State; Zip Code<br>2500 Flora Cove<br>Austin, TX 78746       |                                     | \$350.00                      | 1<br>1<br>1   |
|                                |   | T =                                 |                               | Texas, complete Schedule T)                         |
| Principal occup<br>Professor   | ation / Job title (See Instructions)  | Employer (See In<br>UT San Antonic  |                               |   |
| Date                           | Full name of contributor  | #)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/17/2011                     | Contributor address; City; State; Zip Code<br>2500 Flora Cove<br>Austin, TX 78746       |                                     | \$350.00                      | <br>  |
|                                |   |                                     | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Professor   | ation / Job title (See Instructions)  | Employer (See In:<br>UT San Antonio |                               |   |
| Date                           | Full name of contributor  | #)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/19/2011                     | Contributor address; City; State; Zip Code 2958 Donnell Dr. Round Rock, TX 78664        |                                     | \$350.00                      | <br>  |
|                                |   |                                     | //d democratic                | Towns sometime College of T                         |
| Principal occup<br>Taxi Driver | ation / Job title (See Instructions)  | Employer (See Ins<br>7-Eleven       |                               | Texas, complete Schedule T)                         |

| The Instructi                    | ION GUIDE explains how to complete this form.   |   | 1 PAGE#                                   | /77 Report: 25/107                                  |  |
|----------------------------------|---|---|---|---|--|
| 2 FILER NAME                     | Tovo, Kathryne (Ms.)  |   | 3 ACCOUNT # 00005000                      | (Ethics Commission filers)                          |  |
| 4 Date                           | 5 Full name of contributor  ut-of-state PAC (ID# Engdaw, Teferi (Mr.)                       | #)                                      | 7 Amount of contribution (\$)             | 8 In-kind contribution description (if applicable)  |  |
| 05/19/2011                       | 6 Contributor address; City; State; Zip Code<br>11700 Metric Blvd #402<br>Austin, TX 78758  |   | \$200.00                                  | <br>  |  |
|                                  |   |   | (If travel outside of                     | Texas, complete Schedule T)                         |  |
| 9 Principal occup<br>Taxi Driver | pation / Job title (See Instructions)   | 10 Employer (See In<br>Lone Star Cab    | structions)                               |   |  |
| Date                             | Full name of contributor  ut-of-state PAC (ID# Enochs, Linda (Ms.)                          | #)                                      | Amount of contribution (\$)               | In-kind contribution description (if applicable)    |  |
| 06/06/2011                       | Contributor address; City; State; Zip Code 5308 Raincreek Pkwy Austin, TX 78759             | • | \$350.00                                  | <br>  |  |
|                                  |   |   | (If travel outside of                     | Texas, complete Schedule T)                         |  |
| Principal occup<br>*Retired      | pation / Job title (See Instructions)   | Employer (See In:<br>N/A                | structions)                               |   |  |
| Date                             | Full name of contributor  ut-of-state PAC (ID# Epps, O. Carey (Mr.)                         | <i>t</i> )                              | Amount of contribution (\$)               | In-kind contribution description (if applicable)    |  |
| 05/11/2011                       | Contributor address; City; State; Zip Code<br>8205 Aloe Cove<br>Austin, TX 78750            |   | \$100.00                                  | ]<br> <br>  |  |
|                                  |   | ,                                       | (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  ut-of-state PAC (ID# Evans, J.P. (Mr.)                            | )                                       | Amount of contribution (\$)               | In-kind contribution description (if applicable)    |  |
| 05/15/2011                       | Contributor address; City; State; Zip Code 2604 Lynnbrook Dr. Austin, TX 78748              |   | \$50.00  <br>                             | <br>  |  |
|                                  |   |   |   | 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# Fanta, Anteneh (Mr.)                         | ()                                      | Amount of contribution (\$)               | In-kind contribution<br>description (if applicable) |  |
| 05/19/2011                       | Contributor address; City; State; Zip Code<br>615 East Wonsley Dr. #244<br>Austin, TX 78753 |   | \$200.00  <br> <br>                       | <br> <br>   |  |
|                                  |   |   | (If travel outside of                     | Texas, complete Schedule T)                         |  |
| Principal occup<br>Taxi Driver   | oation / Job title (See Instructions)   | Employer (See Ins<br>Laz Company        | structions)                               |   |  |

|   | The Instruction            | on Guide explains how to comple                                      | lete this form.         |                          | 1 PAGE#                       | 2/77 Report: 26/107                                |
|---|----------------------------|--|-------------------------|--------------------------|-------------------------------|--|
| 2 | FILER NAME                 | Tovo, Kathryne (Ms.)   |                         |                          | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |
| 4 | Date                       | 5 Full name of contributor Farabee, Mary (Ms.)                       | ☐ out-of-state PAC (ID# | <i>†</i> )               | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 05/07/2011                 | 6 Contributor address; Ci<br>2702 Rockingham Dr.<br>Austin, TX 78704 | ity; State; Zip Code    |                          | \$50.00                       | 1  |
|   | I                          |  |                         |                          | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 | Principal occup            | pation / Job title (See Instructions)                                |                         | 10 Employer (See Ins     |                               |  |
|   | Date                       | Full name of contributor Faris, Mary (Ms.)                           | out-of-state PAC (ID#   | 1)                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 06/01/2011                 | Contributor address; Cit<br>2400 Elm Glen<br>Austin, TX 78704        | ity; State; Zip Code    |                          | \$350.00                      | <br>   |
|   |                            |  |                         |                          | 1                             | Texas, complete Schedule T)                        |
|   | Principal occup<br>Retired | pation / Job title (See Instructions)                                |                         | Employer (See In:<br>N/A | structions)                   |  |
| _ |                            |  |                         |                          | <del></del>                   |  |
|   | Date                       | Full name of contributor Farrell, Jay (Mr.)                          | out-of-state PAC (ID#   | )                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 06/08/2011                 | Contributor address; Cit<br>616 West 31 1/2 St<br>Austin, TX 78705   | ity; State; Zip Code    |                          | \$100.00                      | <br>   |
|   |                            | Austin, 17/0/03  |                         |                          | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup            | ation / Job title (See Instructions)                                 |                         | Employer (See Ins        | structions)                   |  |
|   | Date                       | Full name of contributor Eaust, Sarah (Ms.)                          | out-of-state PAC (ID#   | )                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/26/2011                 | Contributor address; Cit<br>821 E. 53rd St<br>Austin, TX 78751       | ity; State; Zip Code    |                          | \$100.00                      | i<br>i<br>I  |
|   | _                          |  | _                       |                          | (if travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occupa           | ation / Job title (See Instructions)                                 |                         | Employer (See Ins        | structions)                   |  |
|   | Date                       | Full name of contributor Fear, Mary (Ms.)                            | out-of-state PAC (ID#   | )                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/24/2011                 | Contributor address; Cit<br>2021 Amur Dr.<br>Austin, TX 78745        | ity; State; Zip Code    |                          | \$25.00                       | <br>   |
|   | }                          | ·  |                         |                          |                               | ·  |
|   |                            |  |                         |                          |                               | Texas, complete Schedule T)                        |
|   | Principal occupa           | 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#<br>Schedule: 23       | 3/77 Report: 27/107                                 |
| 2 FILER NAME                   | Tovo, Kathryne (Ms.)   |                                       | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                         | 5 Full name of contributor  ut-of-state PAC (ID: Finkbeiner, Ted (Mr.)                   | #)                                    | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/11/2011                     | 6 Contributor address; City; State; Zip Code<br>3008 Pin Oak Ct.<br>Austin, TX 78704     |                                       | \$50.00                       | !<br>!  |
| i                              |  | _                                     | (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: Finkbeiner, Ted (Mr.)                     | #)                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/30/2011                     | Contributor address; City; State; Zip Code<br>3008 Pin Oak Ct.<br>Austin, TX 78704       |                                       | \$100.00                      | !<br>   |
|                                |  |                                       | /If traval outside of         | Texas, complete Schedule T)                         |
| D in the land                  |  | F                                     |                               | rexas, complete schedule 1)                         |
| Principal occup                | pation / Job title (See Instructions)  | Employer (See In                      | structions)                   |   |
| Date                           | Full name of contributor   | <del>[</del> )                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/07/2011                     | Contributor address; City; State; Zip Code<br>7710 W. Rim Dr.<br>Austin, TX 78731        |                                       | \$25.00                       | }<br> <br>  |
| Discipal                       |  | Franks as (Os. 1                      | ,                             | 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#<br>Gentle, James (Mr.)                  | <u> </u>                              | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/14/2011                     | Contributor address; City; State; Zip Code<br>P.O. Box 1026<br>Austin, TX 78767          |                                       | \$75.00                       | !<br>   |
|                                |  |                                       | (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<br>description (if applicable) |
| 05/19/2011                     | Contributor address; City; State; Zip Code<br>2722 Highpoint Dr.<br>Round Rock, TX 78664 |                                       | \$350.00                      | <br>  |
|                                |  |                                       | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Taxi Driver | ation / Job title (See Instructions)   | Employer (See Ins<br>Financial Freedo | structions)                   |   |

| <del></del>                       |   |  |                               |   |
|-----------------------------------|---|--|-------------------------------|---|
| The Instruction                   | ON GUIDE explains how to complete this form.  |  | 1 PAGE#<br>Schedule: 24       | 1/77 Report: 28/107                                 |
| 2 FILER NAME                      | Tovo, Kathryne (Ms.)  |  | 3 ACCOUNT#<br>00005000        | (Ethics Commission filers)                          |
| 4 Date                            | 5 Full name of contributor  ut-of-state PAC (ID# Gibbs, Carol (Ms.)                   | <u> </u>                               | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 06/08/2011                        | 6 Contributor address; City; State; Zip Code<br>1602 Roberts Ave<br>Austin, TX 78704  |  | \$350.00                      | <br>  |
|                                   |   |  | ,                             | Texas, complete Schedule T)                         |
| 9 Principal occup<br>Neighborhood | pation / Job title (See Instructions) d Advisor                                       | 10 Employer (See In:<br>City of Austin | structions)                   |   |
| Date                              | Full name of contributor  ut-of-state PAC (ID# Gibbs, Joan (Ms.)                      | <del>/</del> )                         | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/17/2011                        | Contributor address; City; State; Zip Code<br>4209 Ave G<br>Austin, TX 78751          |  | \$100.00                      | <br>  |
| ļ                                 | radin, 17.1075.   |  | Office of a second car        | I see de le de le de le de                          |
| Principal occur                   | pation / Job title (See Instructions)   | Employer (See Ins                      | 1                             | Texas, complete Schedule T)                         |
| <br>                              | anon 7 Job line (See manuchors)   | Employer (Sec and                      | Structions)                   |   |
| Date                              | Full name of contributor  ut-of-state PAC (ID# Gillette, Leann (Ms.)                  | f)                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/07/2011                        | Contributor address; City; State; Zip Code<br>3207 Rivercrest Dr.<br>Austin, TX 78746 |  | \$100.00                      | <br>  |
|                                   |   |  | 1                             | 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# Gillette, Michael (Mr.)                | ·)                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/07/2011                        | Contributor address; City; State; Zip Code<br>3207 Rivercrest Dr.<br>Austin, TX 78746 |  | \$100.00  <br>                | l<br> <br>  |
|                                   |   |  | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occupa                  | ation / Job title (See Instructions)  | Employer (See Ins                      | structions)                   |   |
| Date                              | Full name of contributor  | )                                      | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/16/2011                        | Contributor address; City; State; Zip Code<br>2601 East 19th St<br>Austin, TX 78702   | ••••                                   | \$350.00  <br> <br>           | ]<br>   |
|                                   |   |  | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occupa<br>Business Owr  | ation / Job title (See Instructions)<br>ner   | Employer (See Ins<br>Self              | structions)                   |   |

| The Instruct     | GUIDE explains how to complete this form.   |                           | 1 PAGE#<br>Schedule: 25       | 5/77 Report: 29/107                                |  |
|------------------|---|---------------------------|-------------------------------|--|--|
| 2 FILER NAME     | Tovo, Kathryne (Ms.)  |                           | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |  |
| 4 Date           | 5 Full name of contributor  ut-of-state PAC (1D# Goetzmann, Mewes (Mr.)                 | <b>#)</b>                 | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |  |
| 05/07/2011       | 6 Contributor address; City; State; Zip Code<br>4802 Timberline Dr.<br>Austin, TX 78746 |                           | \$100.00                      | [<br>]<br>[  |  |
|                  |   |                           | (If travel outside of         | Texas, complete Schedule T)                        |  |
| 9 Principal occu | pation / Job title (See Instructions)   | 10 Employer (See In       | <u> </u>                      |  |  |
| Date             | Full name of contributor  ut-of-state PAC (ID# Gonzales, Rueben (Mr.)                   | <del>y)</del>             | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
| 05/26/2011       | Contributor address; City; State; Zip Code 3804 Ave H                                   |                           | \$50.00                       | <br>   |  |
|                  | Austin, TX 78751  |                           | <u></u>                       | Texas, complete Schedule T)                        |  |
| Principal occu   | pation / Job title (See Instructions)   | Employer (See In:         | structions)                   |  |  |
| Date             | Full name of contributor  | <u> </u>                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
| 05/18/2011       | Contributor address; City; State; Zip Code 4300 Tallowood Dr. Austin, TX 78731          |                           | \$100.00                      | <br>   |  |
|                  |   |                           | (If travel outside of         | Texas, complete Schedule T)                        |  |
| Principal occu   | pation / Job title (See Instructions)   | Employer (See In          | J                             | Texas, complete contests. 7                        |  |
|                  |   |                           |                               |  |  |
| Date             | Full name of contributor  | f)                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
| 05/17/2011       | Contributor address; City; State; Zip Code<br>4416 Sam Bass Rd.<br>Round Rock, TX 78681 |                           | \$50.00                       | <br>   |  |
|                  |   |                           | (If travel outside of         | Texas, complete Schedule T)                        |  |
| Principal occu   | pation / Job title (See Instructions)   | Employer (See Ins         | structions)                   |  |  |
| Date             | Full name of contributor  | )                         | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
| 05/26/2011       | Contributor address; City; State; Zip Code<br>1404 Redbud Tr<br>Austin, TX 78746        |                           | \$350.00<br>                  | <br> <br>  |  |
|                  |   |                           | (If travel outside of         | Texas, complete Schedule T)                        |  |
|                  | pation / Job title (See Instructions) onsultant/Investor                                | Employer (See Ins<br>Self | structions)                   |  |  |

| The Instruction              | ON GUIDE explains how to complete this form.  |                             | 1 PAGE#<br>Schedule: 26               | 6/77 Report: 30/107                                |
|------------------------------|---|-----------------------------|---------------------------------------|--|
| 2 FILER NAME                 | Tovo, Kathryne (Ms.)  |                             | 3 ACCOUNT # 00005000                  | (Ethics Commission filers)                         |
| 4 Date                       | 5 Full name of contributor  ut-of-state PAC (ID: Goodrich, Raymond (Mr.)                | <b>#</b> )                  | 7 Amount of contribution (\$)         | 8 In-kind contribution description (if applicable) |
| 05/26/2011                   | 6 Contributor address; City; State; Zip Code<br>1404 Redbud Tr<br>Austin, TX 78746      |                             | \$350.00                              | <br> <br>  |
|                              |   |                             | (If travel outside of                 | Texas, complete Schedule T)                        |
|                              | pation / Job title (See Instructions) onsultant/Investor                                | 10 Employer (See In<br>Self | structions)                           |  |
| Date                         | Full name of contributor  | )                           | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |
| 05/24/2011                   | Contributor address; City; State; Zip Code<br>1817 East 40th St<br>Austin, TX 78722     |                             | \$50.00                               | <b>[</b>   |
|                              |   |                             |                                       | ·<br>  |
| Principal occup              | ation / Job title (See Instructions)  | Employer (See In            | <u> </u>                              | Texas, complete Schedule T)                        |
| 7 melpar occup               | ation / 500 title (566 instructions)  | Linployer (dee iii          | structions)                           |  |
| Date                         | Full name of contributor  | £)                          | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |
| 06/02/2011                   | Contributor address; City; State; Zip Code<br>3001 Gilbert St<br>Austin, TX 78703       |                             | \$250.00                              | <br>   |
|                              |   |                             | <u>                              </u> | Texas, complete Schedule T)                        |
| Principal occup<br>Investor  | ation / Job title (See Instructions)  | Employer (See In<br>Self    | structions)                           |  |
| Date                         | Full name of contributor  out-of-state PAC (ID# Greenberg, Leigh Anne (Ms.)             | !)                          | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |
| 05/11/2011                   | Contributor address; City; State; Zip Code<br>1522 South Congress<br>Austin, TX 78704   |                             | \$350.00                              | <br> <br>  |
|                              |   |                             | (If travel outside of                 | Texas, complete Schedule T)                        |
| Principal occup<br>**Student | ation / Job title (See Instructions)  | Employer (See In:<br>N/A    | structions)                           |  |
| Date                         | Full name of contributor  ut-of-state PAC (ID# Greenberg, Sean (Mr.)                    | )                           | Amount of contribution (\$)           | In-kind contribution description (if applicable)   |
| 05/11/2011                   | Contributor address; City; State; Zip Code<br>330 Earies School Rd.<br>Austin, TX 78746 |                             | \$350.00                              |  |
|                              | •   |                             | (li troupi quistide -4                | Texas, complete Schedule T)                        |
| Principal occup              | ation / Job title (See Instructions)  | Employer (See In:           | <u> </u>                              | rexas, complete schedule 1)                        |
| **Retail Mana                |   | Allen's Boots               |                                       |  |

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| The Instruction               | ON GUIDE explains how to complete this form.   |                            | 1 PAGE#<br>Schedule: 27       | //77 Report: 31/107                                 |
| 2 FILER NAME                  | Tovo, Kathryne (Ms.)   |                            | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                        | 5 Full name of contributor  ut-of-state PAC (ID# Griffith, Balie (Mr.)               | <u> </u>                   | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/27/2011                    | 6 Contributor address; City; State; Zip Code<br>3711 Taylors Dr.<br>Austin, TX 78703 |                            | \$350.00                      | <br>  |
|                               |  |                            | (if travel outside of         | Texas, complete Schedule T)                         |
| 9 Principal occup<br>Retired  | pation / Job title (See Instructions)  | 10 Employer (See In<br>N/A | istructions)                  |   |
| Date                          | Full name of contributor   | t)                         | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/27/2011                    | Contributor address; City; State; Zip Code<br>3711 Taylors Dr.<br>Austin, TX 78703   |                            | \$350.00                      | <br> <br> -   |
|                               |  |                            | <u> </u>                      | Texas, complete Schedule T)                         |
| Principal occup<br>Retired    | pation / Job title (See Instructions)  | Employer (See In<br>N/A    | structions)                   |   |
| Date                          | Full name of contributor   | )                          | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/06/2011                    | Contributor address; City; State; Zip Code<br>3204 Fairfax Walk<br>Austin, TX 78705  |                            | \$25.00                       | 1<br>   |
|                               |  |                            | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Consultant | ation / Job title (See Instructions)   | Employer (See In<br>Self   | structions)                   |   |
| Date                          | Full name of contributor   | )                          | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 06/06/2011                    | Contributor address; City; State; Zip Code<br>3204 Fairfax Walk<br>Austin, TX 78705  |                            | \$35.00                       | <br>  |
|                               |  |                            | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Consultant | ation / Job title (See Instructions)   | Employer (See In           | structions)                   |   |
| Date                          | Full name of contributor   | )                          | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 06/06/2011                    | Contributor address; City; State; Zip Code<br>3204 Fairfax Walk<br>Austin, TX 78705  |                            | \$35.00  <br> <br>            |   |
|                               |  |                            | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Consultant | ation / Job title (See Instructions)   | Employer (See Ins<br>Self  | structions)                   |   |

|         | The Instruction             | ON GUIDE explains how to complete this form.  | -                                       | 1 PAGE#<br>Schedule: 28                      | 3/77 Report: 32/107   |
|---------|-----------------------------|---|---|--|---|
| 2       | FILER NAME                  | Tovo, Kathryne (Ms.)  |   | 3 ACCOUNT # 00005000                         | (Ethics Commission filers)                                    |
| 4       | Date                        | 5 Full name of contributor  ut-of-state PAC (ID Hack, Beth (Ms.)                        | #)                                      | 7 Amount of contribution (\$)                | 8 In-kind contribution description (if applicable)            |
|         | 05/18/2011                  | 6 Contributor address; City; State; Zip Code 3602 Kellywood Dr. Austin, TX 78739        |   | \$50.00                                      | <br>  |
| _       |                             |   |   | <u> </u>                                     | Texas, complete Schedule T)                                   |
| 9       | Principal occup             | oation / Job title (See Instructions)   | 10 Employer (See In:                    | structions)                                  |   |
|         | Date                        | Full name of contributor  | #)                                      | Amount of contribution (\$)                  | In-kind contribution<br>description (if applicable)           |
|         | 05/12/2011                  | Contributor address; City; State; Zip Code<br>8204 Brettonwoods Ln.<br>Austin, TX 78753 | • | \$100.00                                     | <br>  |
|         |                             |   |   | (If travel outside of                        | Texas, complete Schedule T)                                   |
|         |                             | pation / Job title (See Instructions)   | Employer (See In                        | structions)                                  |   |
|         | Consultant                  |   | Self                                    |  |   |
| <u></u> | Date                        | Full name of contributor  | #)                                      | Amount of contribution (\$)                  | In-kind contribution description (if applicable)              |
|         | 05/26/2011                  | Contributor address; City; State; Zip Code<br>8204 Brettonwoods Ln.<br>Austin, TX 78753 |   | \$100.00                                     | <br>  |
|         |                             |   | !                                       | (If travel outside of                        | Texas, complete Schedule T)                                   |
|         | , ,                         | ation / Job title (See Instructions)  | Employer (See Ins                       | <u>.                                    </u> |   |
|         | Consultant                  |   | Self                                    |  |   |
|         | Date                        | Full name of contributor  ut-of-state PAC (ID#<br>Hale, Bryan (Mr.)                     | <i>‡</i> )                              | Amount of contribution (\$)                  | In-kind contribution description (if applicable)              |
|         | 05/21/2011                  | Contributor address; City; State; Zip Code<br>1300 Windsor Rd<br>Austin, TX 78703       |   | \$200.00                                     | <br> <br>   |
|         |                             |   |   |  | Texas, complete Schedule T)                                   |
|         | Principal occupa<br>Chemist | ation / Job title (See Instructions)  | Employer (See Ins<br>Sachem Inc.        | structions)                                  |   |
|         | Date                        | Full name of contributor  | <u> </u>                                | Amount of contribution (\$)                  | In-kind contribution<br>description (if applicable)<br>Stamps |
|         | 06/02/2011                  | Contributor address; City; State; Zip Code<br>6112 Highlandale Dr<br>Austin, TX 78731   |   | \$47.52                                      | <br> <br>   |
|         |                             |   |   | (If travel outside of                        | Texas, complete Schedule T)                                   |
|         | Principal coour             | ation / Job title (See Instructions)  | Employer (See Ins                       |  | Texas, complete scriedale 1)                                  |
|         | Principal occupa            | Allon / Job title (See matrictions)   | Employer (See ins                       | structions)                                  |   |

| The Instruct                          | ION GUIDE explains how to complete this form.  |                             | 1 PAGE#<br>Schedule: 29       | 9/77 Report: 33/107                                |
|---------------------------------------|--|-----------------------------|-------------------------------|--|
| 2 FILER NAME                          | Tovo, Kathryne (Ms.)   |                             | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |
| 4 Date                                | 5 Full name of contributor  ut-of-state PAC (ID: Hanna, Jett (Mr.)                       | <del>*</del> )              | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 06/06/2011                            | 6 Contributor address; City; State; Zip Code 6112 Highlandale Dr. Austin, TX 78731       |                             | \$50.00                       | }<br>  |
|                                       | İ  |                             | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 Principal occu<br>Attorney          | pation / Job title (See Instructions)  | 10 Employer (See In<br>Self | structions)                   |  |
| Date                                  | Full name of contributor  ut-of-state PAC (ID) Harding, Rebecca (Ms.)                    | <u> </u>                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/26/2011                            | Contributor address; City; State; Zip Code<br>3907 Burr Oak Ln<br>Austin, TX 78727       |                             | \$25.00                       | <br> <br>  |
|                                       |  |                             | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occu                        | pation / Job title (See Instructions)  | Employer (See In            | <u>!`</u>                     | Texas, complete oblication 1/                      |
| , , , , , , , , , , , , , , , , , , , |  | 2piojoi (eee iii            | <del>_</del>                  |  |
| Date                                  | Full name of contributor  ut-of-state PAC (ID# Harms, John (Mr.)                         | )                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/20/2011                            | Contributor address; City; State; Zip Code 2312 B Riverside Farms Rd Austin, TX 78741    |                             | \$50.00                       | <br>   |
| 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   | )                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/31/2011                            | Contributor address; City; State; Zip Code<br>805 W 16th Street<br>Austin, TX 78701      |                             | \$100.00                      | <del> </del><br>                                   |
|                                       |  |                             | (If travel outside of         | 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)   |
| 05/10/2011                            | Contributor address; City; State; Zip Code<br>4100 Jackson Ave. #314<br>Austin, TX 78731 |                             | \$50.00                       | <b> </b><br>                                       |
|                                       |  |                             | ع - الأمنية المراوعة // ا     | Toyan complete Sebestile To                        |
| Principal occup                       | pation / Job title (See Instructions)  | Employer (See In:           |                               | Texas, complete Schedule T)                        |
|                                       |  |                             |                               |  |

|              | The Instruction                 | ON GUIDE explains how to complete this form.   |                                   | 1 PAGE#<br>Schedule: 30       | 0/77 Report: 34/107                                |
|--------------|---------------------------------|--|-----------------------------------|-------------------------------|--|
| 2            | FILER NAME                      | Tovo, Kathryne (Ms.)   |                                   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |
| 4            | Date                            | 5 Full name of contributor  ut-of-state PAC (ID# Harris, Elizabeth (Ms.)                   | t)                                | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|              | 06/07/2011                      | 6 Contributor address; City; State; Zip Code<br>4100 Jackson Ave. #314<br>Austin, TX 78731 |                                   | \$25.00                       | <br> -<br>   |
|              | !                               | <u> </u>   | '                                 | (If travel outside of         | Texas, complete Schedule T)                        |
| 9            | Principal occup                 | pation / Job title (See Instructions)  | 10 Employer (See Ins              | J <u> </u>                    |  |
| <del>-</del> | Date                            | Full name of contributor   | )                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|              | 05/21/2011                      | Contributor address; City; State; Zip Code<br>4522 Avenue F<br>Austin, TX 78751            |                                   | \$350.00                      | <br>   |
|              |                                 |  | Tables (See In                    | l.`                           | Texas, complete Schedule T)                        |
|              | Principal occup Title Examine   | pation / Job title (See Instructions)<br>er  | Employer (See Ins<br>Gracy Title  | structions)                   |  |
| <u> </u>     | Date                            | Full name of contributor   | )                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|              | 05/17/2011                      | Contributor address; City; State; Zip Code 327 Congress Ave. Suite 200 Austin, TX 78701    |                                   | \$350.00                      | <br>   |
|              |                                 | 1  | J                                 | (If travel outside of         | Texas, complete Schedule T)                        |
|              | Principal occupi<br>Businessman | Dation / Job title (See Instructions)  | Employer (See Ins<br>Self         | L `                           |  |
|              | Date                            | Full name of contributor   | )                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|              | 06/07/2011                      | Contributor address; City; State; Zip Code<br>1606 Treadwell St<br>Austin, TX 78704        |                                   | \$75.00  <br> <br>            | <br>   |
|              |                                 | l  |                                   | (If travel outside of         | Texas, complete Schedule T)                        |
| _            | Principal occupa<br>Attorney    | pation / Job title (See Instructions)  | Employer (See Ins<br>SOS Alliance | structions)                   | !  |
|              | Date                            | Full name of contributor   | )                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|              | 05/12/2011                      | Contributor address; City; State; Zip Code<br>3001 Hill Street<br>Round Rock, TX 78664     |                                   | \$100.00  <br> <br>           | <br>   |
|              |                                 |  |                                   | (If travel outside of         | Texas, complete Schedule T)                        |
|              | Principal occupa                | ation / Job title (See Instructions)   | Employer (See Ins                 | structions)                   |  |
|              |                                 |  |                                   |                               | · · · · · · · · · · · · · · · · · · ·              |

P.O.Box 12070

| The Instructi                     | ON GUIDE explains how to complete this form.   |   | 1 PAGE #<br>Schedule: 31      | /77 Report: 35/107                                  |
|-----------------------------------|--|---|-------------------------------|---|
| 2 FILER NAME                      | Tovo, Kathryne (Ms.)   | _                                       | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                            | 5 Full name of contributor  ut-of-state PAC (ID: Hersh, Matt (Mr.)                       | <u>#)</u>                               | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 06/06/2011                        | 6 Contributor address; City; State; Zip Code<br>3201 Duval Rd. #1134<br>Austin, TX 78759 |   | \$250.00                      | †<br> <br>  |
|                                   |  |   | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 Principal occup<br>Statistician | pation / Job title (See Instructions)  | 10 Employer (See In<br>University of Te |                               |   |
| Date                              | Full name of contributor  ut-of-state PAC (ID# Heuberger, Ann (Ms.)                      | <u> </u>                                | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/07/2011                        | Contributor address; City; State; Zip Code 1805 Whitney Way                              |   | \$25.00                       | <br>  |
|                                   | Austin, TX 78741   |   |                               |   |
|                                   |  |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup                   | pation / Job title (See Instructions)  | Employer (See In                        | structions)                   |   |
|                                   |  |   | Y <del></del>                 |   |
| Date                              | Full name of contributor  ut-of-state PAC (ID# Hibberd, Lucy (Ms.)                       | <i>t</i> )                              | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/08/2011                        | Contributor address; City; State; Zip Code<br>327 S 7th St<br>Aspen, CO 81611            |   | \$50.00                       | <br>  |
|                                   |  |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occur                   | pation / Job title (See Instructions)  | Employer (See In                        | <u> </u>                      |   |
|                                   |  |   |                               |   |
| Date                              | Full name of contributor  uut-of-state PAC (ID# Hibbetts, Charles (Mr.)                  | )                                       | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/14/2011                        | Contributor address; City; State; Zip Code<br>110 West 33rd St<br>Austin, TX 78705       |   | \$250.00  <br>                |   |
| l                                 |  | l                                       | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup                   | eation / Job title (See Instructions)  | Employer (See In                        |                               |   |
| CPA                               | <u>'</u>   | Self                                    | ,                             |   |
| Date                              | Full name of contributor   | )                                       | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 06/07/2011                        | Contributor address; City; State; Zip Code<br>2943 Thousand Oaks Dr.<br>Austin, TX 78746 | ,                                       | \$350.00  <br> <br>           |   |
|                                   |  |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Retired        | ation / Job title (See Instructions)   | Employer (See Ins<br>N/A                | structions)                   |   |
|                                   |  |   |                               |   |

| The Instruction Guide explains how to complete this form.                            |   |                                    | 1 PAGE#<br>Schedule: 32       | 2/77 Report: 36/107                                 |
|--|---|------------------------------------|-------------------------------|---|
| 2 FILER NAME   | FILER NAME Tovo, Kathryne (Ms.)   |                                    | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date   | 5 Full name of contributor  ut-of-state PAC (ID# Holland, Leon (Mr.)                  | )                                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/30/2011   | 6 Contributor address; City; State; Zip Code<br>10705 Leafwood Ln<br>Austin, TX 78750 |                                    | \$50.00                       | <br>  |
|  |   |                                    | (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# Holland, P.J. (Ms.)                    | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/03/2011   | Contributor address; City; State; Zip Code<br>10705 Leafwood Ln<br>Austin, TX 78750   |                                    | \$100.00                      | <br>  |
|  |   |                                    |                               | ,<br>   |
|  |   |                                    | ,                             | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)     |   | structions)                        |                               |   |
| Date   | Full name of contributor  | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/30/2011   | Contributor address; City; State; Zip Code<br>10705 Leafwood Ln<br>Austin, TX 78750   |                                    | \$50.00                       | i<br> <br>  |
|  |   |                                    | <u></u>                       | 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)    |
| 05/11/2011   | Contributor address; City; State; Zip Code<br>3324 Silkgrass Bend<br>Austin, TX 78746 |                                    | \$350.00                      | <br>  |
|  |   |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
|  |   | Employer (See Ins<br>Brown McCarro |                               |   |
| Date   | Full name of contributor  | )                                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 06/01/2011   | Contributor address; City; State; Zip Code<br>3219 Bridle Path<br>Austin, TX 78703    |                                    | \$100.00  <br>                |   |
|  |   |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions) Emp                              |   |                                    | structions)                   | ····  |

Texas Ethics Commission

| The Instruction                   | ON GUIDE explains how to complete this form.                                       |   | 1 PAGE#<br>Schedule: 33       | 3/77 Report: 37/107                                |
|-----------------------------------|--|---|-------------------------------|--|
| 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) |
| 05/17/2011                        | 6 Contributor address; City; State; Zip Code<br>1503 Inglewood<br>Austin, TX 78741 | • | \$100.00                      | 1<br>1   |
|                                   | 4444   |   | (if travel outside of         | Texas, complete Schedule T)                        |
| 9 Principal occup<br>Executive As | pation / Job title (See Instructions)  | 10 Employer (See In Casey Gentz &       | structions)<br>Bayliff LLP    |  |
| Date                              | Full name of contributor   | #)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/03/2011                        | Contributor address; City; State; Zip Code<br>1503 Inglewood<br>Austin, TX 78741   |   | \$100.00                      | <br>   |
|                                   |  |   | (If travel outside of         | Texas, complete Schedule 7)                        |
| Principal occup                   | eation / Job title (See Instructions)  | Employer (See In                        |                               | Texus, complete schedule 1)                        |
| Executive As                      |  | Casey Gentz &                           |                               |  |
| Date                              | Full name of contributor   | #)                                      | Amount of contribution (\$)   | In-kind contribution                               |
|                                   | House, Kathleen (Ms.)  |   | CONTINUUTOR (\$)              | description (if applicable)                        |
| 06/08/2011                        | Contributor address; City; State; Zip Code<br>1503 Inglewood<br>Austin, TX 78741   |   | \$150.00                      | <br>   |
|                                   |  |   | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Executive Ass  | ation / Job title (See Instructions)<br>sistant                                    | Employer (See In:<br>Casey Gentz &      |                               |  |
| Date                              | Full name of contributor   | <del>/</del> )                          | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/17/2011                        | Contributor address; City; State; Zip Code<br>1801 West Ave.<br>Austin, TX 78701   |   | \$350.00                      | <br>   |
|                                   |  |   |                               | Texas, complete Schedule T)                        |
| Principal occup<br>Pharmacist     | ation / Job title (See Instructions)   | Employer (See Ins<br>Seton Family of    |                               |  |
| Date                              | Full name of contributor   | <i>#</i> )                              | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/26/2011                        | Contributor address; City; State; Zip Code<br>P.O. Box 1927<br>Abingdon, VA 24212  |   | \$350.00                      | <br>   |
|                                   |  |   | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Artist         | ation / Job title (See Instructions)   | Employer (See Ins<br>Self               |                               | ,  |
|                                   |  |   |                               |  |

| The Instructi                    | ON GUIDE explains how to complete this form.                                      |                                     | 1 PAGE#<br>Schedule: 34         | /77 Report: 38/107                                  |
|----------------------------------|---|-------------------------------------|---------------------------------|---|
| 2 FILER NAME                     | Tovo, Kathryne (Ms.)  |                                     | 3 ACCOUNT # 00005000            | (Ethics Commission filers)                          |
| 4 Date                           | 5 Full name of contributor  ut-of-state PAC (ID) Hurt, John (Mr.)                 |                                     | 7 Amount of contribution (\$)   | 8 In-kind contribution description (if applicable)  |
| 05/26/2011                       | 6 Contributor address; City; State; Zip Code<br>4510 Avenue F<br>Austin, TX 78751 |                                     | \$350.00                        | <br>  |
|                                  |   |                                     | (If travel outside of           | Texas, complete Schedule T)                         |
| 9 Principal occup<br>Store Owner | pation / Job title (See Instructions)   | 10 Employer (See In<br>Accentric    | structions)                     |   |
| Date                             | Full name of contributor  | <u> </u>                            | Amount of contribution (\$)     | In-kind contribution description (if applicable)    |
| 05/26/2011                       | Contributor address; City; State; Zip Code<br>1209 Newning<br>Austin, TX 78704    |                                     | \$350.00                        | <br> <br>   |
|                                  |   |                                     | (If traval outside of           | Texas, complete Schedule T)                         |
| Dringing cour                    | pation / Job title (See Instructions)   | Employer (See In                    | · ·                             | Texas, complete schedule 1)                         |
| Administrativ                    |   | University of Te                    |                                 |   |
| Date                             | Full name of contributor  | <u> </u>                            | Amount of contribution (\$)     | In-kind contribution description (if applicable)    |
| 05/26/2011                       | Contributor address; City; State; Zip Code<br>1209 Newning<br>Austin, TX 78704    |                                     | \$350.00                        | <br>  |
|                                  |   |                                     |                                 | Texas, complete Schedule T)                         |
| Principal occup<br>Artist        | pation / Job title (See Instructions)   | Employer (See In:<br>Self           | structions)                     |   |
| Date                             | Full name of contributor  | )                                   | Amount of contribution (\$)     | In-kind contribution<br>description (if applicable) |
| 05/26/2011                       | Contributor address; City; State; Zip Code<br>P.O. Box 1927<br>Abingdon, VA 24212 |                                     | \$350.00                        | <br>  |
|                                  |   |                                     | (If travel outside of           | Texas, complete Schedule T)                         |
| Principal occup<br>Attorney      | ation / Job title (See Instructions)  | Employer (See In:<br>Self           | structions)                     |   |
| Date                             | Full name of contributor  | ·)                                  | Amount of contribution (\$)     | In-kind contribution<br>description (if applicable) |
| 05/24/2011                       | Contributor address; City; State; Zip Code<br>P.O. Box 162452<br>Austin, TX 78716 |                                     | \$350.00                        |   |
|                                  |   |                                     | (If travel outside of           | Texas, complete Schedule T)                         |
| Principal occup<br>Engineer      | ation / Job title (See Instructions)  | Employer (See Ins<br>Texas Water De | structions)<br>evelopment Board |   |

|             |      |      | _   |
|-------------|------|------|-----|
| CC          | DI.  | II C | : Δ |
| <b>~</b> 1. | <br> | 16 F |     |

| The Instruct                   | ON GUIDE explains how to complete this form.   |                                    | 1 PAGE#<br>Schedule: 35       | 5/77 Report: 39/107                                 |
|--------------------------------|--|------------------------------------|-------------------------------|---|
| 2 FILER NAME                   | Tovo, Kathryne (Ms.)   |                                    | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                         | 5 Full name of contributor ☐ out-of-state PAC (ID# Jack, Jeff (Mr.)                  | <u> </u>                           | 7 Amount of contribution (\$) | 8   |
| 06/08/2011                     | 6 Contributor address; City; State; Zip Code<br>2008 B Rabb Glen<br>Austin, TX 78704 |                                    | \$200.00                      | <br> <br>   |
|                                |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 Principal occup<br>Architect | pation / Job title (See Instructions)  | 10 Employer (See In<br>Self        | structions)                   |   |
| Date                           | Full name of contributor □ out-of-state PAC (ID#<br>Jimenez, Kisla (Ms.)             | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/17/2011                     | Contributor address; City; State; Zip Code 3012 West Ave. Austin, TX 78705           |                                    | \$125.00                      | }<br> <br>  |
|                                |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Owner       | pation / Job title (See Instructions)  | Employer (See In<br>Tesoros Tradin |                               | · · · · · · · · · · · · · · · · · · ·               |
| Date                           | Full name of contributor  ut-of-state PAC (ID# Johnson, Alayne (Ms.)                 | !)                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/12/2011                     | Contributor address; City; State; Zip Code<br>6613 Bramber Ln<br>Austin, TX 78754    |                                    | \$100.00                      | <br>  |
|                                |  |                                    | (If travel outside of         | 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)    |
| 05/27/2011                     | Contributor address; City; State; Zip Code<br>1604 East 11th St<br>Austin, TX 78702  |                                    | \$100.00                      | ]<br>[<br><del> </del>                              |
|                                |  |                                    | (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<br>description (if applicable) |
| 06/08/2011                     | Contributor address; City; State; Zip Code<br>1402 Redway Ln<br>Houston, TX 77062    |                                    | \$350.00  <br>                |   |
|                                |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>*Homemaker  | ation / Job title (See Instructions)   | Employer (See Ins<br>N/A           | structions)                   |   |

#### SCHEDULE A

(512)463-5800

| The Instruct                  | ON GUIDE explains how to complete this form.   |                             | 1 PAGE#                       | i/77 Report: 40/107                                 |
|-------------------------------|--|-----------------------------|-------------------------------|---|
| 2 FILER NAME                  | Tovo, Kathryne (Ms.)   |                             | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                        | 5 Full name of contributor  ut-of-state PAC Johnston, Smith (Mr.)  | (ID#)                       | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 06/08/2011                    | 6 Contributor address; City; State; Zip Co. 1402 Redway Ln Houston, TX 77062   | de                          | \$350.00                      | <br>  |
|                               | }  |                             | (If travel outside of         | Texas, complete Schedule T)                         |
|                               | pation / Job title (See Instructions)<br>light Surgeon   | 10 Employer (See In<br>NASA | nstructions)                  |   |
| Date                          | Full name of contributor  ut-of-state PAC Jung, Richard (Mr.)  | (ID#)                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/07/2011                    | Contributor address; City; State; Zip Cor<br>2530 Harris Blvd<br>Austin, TX 78703  | de                          | \$350.00                      | <br> <br> -   |
|                               | )  |                             | (If travel outside of         | Texas, complete Schedulc T)                         |
| Principal occu                | pation / Job title (See Instructions)  | Employer (See Ir            | <u> </u>                      |   |
| Principal Atto                |  | Jung and Asso               | ciates PIIc                   |   |
| Date                          | Full name of contributor  ut-of-state PAC out-of-state PA | (ID#)                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/08/2011                    | Contributor address; City; State; Zip Cod<br>3209 Scenic Shore Dr.<br>Seabrook, TX 77586   |                             | \$350.00                      | <br>  |
|                               |  |                             | (If traval autoida af         | Tours somelate Cabadula T                           |
| Principal occup               | <br>pation / Job title (See Instructions)  | Employer (See Ir            | <u> </u>                      | Texas, complete Schedule T)                         |
| *Systems Co                   | ntrol Engineer   | Valero                      |                               |   |
| Date                          | Full name of contributor   | ID#)                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/08/2011                    | Contributor address; City; State; Zip Coo<br>3209 Scenic Shore Dr.<br>Seabrook, TX 77586   | de                          | \$350.00                      | <b>!</b><br>  |
|                               |  |                             | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>*Homemaker | ation / Job title (See Instructions)   | Employer (See In<br>N/A     | structions)                   |   |
| Date                          | Full name of contributor   | ID#)                        | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/19/2011                    | Contributor address; City; State; Zip Coc<br>17205 Tobemory Dr.<br>Pflugerville, TX 78660  | de                          | \$350.00                      |   |
|                               |  |                             | (If trave) outside of         | Texas, complete Schedule T)                         |
| Principal occur               | pation / Job title (See Instructions)  | Employer (See In            | <u> </u>                      | rexus, complete schedule 1)                         |
| Taxi Driver                   | and the food mondered  | DPS DPS                     | os donorioj                   |   |

|    |   |   |            |       | _ |
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| The Instructi                | ION GUIDE explains how to complete this form.  |                                    | 1 PAGE#<br>Schedule: 37       | 2/77 Report: 41/107                              |
|------------------------------|--|------------------------------------|-------------------------------|--|
| 2 FILER NAME                 | Tovo, Kathryne (Ms.)   |                                    | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                       |
| 4 Date                       | 5 Full name of contributor ☐ out-of-state PAC (ID# Kenmotsu Butler, SueAnn (Ms.)     | #)                                 | 7 Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 05/07/2011                   | 6 Contributor address; City; State; Zip Code<br>4105 Ramsey Ave.<br>Austin, TX 78756 |                                    | \$35.00                       | !<br>!<br>                                       |
|                              |  | ĺ                                  | (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   | <del>/</del> )                     | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 06/07/2011                   | Contributor address; City; State; Zip Code 5702 Wynona Ave Austin, TX 78756          |                                    | \$50.00                       | ₹<br>1   |
|                              |  |                                    |                               | Texas, complete Schedule T)                      |
| Principal occup              | pation / Job title (See Instructions)  | Employer (See In:                  | structions)                   |  |
| Date                         | Full name of contributor   | <del>;</del>                       | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 05/24/2011                   | Contributor address; City; State; Zip Code 755 East Oltorf #201 Austin, TX 78704     |                                    | \$200.00                      | <br>   |
|                              |  | ,                                  | M torus sutaida at            | ·  |
| Principal opeur              | ti ( lab title (Dae Instructions)  | Employer (See Ins                  |                               | Texas, complete Schedule T)                      |
| Consultant                   | pation / Job title (See Instructions)  | Self                               | structions)                   |  |
| Date                         | Full name of contributor   | <u> </u>                           | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 05/07/2011                   | Contributor address; City; State; Zip Code 10524 Roy Butler Dr. Austin, TX 78717     |                                    | \$350.00                      | <br> <br>  |
| '                            |  |                                    | (If travel outside of         | Texas, complete Schedule T)                      |
| Principal occup<br>President | pation / Job title (See Instructions)  | Employer (See Ins<br>ATX Environme |                               |  |
| Date                         | Full name of contributor   | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 06/08/2011                   | Contributor address; City; State; Zip Code 7101 Daugherty St Austin, TX 78757        |                                    | \$25.00  <br>                 | <br>   |
|                              |  |                                    | (If travel outside of         | Texas, complete Schedule T)                      |
| Principal occur              | pation / Job title (See Instructions)  | Employer (See Ins                  |                               | reads, complete constant i,                      |
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|---|-----------------------------------|---|-----------------------|----------------------------------|---|--|
|   | The Instruction                   | ON GUIDE explains how to complet  | e this form.          |                                  | 1 PAGE#<br>Schedule: 38                       | 3/77 Report: 42/107                                |
| 2 | FILER NAME                        | Tovo, Kathryne (Ms.)  |                       |                                  | 3 ACCOUNT # 00005000                          | (Ethics Commission filers)                         |
| 4 | Date                              | 5 Full name of contributor D<br>Kirkpatrick, Mark (Mr.)                       | out-of-state PAC (ID# | #)                               | 7 Amount of contribution (\$)                 | 8 In-kind contribution description (if applicable) |
|   | 05/10/2011                        | 6 Contributor address; City 718 Patterson Ave. Austin, TX 78703               | r; State; Zip Code    |                                  | \$300.00                                      | <br>   |
|   |                                   |   |                       |                                  | (If travel outside of                         | Texas, complete Schedule T)                        |
| 9 | Principal occup<br>Professor      | L<br>ation / Job title (See Instructions)                                     | <u>-</u>              | 10 Employer (See In<br>UT Austin | 1 .   | ,  |
|   | Date                              | Full name of contributor<br>Kitzmiller, George (Mr.)                          | out-of-state PAC (ID# | #)                               | Amount of contribution (\$)                   | In-kind contribution description (if applicable)   |
|   | 05/17/2011                        | Contributor address; City<br>4507 Crestway Dr.<br>Austin, TX 78731            | ; State; Zip Code     |                                  | \$50.00                                       | <br>   |
|   | ĺ                                 | ·   |                       |                                  | (If travel outside of                         | Texas, complete Schedule T)                        |
|   | Principal occup                   | Dation / Job title (See Instructions)   |                       | Employer (See In                 | <u> </u>                                      | Tokko, complete constant,                          |
|   |                                   |   |                       |                                  |   |  |
|   | Date                              | Full name of contributor  Klingler, Anita (Ms.)                               | out-of-state PAC (ID# | #)                               | Amount of contribution (\$)                   | In-kind contribution description (if applicable)   |
|   | 05/24/2011                        | Contributor address; City<br>4118 Rimrock Dr<br>Lago Vista, TX 78645          | ; State; Zip Code     |                                  | \$350.00                                      | <br>   |
|   |                                   |   |                       |                                  | (If travel outside of                         | Texas, complete Schedule T)                        |
|   |                                   | eation / Job title (See Instructions)   |                       | Employer (See In:                | <u>l '                                   </u> | Texas, complete scriedule 1)                       |
|   | Restaurant O                      | wner  |                       | True Grits                       |   |  |
|   | Date                              | Full name of contributor  Klingler, Etta (Ms.)                                | out-of-state PAC (ID# | <del>/</del> )                   | Amount of contribution (\$)                   | In-kind contribution description (if applicable)   |
|   | 05/24/2011                        | Contributor address; City;<br>5904 Mountainclimb Dr Apt 1<br>Austin, TX 78731 | ; State; Zip Code     |                                  | \$350.00                                      | <br>   |
|   |                                   |   |                       |                                  | (If travel outside of                         | Texas, complete Schedule T)                        |
|   | Principal occupa<br>Retired       | ation / Job title (See Instructions)  |                       | Employer (See In:<br>N/A         | structions)                                   |  |
|   | Date                              | Full name of contributor   Klingler, John (Mr.)                               | out-of-state PAC (ID# | f)                               | Amount of contribution (\$)                   | In-kind contribution description (if applicable)   |
|   | 05/24/2011                        | Contributor address; City;<br>4118 Rimrock Dr<br>Lago Vista, TX 78645         | ; State; Zip Code     |                                  | \$350.00                                      | <br>   |
|   |                                   |   |                       |                                  | (if travel outside of                         | Texas, complete Schedule T)                        |
|   | Principal occupa<br>Restaurant Ov | ation / Job title (See Instructions) wner                                     |                       | Employer (See Ins<br>True Grits  | <u>.                                    </u>  |  |
|   |                                   |   |                       |                                  |   |  |

| The Instruction            | ON GUIDE explains how to complete this form.  |                                     | 1 PAGE#<br>Schedule: 39         | 9/77 Report: 43/107                                |
|----------------------------|---|-------------------------------------|---------------------------------|--|
| 2 FILER NAME               | Tovo, Kathryne (Ms.)  |                                     | 3 ACCOUNT # 00005000            | (Ethics Commission filers)                         |
| 4 Date                     | 5 Full name of contributor  ut-of-state PAC (ID: Kraft, J.D. (Mr.)                              | *)                                  | 7 Amount of contribution (\$)   | 8 In-kind contribution description (if applicable) |
| 06/07/2011                 | 6 Contributor address; City; State; Zip Code<br>710 Colorado Street Unit 5C<br>Austin, TX 78701 |                                     | \$30.00                         | <br> <br>  |
|                            | ·   |                                     | (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  | <del>*</del> )                      | Amount of contribution (\$)     | In-kind contribution description (if applicable)   |
| 06/08/2011                 | Contributor address; City; State; Zip Code<br>4100 Avenue C, No 103<br>Austin, TX 78751         |                                     | \$100.00                        | <br>   |
|                            |   |                                     | (If travel outside of           | Texas, complete Schedule T)                        |
| Principal occup            | pation / Job title (See Instructions)   | Employer (See In                    | structions)                     |  |
| Date                       | Full name of contributor  | <u>'</u> )                          | Amount of contribution (\$)     | In-kind contribution description (if applicable)   |
| 05/26/2011                 | Contributor address; City; State; Zip Code<br>1802 Vance Cir<br>Austin, TX 78701                |                                     | \$100.00                        | <br>   |
|                            |   |                                     | (If travel outside of           | Texas, complete Schedule T)                        |
| Principal occup            | ation / Job title (See Instructions)  | Employer (See In                    | l '                             |  |
|                            |   |                                     |                                 |  |
| Date                       | Full name of contributor  | ·)                                  | Amount of contribution (\$)     | In-kind contribution description (if applicable)   |
| 06/08/2011                 | Contributor address; City; State; Zip Code<br>11714 Drayton Dr<br>Austin, TX 78758              |                                     | \$50.00                         | ]<br> <br>   |
|                            |   |                                     | (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)   |
| 05/11/2011                 | Contributor address; City; State; Zip Code 1008 East 44th St                                    |                                     | \$350.00                        |  |
|                            | Austin, TX 78751  |                                     |                                 | _  |
| potential :                | ption / Joh title (Coa Instructions)  | Employee (Oct.)                     |                                 | Texas, complete Schedule T)                        |
| Principal occup **Attorney | ation / Job title (See Instructions)  | Employer (See Ins<br>Texas Classroo | structions)<br>m Teacher's Asso | ciation  |

|             | The Instruction                   | ON GUIDE explains how to complete this form.   |                                      | 1 PAGE#<br>Schedule: 40       | 0/77_Report: 44/107   |
|-------------|-----------------------------------|--|--------------------------------------|-------------------------------|---|
| 2           | FILER NAME                        | Tovo, Kathryne (Ms.)   |                                      | 3 ACCOUNT # 00005000          | (Ethics Commission filers)  |
| 4           | Date                              | 5 Full name of contributor ☐ out-of-state PAC (ID#<br>Leach, Elaine (Ms.)            | <u> </u>                             | 7 Amount of contribution (\$) | 8   |
|             | 05/26/2011                        | 6 Contributor address; City; State; Zip Code<br>4901 Avenue F<br>Austin, TX 78751    | , , , <b>, .</b> , , , , ,           | \$25.00                       | }<br>[<br>]   |
|             |                                   |  |                                      | (If travel outside of         | Texas, complete Schedule T)   |
| 9           | Principal occup                   | Deation / Job title (See Instructions)   | 10 Employer (See In                  |                               | Tokoo, complete contents ./   |
| -           |                                   |  |                                      | ,                             |   |
|             | Date                              | Full name of contributor   | ·)                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)                      |
|             | 05/17/2011                        | Contributor address; City; State; Zip Code<br>1914 Larchmont Dr.<br>Austin, TX 78704 |                                      | \$350.00                      | <br> <br>   |
| ļ. <u>.</u> |                                   |  | — <u>(O.a.</u> I-                    |                               | Texas, complete Schedule T)   |
|             | Principal occup<br>Real Estate A  | ation / Job title (See Instructions)<br>Appraiser                                    | Employer (See In:<br>The Christopher |                               |   |
|             | Date                              | Full name of contributor   | )                                    | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable)<br>Legal Services |
|             | 05/20/2011                        | Contributor address; City; State; Zip Code<br>4509 Edgemont Dr,<br>Austin, TX 78731  |                                      | \$300.00                      | <br> <br>   |
|             |                                   |  |                                      | (If travel outside of         | Texas, complete Schedule T)   |
|             | Principal occup<br>Retired Attorn | eation / Job title (See Instructions) ney  | Employer (See In:<br>N/A             | structions)                   |   |
| •           | Date                              | Full name of contributor   |                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)                      |
|             | 06/06/2011                        | Contributor address; City; State; Zip Code<br>1002 Bouldin Ave<br>Austin, TX 78704   |                                      | \$100.00  <br> <br>           | <br>  |
|             |                                   |  |                                      | (If travel outside of         | Texas, complete Schedule T)   |
|             | Principal occupa<br>Buyer         | ation / Job title (See Instructions)   | Employer (See Ins<br>Whole Earth Pro |                               |   |
| -           | Date                              | Full name of contributor  ut-of-state PAC (ID# Llanes, Carmen (Ms.)                  | )                                    | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable)                   |
|             | 05/26/2011                        | Contributor address; City; State; Zip Code<br>4609 Parkwood Rd.<br>Austin, TX 78722  |                                      | \$100.00  <br>                | <br> -<br>  |
|             |                                   |  |                                      | (If travel outside of         | Texas, complete Schedule T)   |
|             | Principal occupa                  | ation / Job title (See Instructions)   | Employer (See Ins                    |                               | Toxas, complete scriedule 1)  |
|             |                                   |  | _                                    |                               |   |

| _ |                                  |   |                                      |                               |   |
|---|----------------------------------|---|--------------------------------------|-------------------------------|---|
|   | The Instruction                  | ON GUIDE explains how to complete this form.  |                                      | 1 PAGE#<br>Schedule: 41       | /77 Report: 45/107                                  |
| 2 | FILER NAME                       | Tovo, Kathryne (Ms.)  |                                      | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 | Date                             | 5 Full name of contributor ☐ out-of-state PAC (ID: Llanes, Daniel (Mr.)               | <del>/</del> )                       | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
|   | 06/01/2011                       | 6 Contributor address; City; State; Zip Code<br>4907 Red Bluff Rd<br>Austin, TX 78702 |                                      | \$25.00                       | <br> -<br> -  |
|   |                                  |   |                                      | (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)    |
|   | 05/25/2011                       | Contributor address; City; State; Zip Code<br>725 Patterson<br>Austin, TX 78703       |                                      | \$250.00                      | i<br> <br>  |
|   |                                  |   |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occur                  | eation / Job title (See Instructions)   | Employer (See In                     | l                             |   |
|   | Attorney                         |   | Lowerre, Frede                       | rick, Perales, Allm           | on & Rockwell                                       |
|   | Date                             | Full name of contributor  | !)                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 06/08/2011                       | Contributor address; City; State; Zip Code<br>P.O. Box 3332<br>Bellaire, TX 77402     |                                      | \$350.00                      | [<br> <br>  |
|   |                                  |   |                                      |                               | Texas, complete Schedule T)                         |
|   | Principal occup *Creative Dire   | eation / Job title (See Instructions)   | Employer (See In:<br>Gotham Image    |                               |   |
|   | Date                             | Full name of contributor  ut-of-state PAC (ID#<br>Luckey, Mary (Ms.)                  | )                                    | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 06/08/2011                       | Contributor address; City; State; Zip Code<br>P.O. Box 3332<br>Bellaire, TX 77402     |                                      | \$350.00                      | <br>  |
|   |                                  |   |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup<br>*Government   | ation / Job title (See Instructions)<br>Employee                                      | Employer (See Ins<br>NASA            | structions)                   |   |
|   | Date                             | Full name of contributor  | )                                    | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 05/26/2011                       | Contributor address; City; State; Zip Code<br>2302 Del Curto Rd<br>Austin, TX 78704   | ,                                    | \$100.00                      |   |
|   |                                  |   |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup<br>Software Prog | ation / Job title (See Instructions)<br>grammer                                       | Employer (See Ins<br>Neon Enterprise | structions)                   | Tondo, complete ochedule ()                         |
|   |                                  |   |                                      |                               |   |

|           | The Instruction                   | ON GUIDE explains how to complete this form.  |                                     | 1 PAGE#<br>Schedule: 42       | 2/77 Report: 46/107                                |
|-----------|-----------------------------------|---|-------------------------------------|-------------------------------|--|
| 2         | FILER NAME                        | Tovo, Kathryne (Ms.)  |                                     | 3 ACCOUNT#<br>00005000        | (Ethics Commission filers)                         |
| 4         | Date                              | 5 Full name of contributor  | ¢)                                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|           | 05/20/2011                        | 6 Contributor address; City; State; Zip Code<br>606 Harthan St<br>Austin, TX 78703      |                                     | \$350.00                      | <br>   |
|           |                                   |   | ļ                                   | (If travel outside of         | Texas, complete Schedule T)                        |
| 9         | Principal occup<br>Psychologist   | Dation / Job title (See Instructions)   | 10 Employer (See Ins<br>Self        | <u> </u>                      |  |
|           | Date                              | Full name of contributor  | /)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|           | 05/09/2011                        | Contributor address; City; State; Zip Code 2600 Lake Austin Blvd #6107 Austin, TX 78703 |                                     | \$200.00                      | <br>   |
|           |                                   | Additi, 17770700  | •                                   | (If travel outside of         | Texas, complete Schedule T)                        |
|           | Principal occup                   | Dation / Job title (See Instructions)   | Employer (See Ins                   | J                             |  |
|           | Retired                           |   | N/A                                 | ·                             |  |
| <b></b> - | Date                              | Full name of contributor  | f)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|           | 05/26/2011                        | Contributor address; City; State; Zip Code 4510 Avenue F                                |                                     | \$350.00                      | <br>   |
|           |                                   | Austin, TX 78751  |                                     | (If travel outside of         | Texas, complete Schedule T)                        |
|           | Principal occupa<br>Store Owner   | nation / Job title (See Instructions)   | Employer (See Ins<br>Avenue Gallery |                               |  |
|           | Date                              | Full name of contributor  | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|           | 06/03/2011                        | Contributor address; City; State; Zip Code<br>1611 Alameda Dr.<br>Austin, TX 78704      |                                     | \$50.00<br>I                  | <br>   |
|           |                                   | <u> </u>  |                                     | (If travel outside of         | Texas, complete Schedule T)                        |
|           | Principal occupa<br>Retired       | ation / Job title (See Instructions)  | Employer (See Ins<br>N/A            | structions)                   |  |
|           | Date                              | Full name of contributor  |                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|           | 06/08/2011                        | Contributor address; City; State; Zip Code<br>2610 Friar Tuck Ln.<br>Austin, TX 78704   |                                     | \$200.00  <br> <br>           | <br>   |
|           |                                   |   |                                     | fif travel outside of         | Texas, complete Schedule T)                        |
|           | Principal occupa<br>*Writer/Tutor | ation / Job title (See Instructions)  | Employer (See Ins<br>Self           | L                             | ,            |
|           |                                   |   |                                     |                               |  |

#### TDD 1-800-735-2989

SCHEDULE A

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

|   | O / I I I                  |  |                          |                               |  |
|---|----------------------------|--|--------------------------|-------------------------------|--|
|   | The Instruction            | ON GUIDE explains how to complete this form.   |                          | 1 PAGE#<br>Schedule: 43       | 6/77 Report: 47/107                                |
| 2 | FILER NAME                 | Tovo, Kathryne (Ms.)   |                          | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |
| 4 | Date                       | 5 Full name of contributor ☐ out-of-state PAC (ID#<br>Mayton, Emma Lea (Ms.)               | ()                       | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 05/07/2011                 | 6 Contributor address; City; State; Zip Code<br>7101 Daugherty St.<br>Austin, TX 78757     |                          | \$50.00                       | <br>   |
|   |                            |  |                          | (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# McCollom, Leslie (Ms.)                      | )                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 06/07/2011                 | Contributor address; City; State; Zip Code<br>507 Kingfisher Creek Dr.<br>Austin, TX 78748 |                          | \$50.00                       | <u>}</u>   |
|   |                            |  |                          | <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# McCormick, Donna Beth (Ms.)                 | )                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/10/2011                 | Contributor address; City; State; Zip Code 5703 Shoalwood Ave. Austin, TX 78756            |                          | \$50.00                       | <br>   |
|   |                            |  |                          |                               | Texas, complete Schedule T)                        |
|   | Principal occup<br>Retired | pation / Job title (See Instructions)  | Employer (See In:<br>N/A | structions)                   |  |
|   | Date                       | Full name of contributor  ut-of-state PAC (ID# McCormick, Donna Beth (Ms.)                 | )                        | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/20/2011                 | Contributor address; City; State; Zip Code<br>5703 Shoalwood Ave.<br>Austin, TX 78756      |                          | \$100.00                      | <b>1</b><br><b>1</b>                               |
|   | ·                          |  |                          | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup<br>Retired | eation / Job title (See Instructions)  | Employer (See Ins        | structions)                   |  |
|   | Date                       | Full name of contributor   |                          | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 06/07/2011                 | Contributor address; City; State; Zip Code<br>811 W 31st<br>Austin, TX 78705               |                          | \$200.00                      |  |
|   |                            |  |                          | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup<br>Retired | ation / Job title (See Instructions)   | Employer (See Ins<br>N/A | structions)                   |  |

P.O.Box 12070

| The Instructi                | The Instruction Guide explains how to complete this form.  1 PAGE # Schedule: 44/77 Report: 48/107 |   |                                  |   |  |  |
|------------------------------|--|---|----------------------------------|---|--|--|
| 2 FILER NAME                 | Tovo, Kathryne (Ms.)   |   | 3 ACCOUNT # 00005000             | (Ethics Commission filers)                          |  |  |
| 4 Date                       | 5 Full name of contributor  ut-of-state PAC (ID McGray, Judith (Ms.)                               | #)                                      | 7 Amount of contribution (\$)    | 8   |  |  |
| 05/31/2011                   | 6 Contributor address; City; State; Zip Code 5327 Western Hills Dr. Austin, TX 78731               |   | \$350.00                         | <br> <br>   |  |  |
|                              |  |   | (If travel outside of            | Texas, complete Schedule T)                         |  |  |
| 9 Principal occu<br>Owner    | pation / Job title (See Instructions)  | 10 Employer (See In<br>McGray&McGra     | structions)<br>ay Land Surveyors | S   |  |  |
| Date                         | Full name of contributor   | #)                                      | Amount of contribution (\$)      | In-kind contribution description (if applicable)    |  |  |
| 06/03/2011                   | Contributor address; City; State; Zip Code<br>800 West 5th #1206<br>Austin, TX 78703               |   | \$100.00                         | <br>  |  |  |
|                              | Austin, 1X 70703   |   | (If travel outside of            | Texas, complete Schedule T)                         |  |  |
| Principal occur              | pation / Job title (See Instructions)  | Employer (See In                        |                                  |   |  |  |
|                              |  |   |                                  | ·   |  |  |
| Date                         | Full name of contributor  ut-of-state PAC (ID: McMurtry, Alan (Mr.)                                | #)                                      | Amount of contribution (\$)      | In-kind contribution description (if applicable)    |  |  |
| 06/08/2011                   | Contributor address; City; State; Zip Code<br>2412 Greenlawn Pkwy<br>Austin, TX 78757              | • | \$200.00                         | <br>  |  |  |
|                              |  |   | /If travel outside of            | Texas, complete Schedule T)                         |  |  |
| Principal occur              | pation / Job title (See Instructions)  | Employer (See In                        | ·                                | Texas, complete schedule 1)                         |  |  |
| Wholesaler                   | valion, non the (eee mandeholis)   | AMC Company                             |                                  |   |  |  |
| Date                         | Full name of contributor  ut-of-state PAC (IDame McMurtry, Nancy (Ms.)                             | #)                                      | Amount of contribution (\$)      | In-kind contribution description (if applicable)    |  |  |
| 06/08/2011                   | Contributor address; City; State; Zip Code 2412 Greenlawn Pkwy Austin, TX 78757                    |   | \$200.00                         | <br>  |  |  |
|                              |  | ·                                       | (If travel outside of            | Texas, complete Schedule T)                         |  |  |
| Principal occup<br>Retired   | eation / Job title (See Instructions)  | Employer (See In<br>N/A                 | structions)                      |   |  |  |
| Date                         | Full name of contributor   | <i>y</i>                                | Amount of contribution (\$)      | In-kind contribution<br>description (if applicable) |  |  |
| 05/15/2011                   | Contributor address; City; State; Zip Code<br>631 Amesbury Ln.<br>Austin, TX 78752                 |   | \$200.00                         |   |  |  |
|                              |  |   | <br>                             | ·<br>   |  |  |
| Date -1*                     | otion / lob title (See Instructions)   | Emanter (Deed                           |                                  | Texas, complete Schedule T)                         |  |  |
| Principal occur<br>Librarian | vation / Job title (See Instructions)  | Employer (See Ins                       | structions)                      |   |  |  |

|      | The Instruction Guide explains how to complete this form.  1 PAGE # Schedule: 45/77 Report: 49/107 |  |                                    |                               |   |  |
|------|--|--|------------------------------------|-------------------------------|---|--|
| 2    | FILER NAME   | Tovo, Kathryne (Ms.)   |                                    | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |  |
| 4    | Date   | 5 Full name of contributor  ut-of-state PAC (ID: Mehdy, Mona (Ms.)                           | #)                                 | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |  |
|      | 05/24/2011   | 6 Contributor address; City; State; Zip Code<br>5004 Smokey Mountain Dr.<br>Austin, TX 78727 |                                    | \$15.00                       | }<br>   |  |
|      |  |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |  |
| 9    | Principal occup  | ation / Job title (See Instructions)   | 10 Employer (See In                | structions)                   |   |  |
|      | Date   | Full name of contributor   | <del>"</del> )                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |
| <br> | 05/16/2011   | Contributor address; City; State; Zip Code<br>8121 Bee Cave Rd.<br>Austin, TX 78746          |                                    | \$350.00                      | <br>  |  |
|      |  |  |                                    |                               | Texas, complete Schedule T)                         |  |
|      | Principal occup<br>CEO   | ation / Job title (See Instructions)   | Employer (See In<br>RRE Austin Sol |                               |   |  |
|      | Date   | Full name of contributor   | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |
|      | 06/07/2011   | Contributor address; City; State; Zip Code<br>1800 San Gabriel St.<br>Austin, TX 78701       | ,                                  | \$350.00                      | <br>  |  |
|      |  |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |  |
|      | Principal occup<br>Physician   | ation / Job title (See Instructions)   | Employer (See In<br>UT Health Cent |                               |   |  |
|      | Date   | Full name of contributor  ut-of-state PAC (ID#<br>Meisenbach, Megan (Ms.)                    | ·)                                 | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |
|      | 06/07/2011   | Contributor address; City; State; Zip Code<br>1800 San Gabriel St.<br>Austin, TX 78701       |                                    | \$350.00                      | <br>  |  |
|      |  |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |  |
|      | Principal occup<br>Musician  | ation / Job title (See Instructions)   | Employer (See In:<br>Self          | structions)                   |   |  |
|      | Date   | Full name of contributor  ut-of-state PAC (ID# Mekonnen, Mekedas (Mr.)                       | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |
|      | 05/19/2011   | Contributor address; City; State; Zip Code<br>2015 Cedar Bend #224<br>Austin, TX 78758       |                                    | \$350.00  <br> <br>           |   |  |
|      |  |  |                                    | /If travel outside of         | Texas, complete Schedule T)                         |  |
|      | Principal occup<br>Taxì Drìver   | ation / Job title (See Instructions)   | Employer (See Ins<br>Hospira       |                               |   |  |

P.O.Box 12070

| The Instruction                | ION GUIDE explains how to complete this form.  |   | 1 PAGE#<br>Schedule: 46       | 6/77 Report: 50/107                                 |
|--------------------------------|--|---|-------------------------------|---|
| 2 FILER NAME                   | Tovo, Kathryne (Ms.)   |   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                         | 5 Full name of contributor ☐ out-of-state PAC (ID# Melesse, Genet (Ms.)  | <del> </del> )                          | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/19/2011                     | 6 Contributor address; City; State; Zip Code<br>1522 Thibodeaux<br>Round Rock, TX 78664  | . , , , , , , , , , , , , , , , , , , , | \$100.00                      | <br> <br>   |
|                                |  |   | (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)    |
| 05/23/2011                     | Contributor address; City; State; Zip Code 5309 Tower Trail Austin, TX 78723   |   | \$50.00                       | \<br>   |
|                                | Austin, 17/0/23  |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup                | pation / Job title (See Instructions)  | Employer (See In                        | structions)                   |   |
| Date                           | Full name of contributor   | f)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/19/2011                     | Contributor address; City; State; Zip Code 5506 Pleasant Valley Rd Austin, TX 78744  |   | \$350.00                      | <br>  |
|                                |  |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Taxi Driver | pation / Job title (See Instructions)  | Employer (See In<br>Flextronics         | structions)                   |   |
| Date                           | Full name of contributor   | )                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/19/2011                     | Contributor address; City; State; Zip Code<br>4501 E Riverside Dr. #2032<br>Austin, TX 78741   |   | \$350.00                      | }<br>{<br>  |
|                                | ĺ  |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Taxi Driver | ation / Job title (See Instructions)   | Employer (See Ins<br>Lone Star Cab      | structions)                   |   |
| Date                           | Full name of contributor   | )                                       | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/14/2011                     | Contributor address; City; State; Zip Code<br>P.O. Box 3893<br>Victoria, TX 77903  | .,                                      | \$175.00                      | <br> -<br> -  |
| Ì                              |  |   | (If traval outside of         | Texas, complete Schedule T)                         |
| Principal occur                | pation / Job title (See Instructions)  | Employer (See Ins                       | <u> </u>                      | Texas, complete schedule 1)                         |
| ( imalpai occap                | and the control of th |   |                               |   |

|   | The Instruction                       | ON GUIDE explains how to complete                                   | e this form.           |                                       | 1 PAGE#                       | 777 Papart: 51/107                                  |
|---|---------------------------------------|---|------------------------|---------------------------------------|-------------------------------|---|
| 2 | FILER NAME                            | Tovo, Kathryne (Ms.)  |                        |                                       | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 | Date                                  | 5 Full name of contributor Diddleton, Garrett (Mr.)                 | out-of-state PAC (ID#  | )                                     | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
|   | 05/14/2011                            | 6 Contributor address; City;<br>P.O. Box 3893<br>Victoria, TX 77903 | r; State; Zip Code     |                                       | \$175.00                      | <br>  |
|   |                                       |   |                        |                                       | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 | Principal occup                       | ation / Job title (See Instructions)                                |                        | 10 Employer (See In:                  | structions)                   |   |
|   | Date                                  | Full name of contributor Middleton, James (Mr.)                     | out-of-state PAC (ID#  | )                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/26/2011                            | Contributor address; City;<br>908 W Monroe<br>Austin, TX 78704      | ; State; Zip Code      |                                       | \$100.00                      | <br> <br>   |
|   |                                       |   |                        |                                       | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup                       | ation / Job title (See Instructions)                                |                        | Employer (See In:                     |                               | Tokad, complete constant 17                         |
|   | · · · · · · · · · · · · · · · · · · · | audit / dob tillo (ddb illostatione)                                |                        | Zmpleyor (coo m                       |                               |   |
|   | Date                                  | Full name of contributor   Miller, Dan (Mr.)                        | out-of-state PAC (ID#  |                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 06/03/2011                            | Contributor address; City;<br>P.O. Box 13141<br>Austin, TX 78711    | ; State; Zip Code      |                                       | \$350.00                      | <br>  |
|   |                                       |   |                        |                                       |                               | Texas, complete Schedule T)                         |
|   | Principal occupa                      | ation / Job title (See Instructions)                                |                        | Employer (See Ins<br>McElroy, Sulliva |                               |   |
|   | Date                                  | Full name of contributor  | out-of-state PAC (ID#  | )                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 06/03/2011                            | Contributor address; City;<br>P.O. Box 13141<br>Austin, TX 78711    | ; State; Zip Code      |                                       | \$350.00  <br> <br>           | <br>  |
|   | İ                                     |   |                        |                                       | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occupa<br>Model             | ation / Job title (See Instructions)                                |                        | Employer (See Ins<br>Self             | structions)                   |   |
|   | Date                                  | Full name of contributor  | out-of-state PAC (ID#_ | )                                     | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 06/07/2011                            | Contributor address; City;<br>10706 Barnhill Dr<br>Austin, TX 78758 | ; State; Zip Code      |                                       | \$20.00  <br> <br>            |   |
|   |                                       |   |                        |                                       | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occupa                      | ation / Job title (See Instructions)                                |                        | Employer (See Ins                     | tructions)                    |   |
|   |                                       |   |                        |                                       |                               | i   |

| The hearwachon Quine explains how to complete this form.  1 PAGE #  Tovo, Kathryne (Ma.)  2 FILER NAME Tovo, Kathryne (Ma.)  3 ACCOUNT # (Ethios Commission diers) 0,000,000  4 Date   5 Full name of contributor   out-of-state PAC (ID#   0,000,000  05/25/2011   6 Contributor address; Oily, State; Zip Code   \$350,00   (if travel outside of Texas, complete Schedule T)    9 Principal accupation / Job title (See Instructions)  Total   Full name of contributor   out-of-state PAC (ID#   0,000,000,000   0,000,000,000    Principal occupation / Job title (See Instructions)  Total   Full name of contributor   out-of-state PAC (ID#   0,000,000,000,000   0,000,000,000   0,000,00   |                 |  |                   |                             |                             |
|--|-----------------|--|-------------------|-----------------------------|-----------------------------|
| Date   S   Full name of contributor   Out-of-state PAC (ID#  | The Instruction | ON GUIDE explains how to complete this form. |                   | 1                           | 3/77 Report: 52/107         |
| Moffat, Susan (Ms.)  05/25/2011   6   Contributor address; City: State; Zip Code   \$350.00    9   Principal occupation / Job title (See Instructions)   10   Employer (See Instructions)    Self   Principal occupation / Job title (See Instructions)   10   Employer (See Instructions)    Principal occupation / Job title (See Instructions)   10   Employer (See Instructions)    Principal occupation / Job title (See Instructions)   10   Employer (See Instructions)    Principal occupation / Job title (See Instructions)   10   Employer (See Instructions)    Principal occupation / Job title (See Instructions)   10   Employer (See Instructions)    Principal occupation / Job title (See Instructions)   10   Employer (See Instructions)    Principal occupation / Job title (See Instructions)   10   In-kind contribution (in applicable)    Date   Full name of contributor   10   out-of-state PAC (ID#  | 2 FILER NAME    | Tovo, Kathryne (Ms.)                         |                   |                             | (Ethics Commission filers)  |
| 4112 Speedway Austin, TX 78761  9 Principal occupation / Job title (See Instructions) Writer  Date   Full name of contributor   out-of-state PAG (ID#   Amount of contribution (if applicable)  05/23/2011   Contributor address: City: State; Zip Code 3300 Avenue H Austin, TX 78751   Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAG (ID#   Amount of contribution (if applicable)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAG (ID#   Amount of contribution (if applicable)  Distributor address: City: State: Zip Code 3350.00    Distributor address: City: State: Zip Code 3550.00    Distributor address: City: State: Zip Code 3550.00    Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)  Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (if applicable)    Of-full name of c | 4 Date          |  | #)                |                             | •                           |
| Principal occupation / Job title (See Instructions)    10   Employer (See Instructions)   Self   | 05/25/2011      | 4112 Speedway                                |                   | \$350.00                    | <br>                        |
| Date   Full name of contributor   out-of-state PAC (ID#   Ontribution (S)   description (if applicable)  |                 |  |                   | (If travel outside of       | Texas, complete Schedule T) |
| Moore, Catherine (Ms.)   Contributor address; Sago Avenue H   Austin, TX 78751   City: State: Zip Code   \$350.00   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   City: State: Zip Code   Sago Avenue H   Austin, TX 78751   Contributor address: City: State: Zip Code   Sago Avenue H   Austin, TX 78745   City: State: Zip Code   Sago Avenue H   Austin, TX 78745   City: State: Zip Code   Sago Avenue H   Austin, TX 78745   City: State: Zip Code   Sago Avenue H   Austin, TX 78745   City: State: Zip Code   Sago Avenue H   Austin, TX 78745   City: State: Zip Code   Sago Avenue H   Austin, TX 78760   Contributor address: City: State: Zip Code   Sago Avenue H   Austin, TX 78760   Contributor address: City: State: Zip Code   Sago Avenue H   Austin, TX 78760   Contributor address: City: State: Zip Code   Sago Avenue H   Austin, TX 78760   Contributor address: City: State: Zip Code   Sago Avenue H   Austin, TX 78760   Contributor address: City: State: Zip Code   Sago Avenue H   Austin, TX 78760   City: State: Zip Code   Sago Avenue H   Austin Highlicable)   Contributor address: City: State: Zip Code   Sago Avenue H   Austin Highlicable State Band Dr. Austin, TX 78704   City: State: Zip Code   Sago Avenue H   Austin Highlicable State State Sado Freeze Band Dr. Austin, TX 78704   City: State: Zip Code   Sago Avenue H   Austin Highlicable State Sago Avenue H   Austin Highlicable State Sago Avenue H   Austin Highlicable State Sago Avenue H   Austin Highlicable S  |                 | pation / Job title (See Instructions)        |                   | structions)                 |                             |
| S802 Avenue H   Austin, TX 78751   (If travel outside of Texas, complete Schedule T)   | Date            |  | )                 |                             |                             |
| Principal occupation / Job title (See Instructions) Retired    Date  | 05/23/2011      | 3802 Avenue H                                |                   | \$350.00                    | !<br>!<br>!                 |
| Date   |                 |  |                   | (If travel outside of       | Texas, complete Schedule T) |
| Moore, John (Mr.)  Contributor address; City; State; Zip Code \$350.00  Principal occupation / Job title (See Instructions)  Betired  Full name of contributor Morgan, Janis (Ms.)  Date  Full contributor address; City; State; Zip Code \$100.00  Contributor address; City; State; Zip Code \$100.00  Frincipal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code \$100.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (fi applicable)  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  O5/21/2011  Contributor address; City; State; Zip Code Single Instructions)  Date  Full name of contributor out-of-state PAC (ID#   |                 | Deation / Job title (See Instructions)       |                   | structions)                 |                             |
| Retired   See Instructions   | Date            |  | #)                |                             |                             |
| Principal occupation / Job title (See Instructions)    Employer (See Instructions)   N/A   | 05/23/2011      | 3802 Avenue H                                | . , . ,           | \$350.00                    | <br>                        |
| Date Full name of contributor Morgan, Janis (Ms.)  Contributor address; 1009 Austin Highlands Blvd Austin, TX 78745  City; State; Zip Code 105/17/2011  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Contributor address; 1009 Austin Highlands Blvd Austin, TX 78745  Employer (See Instructions)  Date Full name of contributor Morgan, Natasha (Ms.)  Contributor address; 2400 Forest Bend Dr. Austin, TX 78704  (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T)  |                 |  |                   | <u></u>                     | Texas, complete Schedule T) |
| Morgan, Janis (Ms.)  Contribution (\$)   description (if applicable)  Contributor address; 1009 Austin Highlands Blvd Austin, TX 78745  City; State; Zip Code   \$100.00   (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#)   Amount of Contribution (\$)   description (if applicable)  O5/17/2011   Contributor address; 2400 Forest Bend Dr. Austin, TX 78704  (If travel outside of Texas, complete Schedule T)   (If travel outside of Texas, complete Schedule T)   |                 | ation / Job title (See Instructions)         |                   | structions)                 |                             |
| 1009 Austin Highlands Blvd Austin, TX 78745  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor Morgan, Natasha (Ms.)  O5/17/2011 Contributor address; City; State; Zip Code 2400 Forest Bend Dr. Austin, TX 78704  (If travel outside of Texas, complete Schedule T)  (If travel outside of Texas, complete Schedule T)  | Date            |  | <u>/</u> )        |                             |                             |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor Out-of-state PAC (ID# Out-of-state PAC (ID | 05/21/2011      | 1009 Austin Highlands Blvd                   |                   | \$100.00                    | \<br> <br>                  |
| Date   Full name of contributor   Out-of-state PAC (ID#  |                 |  |                   | (If travel outside of       | Texas, complete Schedule T) |
| Morgan, Natasha (Ms.)  Contribution (\$) description (if applicable)  Contributor address; City; State; Zip Code 2400 Forest Bend Dr. Austin, TX 78704  (If travel outside of Texas, complete Schedule T)  | Principal occup | ation / Job title (See Instructions)         | Employer (See In  | structions)                 |                             |
| 2400 Forest Bend Dr. Austin, TX 78704  (If travel outside of Texas, complete Schedule T)   | Date '          |  | ·)                | Amount of contribution (\$) |                             |
|  | 05/17/2011      | 2400 Forest Bend Dr.                         |                   | \$25.00 <sub> </sub>        | <br>                        |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                 |  |                   | (If travel outside of       | Texas, complete Schedule T) |
|  | Principal occup | ation / Job title (See Instructions)         | Employer (See Ins | structions)                 |                             |

P.O.Box 12070

| The Instruct                    | ON GUIDE explains how to complete this form.  |  | 1 PAGE#<br>Schedule: 49       | 9/77 Report: 53/107                                 |
|---------------------------------|---|--|-------------------------------|---|
| 2 FILER NAME                    | Tovo, Kathryne (Ms.)  |  | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                          | 5 Full name of contributor  ut-of-state PAC (ID Moriarty, William (Mr.)                 | #)                                     | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/24/2011                      | 6 Contributor address; City; State; Zip Code<br>400 North Lowell Ln<br>Austin, TX 78733 |  | \$350.00                      | <br>  |
|                                 |   |  | <u> </u>                      | Texas, complete Schedule T)                         |
| 9 Principal occu<br>Engineer    | pation / Job title (See Instructions)   | 10 Employer (See In<br>King Engineerin |                               |   |
| Date                            | Full name of contributor  ut-of-state PAC (ID Morrison, Philip (Mr.)                    | #)                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/12/2011                      | Contributor address; City; State; Zip Code<br>610 Baylor St<br>Austin, TX 78703         |  | \$350.00                      | <br>  |
|                                 |   |  | (If trave) outside of         | Texas, complete Schedule T)                         |
| Principal occu<br>Professor     | pation / Job title (See Instructions)   | Employer (See In<br>UT Austin          | [ *                           | Toxas, compete content ()                           |
| Date                            | Full name of contributor  | #)                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/31/2011                      | Contributor address; City; State; Zip Code 504 Terrace Dr. Austin, TX 78704             |  | \$10.00                       | <del> </del><br>                                    |
| i-                              |   |  | <u> </u>                      | Texas, complete Schedule T)                         |
| Principal occup<br>Artist       | pation / Job title (See Instructions)   | Employer (See In<br>Self               | structions)                   |   |
| Date                            | Full name of contributor  | #)                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/19/2011                      | Contributor address; City; State; Zip Code<br>8000 Camden Dr.<br>Austin, TX 78757       |  | \$25.00                       | <br>  |
|                                 | <u>L</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: Nazor, Craig (Mr.)                       | #)                                     | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 06/07/2011                      | Contributor address; City; State; Zip Code<br>11701 Barchetta Dr<br>Austin, TX 78758    |  | \$350.00                      | <br> <br>   |
|                                 |   |  | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Musician/Pro | pation / Job title (See Instructions)<br>fessor   | Employer (See In:<br>ACC               | structions)                   |   |

| The Instruction                 | ON GUIDE explains how to complete this form.   |                                 | 1 PAGE#<br>Schedule: 50       | 0/77 Report: 54/107                                |
|---------------------------------|--|---------------------------------|-------------------------------|--|
| 2 FILER NAME                    | Tovo, Kathryne (Ms.)   |                                 | 3 ACCOUNT# 00005000           | (Ethics Commission filers)                         |
| 4 Date                          | 5 Full name of contributor  ut-of-state PAC (ID# O'Connor, Deirdre (Ms.)                     | #)                              | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/26/2011                      | 6 Contributor address; City; State; Zip Code<br>1213 Newning Ave.<br>Austin, TX 78704        | ······                          | \$100.00                      | <br>   |
|                                 |  |                                 | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 Principal occup               | pation / Job title (See Instructions)  | 10 Employer (See Ins            | structions)                   |  |
| Date                            | Full name of contributor  ut-of-state PAC (ID# Ogren, Jonathan (Mr.)                         | ¥)                              | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/17/2011                      | Contributor address; City; State; Zip Code 2315 Willow St Austin, TX 78702                   |                                 | \$50.00                       | <br>   |
|                                 |  |                                 | (if travel outside of         | Texas, complete Schedule T)                        |
| Principal occup                 | pation / Job title (See Instructions)  | Employer (See Ins               | structions)                   |  |
| Date                            | Full name of contributor   | f)                              | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/11/2011                      | Contributor address; City; State; Zip Code<br>3119 Honey Tree Ln<br>Austin, TX 78746         | .,                              | \$350.00                      | <br>   |
|                                 |  |                                 | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>**Unemployed | pation / Job title (See Instructions)<br>d   | Employer (See Ins<br>N/A        | structions)                   |  |
| Date                            | Full name of contributor   | }                               | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/11/2011                      | Contributor address; City; State; Zip Code<br>3267 Bee Cave Rd. #107 #92<br>Austin, TX 78746 |                                 | \$350.00<br>                  | <br>   |
|                                 |  |                                 | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup                 | pation / Job title (See Instructions)<br>d   | Employer (See Ins<br>N/A        | structions)                   |  |
| Date                            | Full name of contributor   | )                               | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/31/2011                      | Contributor address; City; State; Zip Code<br>1202 Shelley Ave<br>Austin, TX 78703           |                                 | \$250.00  <br>                | <br>   |
|                                 | I  |                                 | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Customer Ser | ation / Job title (See Instructions) rvice Rep   | Employer (See Ins<br>Home Depot | structions)                   |  |

| The Instruction                 | ON GUIDE explains how to complete this form.   |                                      | 1 PAGE#<br>Schedule: 51       | /77 Report: 55/107                                 |
|---------------------------------|--|--------------------------------------|-------------------------------|--|
| 2 FILER NAME                    | Tovo, Kathryne (Ms.)   |                                      | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |
| 4 Date                          | 5 Full name of contributor ☐ out-of-state PAC (ID# Patterson, Bradford (Mr.)             | <del>*</del> )                       | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/07/2011                      | 6 Contributor address; City; State; Zip Code<br>1311 Newton St.<br>Austin, TX 78704      |                                      | \$25.00                       | <br> <br>  |
| ·                               |  |                                      | <u> </u>                      | 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# Penn, Beverly (Ms.)                       | ,)                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/07/2011                      | Contributor address; City; State; Zip Code<br>811 W 31st St<br>Austin, TX 78705          |                                      | \$200.00                      | 1<br>  |
|                                 |  |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Artist/Homen | pation / Job title (See Instructions) naker  | Employer (See In<br>Self             | <u> </u>                      | , <u> </u>   |
| Date                            | Full name of contributor   | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/31/2011                      | Contributor address; City; State; Zip Code 2001 Exposition Austin, TX 78703              |                                      | \$350.00                      | <br> }<br>   |
|                                 |  |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Accountant   | pation / Job title (See Instructions)  | Employer (See In<br>J. Pinnelli Co.  | structions)                   |  |
| Date                            | Full name of contributor  out-of-state PAC (ID# Pinnelli, Joseph (Mr.)                   | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/31/2011                      | Contributor address; City; State; Zip Code 2001 Exposition Austin, TX 78703              |                                      | \$350.00                      | <br> <br>  |
|                                 |  |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>General Cont | pation / Job title (See Instructions)<br>tractor   | Employer (See In:<br>J. Pinnelli Co. | structions)                   |  |
| Date                            | Full name of contributor   | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/08/2011                      | Contributor address; City; State; Zip Code<br>4503 Shoal Creek Blvd.<br>Austin, TX 78756 |                                      | \$100.00                      | <br>   |
| i                               |  |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup                 | pation / Job title (See Instructions)  | Employer (See Ins                    | structions)                   |  |

|   | The INSTRUCTION  | ON GUIDE explains how to complete this form.  |                                     | 1 PAGE #<br>Schedule: 52      | 2/77 Report: 56/107                                 |
|---|------------------|---|-------------------------------------|-------------------------------|---|
| 2 | FILER NAME       | Tovo, Kathryne (Ms.)  |                                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 | Date             | 5 Full name of contributor ☐ out-of-state PAC (ID Prewitt, Kerza (Mr.)                      | #)                                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
|   | 05/17/2011       | 6 Contributor address; City; State; Zip Code<br>9315 Old Lampasas Trail<br>Austin, TX 78750 |                                     | \$50.00                       | <br>  |
|   |                  |   |                                     | (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)    |
|   | 05/20/2011       | Contributor address; City; State; Zip Code<br>2609 Pembrook Trail<br>Austin, TX 78731       |                                     | \$350.00                      | 1<br>1<br>1   |
|   | British about    | ** ** * ** ** ** ** ** ** ** ** ** ** *   | Torribuer (Coo In                   | 1                             | Texas, complete Schedule T)                         |
|   | Retired Rever    | pation / Job title (See Instructions)<br>rend   | Employer (See Ins<br>Self           | structions)                   |   |
|   | Date             | Full name of contributor  | #)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/26/2011       | Contributor address; City; State; Zip Code<br>2311 S. 2nd St<br>Austin, TX 78704            |                                     | \$30.00                       | <b>)</b><br>[<br>]                                  |
|   |                  |   |                                     | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup  | pation / Job title (See Instructions)   | Employer (See Ins                   | <u> L.i</u>                   | Texas, complete schedule ()                         |
|   | Filliopal ooosp  | allott) you are tose monactions)  | Linployo, 1000                      | Situations)                   |   |
|   | Date             | Full name of contributor  | <b>#</b> )                          | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 05/17/2011       | Contributor address; City; State; Zip Code<br>1708 Exposition Blvd<br>Austin, TX 78703      |                                     | \$50.00                       | <br>  |
|   |                  |   |                                     | <u> </u>                      | Texas, complete Schedule T)                         |
|   | Principal occupa | eation / Job title (See Instructions)   | Employer (See Ins                   | structions)                   |   |
|   | Date             | Full name of contributor  | <del>*</del> )                      | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 05/17/2011       | Contributor address; City; State; Zip Code<br>6715 Windrift Way #29<br>Austin, TX 78745     | , , , , , , , , , , , , , , , , , , | \$100.00 ¦                    |   |
|   |                  |   |                                     | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occupr | ation / Job title (See Instructions)  | Employer (See Ins                   | structions)                   |   |
|   |                  | !   |                                     |                               |   |

P.O.Box 12070

| The bestraturnor Guice explains how to complete tris form.    1   FAGE # Schedule: 53/77 Report: 57/107   |                 |   |                   |                       |                             |  |  |
|---|-----------------|---|-------------------|-----------------------|-----------------------------|--|--|
| ### Piliname of contributor   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)   ### Principal occupation / Job title (See Instructions)   Out-of-state PAC (ID#   Amount of Rescription (if applicable)     | The Instruction | The instruction doing explains now to complete this form. |                   |                       |                             |  |  |
| Reynolds, Caroline (Ms.)   Contribution (\$)   description (if applicable)  | 2 FILER NAME    | Tovo, Kathryne (Ms.)                                      |                   | 3 ACCOUNT#            | •                           |  |  |
| 261 tW 49th St Austin, TX 78731   (If travel outside of Texas, complete Schedule T)   | 4 Date          |   | #)                |                       |                             |  |  |
| Principal occupation / Job title (See Instructions)    10 Employer (See Instructions) C Squared R Inc.  | 05/31/2011      | 2611 W 49th St  |                   | \$250.00              | <br>                        |  |  |
| Principal occupation / Job title (See Instructions)  Date Full name of contributor Reynolds, Joseph (Mr.)  O5/31/2011 Contributor address; City: State; Zip Code 2611 W 49th St Austin, TX 78731  Date Full name of contributors  Principal occupation / Job title (See Instructions)  Director/Secretary  Contributor address; City: State; Zip Code Contributor (If travel outside of Texas, complete Schedulo 7)  Principal occupation / Job title (See Instructions)  Date Full name of contributor Rice, Kathleen (Ms.)  O5/07/2011 Contributor address; City: State; Zip Code 1008 Banister Ln #1407 Austin, TX 78704  Date Full name of contributor Rice (Rice Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor Richter, Dorothy (Ms.)  O6/07/2011 Contributor address; City: State; Zip Code 3901 Avenue G Austin, TX 78751  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor Richter, Dorothy (Ms.)  O6/07/2011 Contributor address; City: State; Zip Code 3901 Avenue G Austin, TX 78751  Rivera, Julian (Mr.)  O5/07/2011 Contributor address; City: State; Zip Code 3901 Avenue G Rivera, Julian (Mr.)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |                 |   |                   | (If travel outside of | Texas, complete Schedule T) |  |  |
| Reynolds, Joseph (Mr.)  O5/31/2011 Contributor address; 2611 W 49th St. Austin, TX 78731  Principal occupation / Job title (See Instructions) Director/Secretary  Dire  |                 |   |                   |                       |                             |  |  |
| 2611 W 49th St. Austin, TX 78731  Principal occupation / Job title (See Instructions)  Director/Secretary  Date  Full name of contributor Rice, Kathleen (Ms.)  O5/07/2011  Contributor address; City: State; Zip Code Austin, TX 78704  Date  Full name of contributor Richer, Dorotriby (Idea on tributor) Richer, Contributor address; City: State; Zip Code Austin, TX 78704  Date  Full name of contributor Richer, Dorotriby (Ms.)  Date  Full name of contributor Richter, Dorotriby (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Richter, Date (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  | Date            |   | <u>"</u> )        |                       |                             |  |  |
| Principal occupation / Job title (See Instructions)  Director/Secretary    Caquared R Inc.  | 05/31/2011      | 2611 W 49th St  |                   | \$250.00              | <br>                        |  |  |
| Director/Secretary  C Squared R Inc.    Date  |                 |   |                   | ,                     | Texas, complete Schedule T) |  |  |
| Rice, Kathleen (Ms.)   Contributor (\$)   description (if applicable)   |                 |   |                   |                       |                             |  |  |
| 1006 Banister Ln #1407   Austin, TX 78704   (If travel outside of Texas, complete Schedule T)   | Date            |   | <del>'</del> )    |                       |                             |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor   | 05/07/2011      | 1006 Banister Ln #1407                                    |                   |                       | <br> -<br> -                |  |  |
| Date Full name of contributor  ut-of-state PAC (ID#   |                 |   |                   |                       | Texas, complete Schedule T) |  |  |
| Richter, Dorothy (Ms.)  Contribution (\$)   description (if applicable)  Contributor address; Solot   S | Principal occup | ation / Job title (See Instructions)                      | Employer (See In  | structions)           |                             |  |  |
| 3901 Avenue G Austin, TX 78751  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Rivera, Julian (Mr.)  Contributor address; City; State; Zip Code 2404 Forest Bend Dr. Austin, TX 78704  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | Date            | ·   | )                 |                       |                             |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Rivera, Julian (Mr.)  Contributor address; 2404 Forest Bend Dr. Austin, TX 78704  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable)  \$100.00  (If travel outside of Texas, complete Schedule T)  Employer (See Instructions)   | 06/07/2011      | 3901 Avenue G   |                   | \$50.00               | <br>                        |  |  |
| Date  Full name of contributor Out-of-state PAC (ID# Ontribution (\$) In-kind contribution description (if applicable)  O5/07/2011  Contributor address; City; State; Zip Code 2404 Forest Bend Dr. Austin, TX 78704  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |                 |   |                   | (If travel outside of | Texas, complete Schedule T) |  |  |
| Rivera, Julian (Mr.)  Contributor address; City; State; Zip Code 2404 Forest Bend Dr. Austin, TX 78704  City; State; Zip Code (If travel outside of Texas, complete Schedule T)  Employer (See Instructions)  | Principal occup | ation / Job title (See Instructions)                      | Employer (See In: | structions)           |                             |  |  |
| 2404 Forest Bend Dr. Austin, TX 78704  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | Date            |   | ·)                |                       |                             |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)   | 05/07/2011      | 2404 Forest Bend Dr.                                      | ,                 | \$100.00              | ·                           |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)   |                 |   |                   | ر<br>دااست امریویوا   | Toyon complete Oakada a T   |  |  |
| 1   | , ,             | ation / Job title (See Instructions)                      |                   | structions)           | revas, complete schedule 1) |  |  |

| The Instruction                  | ON GUIDE explains how to complete this form.   |                                      | 1 PAGE #<br>Schedule: 54      | 4/77 Report: 58/107                                |
|----------------------------------|--|--------------------------------------|-------------------------------|--|
| 2 FILER NAME                     | Tovo, Kathryne (Ms.)   |                                      | 3 ACCOUNT#<br>00005000        | (Ethics Commission filers)                         |
| 4 Date                           | 5 Full name of contributor  ut-of-state PAC (ID# Rockwell, Brad (Mr.)  | <del>/</del> )                       | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/26/2011                       | 6 Contributor address; City; State; Zip Code<br>201 Lavaca #422<br>Austin, TX 78701  |                                      | \$25.00                       |  |
|                                  | <u></u> _  |                                      | (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# Rodgers, Brian (Mr.)  | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/20/2011                       | Contributor address; City; State; Zip Code 1112 W 9th Austin, TX 78703   |                                      | \$350.00                      | 1  |
|                                  |  |                                      | All traval auteide of         | Texas, complete Schedule T)                        |
| Original conur                   | The state of the s | Tourisms (See In                     | <u> </u>                      | Texas, complete Schedule 1/                        |
| Principal occup<br>Real Estate D |  | Employer (See In:<br>Self            | structions)                   |  |
| Date                             | Full name of contributor  ut-of-state PAC (ID# Rogers, Wayne (Mr.)   | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/15/2011                       | Contributor address; City; State; Zip Code<br>4104 Deepwoods Dr.<br>Austin, TX 78731   | , , , , ,                            | \$100.00                      | <br>   |
|                                  |  |                                      |                               | 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)   |
| 05/17/2011                       | Contributor address; City; State; Zip Code<br>11 Niles Rd.<br>Austin, TX 78703   |                                      | \$300.00                      | <br>   |
| ]                                | ·  |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Homemaker     | pation / Job title (See Instructions)  | Employer (See Ins<br>N/A             | structions)                   |  |
| Date                             | Full name of contributor  uut-of-state PAC (ID#, Ross, Lauren (Ms.)  | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/08/2011                       | Contributor address; City; State; Zip Code<br>1405 Hillmont St.<br>Austin, TX 78704  |                                      | \$100.00                      | <br>   |
|                                  | <u> </u>   |                                      | Af traval outside of          | Texas, complete Schedule T)                        |
| Dain aire al a accus             | ation / Joh title /Con Instructions)   | Employer (Soo Inc                    |                               | Texas, complete schedule 1)                        |
| Owner                            | nation / Job title (See Instructions)  | Employer (See Ins<br>Glenrose Engine |                               |  |

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| The Interrection Greek explains how to complete this form.  1 PAGE # Schedule: 55/77 Report: 59/107  2 FILER NAME TOVO, Kathryne (Ms.)  3 ACCOUNT # (Effice Commission filers) 00005000  4 Date   S Full name of contributor   Out-of-state PAC (ID#   7 Amount of Contribution (S)   Selection (if applicable) 05/11/2011   S Contributor address; City: State: Zip Code (BYOS Beautord D). 05/11/2011   S Contributor address; City: State: Zip Code (BYOS Beautord D). 05/11/2011   S Contributor address; City: State: Zip Code (BYOS Beautord D). 05/11/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 05/11/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Contributor address; City: State: Zip Code (BYOS Beautord D). 06/03/2011   Contributor address; City: State: Zip Code (BYOS Beautord D). 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC (ID#   Amount of Contributor (I applicable) 06/03/2011   Out-of-state PAC |                 | ·  |                   |                       |                             |
|--|-----------------|--|-------------------|-----------------------|-----------------------------|
| Date   S Full name of contributor   Out-of-state PAC (ID#     7 Amount of contribution (is)   8 In-kind contribution   description (if applicable)   | The Instructi   | ON GUIDE explains how to complete this form. |                   | I .                   | 5/77 Report: 59/107         |
| Ruszkiewicz, John (Mr.)   Contributor address; City: State: Zip Code   S100.00   (if travel outside of Texes, complete Schedule T)   | 2 FILER NAME    | Tovo, Kathryne (Ms.)                         |                   | 1                     | (Ethics Commission filers)  |
| Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor address: City: State: Zip Code   Contributor      | 4 Date          |  | )                 |                       | •                           |
| Principal occupation / Job title (See Instructions)    10  | 05/11/2011      | 6708 Beauford Dr.                            |                   | \$100.00              | <br>                        |
| Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   In-kind contribution (S)   description (If applicable)  |                 |  |                   | (If travel outside of | Texas, complete Schedule T) |
| Ruszkiewicz, John (Mr.)  O6/03/2011  Contributor address; City; State; Zip Code  |                 | pation / Job title (See Instructions)        |                   | structions)           |                             |
| Principal occupation / Job title (See Instructions)   Employer (See Instructions)   UT Austin  | Date            | ,  | )                 |                       |                             |
| Principal occupation / Job title (See Instructions)  Date    Full name of contributor   out-of-state PAC (ID#   Amount of contribution (# paplicable)  | 06/03/2011      | 6708 Beauford Dr.                            |                   | \$150.00              | <br>                        |
| Principal occupation / Job title (See Instructions)  Date  Full name of contributor  |                 |  |                   |                       | '<br>                       |
| Date   Full name of contributor   Qut-of-state PAC (ID#  | Delocinal conur | potion / Job title (Coe Instructions)        | Employer (San In  |                       | Texas, complete Schedule T) |
| Ryan, Brent (Mr.)  Contributor (Mr.)  Contributor address; 2101 Meadowbrook Drive Austin, TX 78703  Principal occupation / Job title (See Instructions)  Attorney  Date  Full name of contributor Galdana, Janie (Ms.)  Discription (Ms.)  City: State; Zip Code State PAC (ID# Saldana, Janie (Ms.)  Discription (Ms.)  Principal occupation / Job title (See Instructions)  City: State; Zip Code Saldana, Janie (Ms.)  Discription (Ms.)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (S) description (if applicable)  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID# ) Amount of contribution (S) In-kind contribution (S) description (if applicable)  Date Full name of contributor out-of-state PAC (ID# ) Amount of contribution (S) In-kind contribution (S) description (if applicable)  Date Full name of contributor out-of-state PAC (ID# ) Amount of contribution (S) In-kind contribution (S) description (if applicable)  Discription (if applicable)  O5/20/2011 Contributor address; 1612 Melissa Oaks Ln Austin, TX 78744  (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T)   |                 | valion 7 dob title (See instructions)        |                   | structions)           |                             |
| Principal occupation / Job title (See Instructions)   Employer (See Instructions)   McElroy, Sullivan & Miller, L.L.P.    Date   | Date            | · · · · · · · · · · · · · · · · · · ·        | )                 |                       |                             |
| Principal occupation / Job title (See Instructions)  Attorney    Employer (See Instructions)   McElroy, Sullivan & Miller, L.L.P.   Date   Full name of contributor   Out-of-state PAC (ID#  | 06/08/2011      | 2101 Meadowbrook Drive                       |                   | \$250.00              | 1<br>1<br>1                 |
| Attorney    McElroy, Sullivan & Miller, L.L.P.   |                 |  |                   | (If travel outside of | Texas, complete Schedule T) |
| Saldana, Janie (Ms.)  Contribution (\$)   description (if applicable)  Contributor address; 1102 Red Cliff Drive Austin, TX 78758  City; State; Zip Code   \$125.00    Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date   Full name of contributor Saldana, Lisa (Ms.)  O5/20/2011   Contributor address; 1612 Melissa Oaks Ln Austin, TX 78744  (If travel outside of Texas, complete Schedule T)    (If travel outside of Texas, complete Schedule T)    (If travel outside of Texas, complete Schedule T)  | , ,             | pation / Job title (See Instructions)        |                   |                       |                             |
| 1102 Red Cliff Drive Austin, TX 78758  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Saldana, Lisa (Ms.)  O5/20/2011  Contributor address; City; State; Zip Code 1612 Melissa Oaks Ln Austin, TX 78744  (If travel outside of Texas, complete Schedule T)  | Date            | •  | )                 |                       |                             |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Saldana, Lisa (Ms.)  O5/20/2011  Contributor address; City; State; Zip Code 1612 Melissa Oaks Ln Austin, TX 78744  (If travel outside of Texas, complete Schedule T)  | 05/20/2011      | 1102 Red Cliff Drive                         |                   | \$125.00              | <br>                        |
| Date Full name of contributor Saldana, Lisa (Ms.)  Contributor address; City; State; Zip Code \$25.00    Contributor address; 1612 Melissa Oaks Ln Austin, TX 78744  (If travel outside of Texas, complete Schedule T)   |                 |  |                   | (If travel outside of | Texas, complete Schedule T) |
| Saldana, Lisa (Ms.)  Contribution (\$)   description (if applicable)  Contributor address; City; State; Zip Code   \$25.00   | Principal occup | ation / Job title (See Instructions)         | Employer (See In: | structions)           |                             |
| 1612 Melissa Oaks Ln Austin, TX 78744  (If travel outside of Texas, complete Schedule T)   | Date            | ,  | )                 |                       |                             |
|  | 05/20/2011      | 1612 Melissa Oaks Ln                         |                   | \$25.00<br>           |                             |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                 |  |                   | (If travel outside of | Texas, complete Schedule T) |
|  | Principal occup | ation / Job title (See Instructions)         | Employer (See Ins | structions)           |                             |

Texas Ethics Commission

|   | The Instruction             | ON GUIDE explains how to complete this form.  | · .                                | 1 PAGE#<br>Schedule: 56       | 6/77 Report: 60/107                                |  |  |  |  |
|---|-----------------------------|---|------------------------------------|-------------------------------|--|--|--|--|--|
| 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) |  |  |  |  |
|   | 05/20/2011                  | 6 Contributor address; City; State; Zip Code<br>1612 Melissa Oaks Ln<br>Austin, TX 78744      |                                    | \$25.00                       | †<br>  |  |  |  |  |
|   |                             |   |                                    | (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  | <del>"</del> )                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |  |  |
|   | 05/20/2011                  | Contributor address; City; State; Zip Code<br>1102 Red Cliff Drive<br>Austin, TX 78758        |                                    | \$125.00                      | <br>   |  |  |  |  |
|   |                             |   |                                    | <u> </u>                      | Texas, complete Schedule T)                        |  |  |  |  |
|   | Principal occup             | eation / Job title (See Instructions)   | Employer (See In                   | structions)                   |  |  |  |  |  |
|   | Date                        | Full name of contributor  | <del>/)</del>                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |  |  |
|   | 05/16/2011                  | Contributor address; City; State; Zip Code<br>3310 Bridle Path<br>Austin, TX 78703            |                                    | \$200.00                      | <br>   |  |  |  |  |
|   |                             | AdSilli,   12 79703   |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |  |  |  |
|   | Principal occup<br>Attorney | ation / Job title (See Instructions)  | Employer (See In<br>Texas Rio Gran |                               |  |  |  |  |  |
|   | Date                        | Full name of contributor  | ·)                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |  |  |
|   | 06/07/2011                  | Contributor address; City; State; Zip Code<br>2608 West 49th Street<br>Austin, TX 78731       |                                    | \$35.00                       | <br>   |  |  |  |  |
|   |                             |   |                                    | (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#<br>Sanchez-Lozano, Marion (Ms.)                | ·)                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |  |  |
|   | 05/20/2011                  | Contributor address; City; State; Zip Code<br>5934 Republic of Texas Blvd<br>Austin, TX 78735 |                                    | \$100.00                      | <b> </b><br>                                       |  |  |  |  |
|   |                             |   |                                    | 416 Amount 2002-1-2-          | '<br>*   |  |  |  |  |
|   | Principal accus             | ation / Job title (Con Instructions)  | Employer (Pag Inc                  |                               | Texas, complete Schedule T)                        |  |  |  |  |
|   | -гінсіраі осс <del>ир</del> | ation / Job title (See Instructions)  | Employer (See Ins                  | structions)                   |  |  |  |  |  |

| Tr    | ne Instruction             | ON GUIDE explains how to complete this form.  |                                   | 1 PAGE #<br>Schedule: 57      | 7/77 Report: 61/107                                 |
|-------|----------------------------|---|-----------------------------------|-------------------------------|---|
| 2 FIL | LER NAME                   | Tovo, Kathryne (Ms.)  |                                   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4     | Date                       | 5 Full name of contributor  ut-of-state PAC (ID: Sandomirsky, Sharon (Ms.)          | <del> </del>  )                   | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/   | /14/2011                   | 6 Contributor address; City; State; Zip Code<br>2500 Flora Cove<br>Austin, TX 78746 |                                   | \$350.00                      | <br>  |
|       |                            |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| _     | incipal occup<br>etired    | pation / Job title (See Instructions)   | 10 Employer (See In<br>N/A        | structions)                   |   |
|       | Date                       | Full name of contributor  | <del>*</del> )                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/   | /17/2011                   | Contributor address; City; State; Zip Code<br>2500 Flora Cove<br>Austin, TX 78746   |                                   | \$350.00                      | {<br>}<br>!   |
|       |                            |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
|       | ncipal occup<br>etired     | ation / Job title (See Instructions)  | Employer (See In<br>N/A           | structions)                   |   |
| . [   | Date                       | Full name of contributor  | ()                                | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/   | /17/2011                   | Contributor address; City; State; Zip Code 704 Carolyn Ave.                         |                                   | \$350.00                      | <br>  |
|       |                            | Austin, TX 78705  |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
|       | ncipal occup<br>insultant  | ation / Job title (See Instructions)  | Employer (See In<br>Self          | structions)                   | · · · · · · · · · · · · · · · · · · ·               |
|       | Date                       | Full name of contributor  | )                                 | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/   | 26/2011                    | Contributor address; City; State; Zip Code<br>3506 Far View Dr.<br>Austin, TX 78730 |                                   | \$200.00                      |   |
|       |                            |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
|       | ncipal occup<br>oduct Deve | ation / Job title (See Instructions)<br>loper                                       | Employer (See In:<br>BMC Software | structions)                   |   |
| ľ     | Date                       | Full name of contributor  | )                                 | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 06/0  | 07/2011                    | Contributor address; City; State; Zip Code 2313 S. 2nd Austin, TX 78704             |                                   | \$25.00                       |   |
|       |                            |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Prin  | ncipal occup               | ation / Job title (See Instructions)  | Employer (See Ins                 | structions)                   |   |

|   | The Instruction                   | ON GUIDE explains how to complete this form.  |                                    | 1 PAGE #<br>Schedule: 58           | 9/77 Report: 62/107                                 |
|---|-----------------------------------|---|------------------------------------|------------------------------------|---|
| 2 | FILER NAME                        | Tovo, Kathryne (Ms.)  |                                    | 3 ACCOUNT # 00005000               | (Ethics Commission filers)                          |
| 4 | Date                              | 5 Full name of contributor  ut-of-state PAC (ID: Schilz, Virginia (Ms.)                 | <del>‡</del> )                     | 7 Amount of contribution (\$)      | 8 In-kind contribution description (if applicable)  |
|   | 06/08/2011                        | 6 Contributor address; City; State; Zip Code<br>3616 Claburn Drive<br>Austin, TX 78759  |                                    | \$100.00                           | }<br> <br>  |
|   |                                   |   |                                    | (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)    |
|   | 05/21/2011                        | Contributor address; City; State; Zip Code<br>3656 Ranch Creek Dr.<br>Austin, TX 78730  |                                    | \$350.00                           | 1<br> <br>  |
|   |                                   |   |                                    | (If travel outside of              | Texas, complete Schedule T)                         |
|   | Principal occup                   | ation / Job title (See Instructions)  | Employer (See In                   | <u> </u>                           | ,   |
|   | Retired                           |   | N/A                                |                                    |   |
|   | Date                              | Full name of contributor  ut-of-state PAC (ID# Schneider, Robin (Ms.)                   | )                                  | Amount of contribution (\$)        | In-kind contribution description (if applicable)    |
|   | 05/21/2011                        | Contributor address; City; State; Zip Code<br>2609 Sherwood Ln.<br>Austin, TX 78704     |                                    | \$350.00                           | <br>  |
|   |                                   | Addition 17 70704   | i                                  | (If travel outside of              | Texas, complete Schedule T)                         |
|   | Principal occup<br>Political Orga | ation / Job title (See Instructions)<br>nizer   | Employer (See In:<br>Texas Campaig | structions)<br>In for the Environn | nent  |
|   | Date                              | Full name of contributor  uut-of-state PAC (ID# Schraad, Jacqui (Ms.)                   | )                                  | Amount of contribution (\$)        | In-kind contribution<br>description (if applicable) |
|   | 05/07/2011                        | Contributor address; City; State; Zip Code<br>1304 Kinney Ave<br>Austin, TX 78704       |                                    | \$25.00                            | <br>  |
|   |                                   |   |                                    | (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<br>description (if applicable) |
|   | 05/26/2011                        | Contributor address; City; State; Zip Code<br>1115 West 7th St #300<br>Austin, TX 78703 |                                    | \$125.00                           |   |
|   |                                   |   |                                    | (if travel outside of              | Texas, complete Schedule T)                         |
|   | Principal occupa                  | ation / Job title (See Instructions)  | Employer (See Ins<br>N/A           | structions)                        |   |
|   | nemeu                             |   | ING                                |                                    |   |

| The Instruction Guide explains how to complete this form.   |                                   | 1 PAGE#<br>Schedule: 59       | 9/77 Report: 63/107                                 |
|---|-----------------------------------|-------------------------------|---|
| 2 FILER NAME Tovo, Kathryne (Ms.)   |                                   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date 5 Full name of contributor ☐ out-of-state PAC Schwitters, Roy (Mr.)  | (ID#)                             | 7 Amount of contribution (\$) | 8   |
| 05/26/2011 6 Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; | ode                               | \$125.00                      | !<br>!  |
|   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions)     Professor   | 10 Employer (See In UT Austin     | nstructions)                  |   |
| Date Full name of contributor D out-of-state PAC Scully, Michael (Mr.)  | (ID#)                             | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/26/2011 Contributor address; City; State; Zip Co<br>1208 Verdant Way<br>Austin, TX 78746   | ode                               | \$150.00                      | ]<br> <br>  |
|   |                                   | /// Averval existence         | Towns complete Oaks did 70                          |
| Principal and a state of the title (One hadron)   | Franksis (6. s.t.                 |                               | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions)   | Employer (See Ir                  | nstructions)                  |   |
| Date Full name of contributor  ut-of-state PAC Seeger, Mark (Mr.)   | ; (ID#)                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/31/2011 Contributor address; City; State; Zip Co   | ode                               | \$100.00                      | <br>  |
| Austin, TX 78701  |                                   | ,                             | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions)   | Employer (See In                  | nstructions)                  |   |
| Date Full name of contributor ☐ out-of-state PAC Seeger, Patricia (Ms.)   | (ID#)                             | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/21/2011 Contributor address; City; State; Zip Co 6705 Winterberry Dr. Austin, TX 78750   | ode                               | \$350.00                      | 1<br>1<br>t   |
|   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions)   | Employer (See In                  | <u> </u>                      |   |
| Real Estate Broker  | Self                              | T                             |   |
| Date Full name of contributor out-of-state PAC Seifu, Yemane (Mr.)  | (ID#)                             | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/19/2011 Contributor address; City; State; Zip Co<br>1015 Yager Ln, #92<br>Austin, TX 78753   | ode                               | \$200.00                      | [   |
|   |                                   |                               | I   |
|   | <u></u> .                         | <u> </u>                      | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions) Taxi Driver   | Employer (See In<br>Lone Star Cab | structions)                   |   |

## TDD 1-800-735-2989 SCHEDULE A

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

| The Instruction                 | ON GUIDE explains how to complete this form.   |                                    | 1 PAGE#<br>Schedule: 60       | /77 Report: 64/107                                  |
|---------------------------------|--|------------------------------------|-------------------------------|---|
| 2 FILER NAME                    | Tovo, Kathryne (Ms.)   |                                    | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                          | 5 Full name of contributor  ut-of-state PAC (ID# Selken, Diane (Ms.)                         | <i>†</i> )                         | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/07/2011                      | 6 Contributor address; City; State; Zip Code<br>5912 Highland Hills Dr.<br>Austin, TX 78731  |                                    | \$100.00                      | <br> <br>   |
|                                 |  |                                    | (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#<br>Sheff, Gregory (Mr.)                       | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/07/2011                      | Contributor address; City; State; Zip Code<br>902 W 31st St<br>Austin, TX 78705              |                                    | \$250.00                      | <br>  |
| i.                              |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Family Medic | pation / Job title (See Instructions)<br>ine   | Employer (See In<br>Austin Regiona | structions)                   | <del>-</del>  |
| Date                            | Full name of contributor  ut-of-state PAC (ID# Sheller, Becky (Ms.)                          | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/08/2011                      | Contributor address; City; State; Zip Code<br>209 Krebs Lane<br>Austin, TX 78704             |                                    | \$50.00                       | <br>  |
|                                 |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup                 | pation / Job title (See Instructions)  | Employer (See In                   |                               | Toxag complete constants 1)                         |
|                                 |  |                                    |                               |   |
| Date                            | Full name of contributor   | ·)                                 | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/11/2011                      | Contributor address; City; State; Zip Code<br>7004 Windridge Cove<br>Austin, TX 78759        |                                    | \$50.00                       |   |
|                                 |  |                                    | 1                             | 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)    |
| 05/19/2011                      | Contributor address; City; State; Zip Code<br>13608 Mereseyside Dr<br>Pflugerville, TX 78660 |                                    | \$100.00                      |   |
|                                 |  |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup                 | ation / Job title (See Instructions)   | Employer (See Ins                  |                               | Series Series ()                                    |
|                                 |  |                                    |                               |   |

| The Instructi                | ION GUIDE explains how to complete this form.   |                              | 1 PAGE#<br>Schedule: 61       | 1/77 Report: 65/107                                 |  |  |
|------------------------------|---|------------------------------|-------------------------------|---|--|--|
| 2 FILER NAME                 | Tovo, Kathryne (Ms.)  |                              | 3 ACCOUNT# 00005000           | (Ethics Commission filers)                          |  |  |
| 4 Date                       | 5 Full name of contributor  ut-of-state PAC (ID# Sloan, Clay (Mr.)                      | <del>/</del> )               | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |  |  |
| 05/07/2011                   | 6 Contributor address; City; State; Zip Code<br>4306 Ramsey Ave.<br>Austin, TX 78756    |                              | \$175.00                      | <br>  |  |  |
|                              |   | ļ                            | (If travel outside of         | Texas, complete Schedule T)                         |  |  |
| 9 Principal occu<br>Attorney | pation / Job title (See Instructions)   | 10 Employer (See In:<br>VERA | <u> </u>                      |   |  |  |
| Date                         | Full name of contributor  | <i>f</i> )                   | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |  |
| 05/18/2011                   | Contributor address; City; State; Zip Code 4306 Ramsey Ave. Austin, TX 78756            |                              | \$175.00                      | <br>  |  |  |
|                              |   |                              | (If travel outside of         | Texas, complete Schedule T)                         |  |  |
|                              | pation / Job title (See Instructions)   |                              | Employer (See Instructions)   |   |  |  |
| Attorney                     | :   | VERA                         |                               |   |  |  |
| Date                         | Full name of contributor  ut-of-state PAC (ID# Smith, Kirk (Mr.)                        | <u> </u>                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |  |
| 05/30/2011                   | Contributor address; City; State; Zip Code<br>805 Cardinal Ln<br>Austin, TX 78704       |                              | \$100.00                      | <br>  |  |  |
|                              |   |                              | (If travel outside of         | 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)    |  |  |
| 05/26/2011                   | Contributor address; City; State; Zip Code 2200 Forest Tr. Austin, TX 78703             |                              | \$50.00                       | <br>  |  |  |
|                              |   |                              |                               | Texas, complete Schedule T)                         |  |  |
| Principal occup              | oation / Job title (See Instructions)   | Employer (See Ins            | structions)                   |   |  |  |
| Date                         | Full name of contributor  | )                            | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |  |
| 05/10/2011                   | Contributor address; City; State; Zip Code<br>4414 Mount Vernon Dr.<br>Austin, TX 78745 |                              | \$50.00                       | <br>  |  |  |
|                              |   |                              | (If travel outside of         | Texas, complete Schedule T)                         |  |  |
| Principal occup              | pation / Job title (See Instructions)   | Employer (See Ins            | structions)                   |   |  |  |
|                              | •   |                              |                               |   |  |  |

| The Instruct                  | ION GUIDE explains how to complete this form.   |   | 1 PAGE #<br>Schedule: 62      | 2/77 Report: 66/107                                |
|-------------------------------|---|---|-------------------------------|--|
| 2 FILER NAME                  | Tovo, Kathryne (Ms.)  |   | 3 ACCOUNT# 00005000           | (Ethics Commission filers)                         |
| 4 Date                        | 5 Full name of contributor  ut-of-state PAC (ID: Speck, Lawrence (Mr.)                    | #)                                      | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/09/2011                    | 6 Contributor address; City; State; Zip Code<br>800 West 5th St #1102<br>Austin, TX 78703 |   | \$350.00                      | <br> <br>  |
|                               |   |   | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 Principal occu<br>Professor | pation / Job title (See Instructions)   | 10 Employer (See In<br>UT Austin        | structions)                   |  |
| Date                          | Full name of contributor  ut-of-state PAC (ID# Speer, Jack (Mr.)                          | £)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/17/2011                    | Contributor address; City; State; Zip Code<br>1704 Briar St<br>Austin, TX 78704           | • | \$100.00                      | <br>   |
|                               |   |   | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occu                | pation / Job title (See Instructions)   | Employer (See In                        |                               |  |
| Date                          | Full name of contributor  ut-of-state PAC (ID#  | ·)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/07/2011                    | Contributor address; City; State; Zip Code<br>1225 Corona<br>Austin, TX 78723             |   | \$30.00                       | <br>   |
|                               |   |   |                               | Texas, complete Schedule T)                        |
| Principal occul               | pation / Job title (See Instructions)   | Employer (See In:                       | structions)                   |  |
| Date                          | Full name of contributor  ut-of-state PAC (ID# Springer, Andrew (Mr.)                     | ()                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/17/2011                    | Contributor address; City; State; Zip Code<br>3408 Robinson<br>Austin, TX 78722           |   | \$100.00                      | <br>   |
|                               |   |   | `                             | Texas, complete Schedule T)                        |
| Principal occup<br>Researcher | pation / Job title (See Instructions)   | Employer (See Ins<br>UT School of Pu    |                               |  |
| Date                          | Full name of contributor  | )                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 06/07/2011                    | Contributor address; City; State; Zip Code<br>10706 Barnhill Dr<br>Austin, TX 78758       |   | \$30.00  <br>                 |  |
|                               |   |   | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup               | pation / Job title (See Instructions)   | Employer (See Ins                       | structions)                   | _  |

|   | The Instruction            | ON GUIDE explains how to complete this form.  |   | 1 PAGE #                      | 3/77 Report: 67/107  |
|---|----------------------------|---|---|-------------------------------|--|
| 2 | FILER NAME                 | Tovo, Kathryne (Ms.)  |   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)   |
| 4 | Date                       | 5 Full name of contributor  ut-of-state PAC (ID: Sprinkle, Patricia (Ms.)               | #)                                      | 7 Amount of contribution (\$) | 18 In-kind contribution description (if applicable)                    |
|   | 06/08/2011                 | 6 Contributor address; City; State; Zip Code<br>1114 Fieldcrest Dr.<br>Austin, TX 78704 | • | \$50.00                       | <br>   |
|   |                            |   |   | (If travel outside of         | Texas, complete Schedule T)  |
| 9 | Principal occup<br>Midwife | oation / Job title (See Instructions)   | 10 Employer (See In<br>Self             | structions)                   |  |
|   | Date                       | Full name of contributor  | #)                                      | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable)<br>Paper and Seals |
|   | 06/02/2011                 | Contributor address; City; State; Zip Code<br>1619 W 14th St<br>Austin, TX 78703        |   | \$64.25                       | !<br> <br>   |
|   |                            |   |   | (If travel outside of         | Texas, complete Schedule T)  |
|   | Principal occur            | Leation / Job title (See Instructions)  | Employer (See In                        | <u> </u>                      | Texas, complete schodale 1)  |
|   |                            |   |   |                               |  |
|   | Date                       | Full name of contributor  | ¥)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable) Office Supplies       |
|   | 06/03/2011                 | Contributor address; City; State; Zip Code<br>1619 W 14th St<br>Austin, TX 78703        |   | \$132.99                      | !<br> <br>   |
|   |                            |   |   | (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# Stiles, Peter (Mr.)                      | <del>/</del> )                          | Amount of contribution (\$)   | In-kind contribution description (if applicable)                       |
| ı | 05/14/2011                 | Contributor address; City; State; Zip Code<br>1801 Anita Dr.<br>Austin, TX 78704        |   | \$25.00                       | <br> <br>  |
|   |                            |   |   | (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#  | <i>t</i> )                              | Amount of                     | In-kind contribution   |
|   | Dato                       | Strubel, John (Mr.)   | ,                                       | contribution (\$)             | description (if applicable)  |
| • | 05/07/2011                 | Contributor address; City; State; Zip Code<br>10801 Plumewood Dr,<br>Austin, TX 78750   |   | \$25.00                       | <br>   |
|   |                            |   |   | (If travel outside of         | Texas, complete Schedule T)  |
|   | Principal occup            | ation / Job title (See Instructions)  | Employer (See In                        |                               | , , , , , , , , , , , , , , , , , , ,                                  |
|   | . '                        |   | . , .                                   | ,                             |  |

|    |   |   |   |    |   |   | _ |
|----|---|---|---|----|---|---|---|
| SC | н | ⊏ | n | 11 | • | ⊏ | Δ |

| The Instri                | истіом Guide explains how to complete this form.                                  |   | 1 PAGE#                       | /77 Report: 68/107                                  |
|---------------------------|---|---|-------------------------------|---|
| 2 FILER NAI               | ME Tovo, Kathryne (Ms.)   |   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date                    | 5 Full name of contributor  ut-of-state PAC (ID Strubel, John (Mr.)               | #)                                      | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 06/01/20 <sup>-</sup>     | 6 Contributor address; City; State; Zip Code 10801 Plumewood Dr, Austin, TX 78750 |   | \$25.00                       | <br> -<br> -  |
|                           |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 Principal o             | ccupation / Job title (See Instructions)  | 10 Employer (See In                     | structions)                   |   |
| Date                      | Full name of contributor  ut-of-state PAC (ID Sumner, Gardner (Mr.)               | #)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/09/201                 | Contributor address; City; State; Zip Code 1610 Treadwell St. Austin, TX 78704    |   | \$15.00                       | <br>  |
|                           |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal o               | ecupation / Job title (See Instructions)  | Employer (See In                        | structions)                   | <del></del>   |
|                           |   |   |                               |   |
| Date                      | Full name of contributor  ut-of-state PAC (ID: Sumner, Gardner (Mr.)              | #)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/08/201                 | Contributor address; City; State; Zip Code 1610 Treadwell St. Austin, TX 78704    |   | \$15.00                       | <br> <br>   |
|                           |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal or              | ccupation / Job title (See Instructions)  | Employer (See In                        | structions)                   |   |
|                           |   |   |                               |   |
| Date                      | Full name of contributor  uut-of-state PAC (ID: Taniguchi, Evan (Mr.)             | #)                                      | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/31/201                 | Contributor address; City; State; Zip Code 1609 West 6th St Austin, TX 78703      |   | \$300.00                      | <b>[</b><br> <br>                                   |
|                           |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal of<br>Architect | cupation / Job title (See Instructions)   | Employer (See In<br>Taniguchi Archi     |                               |   |
| Date                      | Full name of contributor  uut-of-state PAC (IDa<br>Tasch, Edward (Mr.)            | <u> </u>                                | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/21/201                 | Contributor address; City; State; Zip Code 1710 Northwood Rd. Austin, TX 78703    | • | \$25.00                       |   |
|                           |   | l                                       | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal oc              | cupation / Job title (See Instructions)   | Employer (See In:                       | structions)                   |   |
|                           |   |   |                               |   |

| The Instruction Guide explains how to complete this form.                            |   |   | 1 PAGE#<br>Schedule: 65       | 5/77 Report: 69/107                                 |
|--|---|---|-------------------------------|---|
| 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)  |
| 05/19/2011   | 6 Contributor address; City; State; Zip Code<br>P.O. Box 9203<br>Austin, TX 78766   |   | \$50.00                       | <br> <br>   |
|  |   |   | (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: Thompson, Amy (Ms.)                  | <del>*</del> )                          | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/30/2011   | Contributor address; City; State; Zip Code<br>1402 East 2nd<br>Austin, TX 78702     |   | \$300.00                      | <br>  |
|  |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occur  | Leation / Job title (See Instructions)  | Employer (See In                        | <u> </u>                      | read, complete concease 1)                          |
| Planner  | valion / Job title (See instituctions)  | City of Austin                          | structions)                   |   |
| Date   | Full name of contributor  ut-of-state PAC (ID# Thompson, Bob (Mr.)                  | <del>;</del> )                          | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/27/2011   | Contributor address; City; State; Zip Code<br>3310-A Doolin Dr.<br>Austin, TX 78704 | . , , , , , , , , , , , , , , , , , , , | \$125.00                      | <br>  |
|  |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Physicist and   | nation / Job title (See Instructions)<br>Rancher                                    | Employer (See In<br>Self                | structions)                   |   |
| Date   | Full name of contributor  | )                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/17/2011   | Contributor address; City; State; Zip Code<br>P.O. Box 5734<br>Austin, TX 78763     |   | \$25.00                       | <br>  |
|  |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)     |   |   | structions)                   |   |
| Date   | Full name of contributor  | f)                                      | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/27/2011   | Contributor address; City; State; Zip Code<br>3310-A Doolin Dr.<br>Austin, TX 78704 |   | \$125.00<br>                  |   |
|  |   |   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Retired   | ation / Job title (See Instructions)  | Employer (See In                        | structions)                   |   |

| The Instruction Guide explains how to complete this form.                        |   |   | 1 PAGE#<br>Schedule: 66       | 6/77 Report: 70/107                                 |  |
|--|---|---|-------------------------------|---|--|
| 2 FILER NAME   | Tovo, Kathryne (Ms.)  |   | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |  |
| 4 Date   | 5 Full name of contributor  ut-of-state PAC (ID: Tiemann, Donna (Ms.)               | #)                                      | 7 Amount of contribution (\$) | 8   |  |
| 05/21/2011   | 6 Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735        |   | \$350.00                      | ]<br>   |  |
|  |   |   | (If travel outside of         | Texas, complete Schedule T)                         |  |
| 9 Principal occup<br>Project Mana  | pation / Job title (See Instructions)<br>ger  | 10 Employer (See In<br>Barley & Pfeiffe |                               |   |  |
| Date   | Full name of contributor  | )                                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |
| 05/18/2011   | Contributor address; City; State; Zip Code<br>1004 Elm Street<br>Austin, TX 78703   |   | \$100.00                      | <br>  |  |
|  | ·   |   | (If travel outside of         | Texas, complete Schedule T)                         |  |
| Principal occur  | Dation / Job title (See Instructions)   | Employer (See In                        |                               |   |  |
|  | ,   | ,                                       | •                             |   |  |
| 5.1  |   |   | 1                             | 1   |  |
| Date   | Full name of contributor  | t)                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |  |
| 05/17/2011   | Contributor address; City; State; Zip Code<br>2006 Bouldin Ave.<br>Austin, TX 78704 | , , , ,                                 | \$25.00                       | <br> <br>   |  |
|  | ÷   |   | (If travel outside of         | Texas, complete Schedule T)                         |  |
| Principal occur  | vation / Job title (See Instructions)   | Employer (See In                        | ·                             | Texas, complete scheddle 1)                         |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |   |                               |   |  |
| Date   | Full name of contributor  | !)                                      | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |
| 05/26/2011   | Contributor address; City; State; Zip Code<br>3203 French Place<br>Austin, TX 78722 |   | \$50.00                       | †<br> <br>  |  |
|  |   |   | (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)    |  |
| 05/26/2011   | Contributor address; City; State; Zip Code<br>1304 Mariposa Dr.<br>#211             | , ,                                     | \$200.00                      | :   |  |
|  | Austin, TX 78704  |   |                               | <u> </u>  |  |
|  |   |   | <u> </u>                      | Texas, complete Schedule T)                         |  |
| Principal occup<br>Investor  | ation / Job title (See Instructions)  | Employer (See Ins<br>Wray and Todd      |                               |   |  |

| The Instruction Guide explains how to complete this form.                        |   |   | 1 PAGE #<br>Schedule: 67/77 Report: 71/107        |   |
|--|---|---|---|---|
| 2 FILER NAME   | Tovo, Kathryne (Ms.)  |   | 3 ACCOUNT # 00005000                              | (Ethics Commission filers)                          |
| 4 Date   | 5 Full name of contributor  ut-of-state PAC (ID: Touchet, John (Mr.)                    | #)                                      | 7 Amount of contribution (\$)                     | 8 In-kind contribution description (if applicable)  |
| 05/07/2011   | 6 Contributor address; City; State; Zip Code<br>8805 Palace Parkway<br>Austin, TX 78748 |   | \$20.00   | <b>†</b><br>  |
| _  |   |   |   | Texas, complete Schedule T)                         |
| 9 Principal occu   | pation / Job title (See Instructions)   | 10 Employer (See In                     | structions)                                       |   |
| Date   | Full name of contributor  | <del>*</del> )                          | Amount of contribution (\$)                       | In-kind contribution description (if applicable)    |
| 06/07/2011   | Contributor address; City; State; Zip Code<br>1717 Briar St<br>Austin, TX 78704         | • | \$100.00  | <br>  |
|  |   |   | (If travel outside of                             | Texas, complete Schedule T)                         |
| Principal occup<br>Attorney  | pation / Job title (See Instructions)   | Employer (See In<br>Kemp Smith LL       |   |   |
| Date   | Full name of contributor  ut-of-state PAC (ID#  | <i>‡</i> )                              | Amount of contribution (\$)                       | In-kind contribution description (if applicable)    |
| 05/17/2011   | Contributor address; City; State; Zip Code<br>7105 Running Rope<br>Austin, TX 78731     |   | \$100.00  | <br>  |
|  |   |   | (If travel outside of                             | Texas, complete Schedule T)                         |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See In                        |   | ,   |
| Date   | Full name of contributor  ut-of-state PAC (ID#  |   | Amount of   | In kind contribution                                |
| Date   | Valdez, Melba (Ms.)   | ·                                       | Amount of contribution (\$)                       | In-kind contribution<br>description (if applicable) |
| 06/07/2011   | Contributor address; City; State; Zip Code<br>7602 Silverplume Cir<br>Austin, TX 78757  |   | \$100.00  |   |
|  |   |   | (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#  | . ,                                     | Amount of   | In-kind contribution                                |
| Buto   | Viktorin, Richard (Mr.)   |   | contribution (\$)                                 | description (if applicable)                         |
| 05/14/2011   | Contributor address; City; State; Zip Code<br>2005 Exposition Blvd<br>Austin, TX 78703  |   | \$100.00  <br>                                    |   |
|  |   |   | (If travel outside of Texas, complete Schedule T) |   |
| Principal occup  | ation / Job title (See Instructions)  | Employer (See Ins                       | structions)                                       |   |
|  |   |   |   | Ì   |

| The Instruction Guide explains how to complete this form.                    |  |   | 1 PAGE #<br>Schedule: 68/77 Report: 72/107 |  |
|--|--|---|--|--|
| 2 FILER NAME   | Tovo, Kathryne (Ms.)   |   | 3 ACCOUNT # 00005000                       | (Ethics Commission filers)                         |
| 4 Date   | 5 Full name of contributor  ut-of-state PAC (IE Volz, Candace (Ms.)                | )#)   | 7 Amount of contribution (\$)              | 8 In-kind contribution description (if applicable) |
| 05/14/2011   | 6 Contributor address; City; State; Zip Code 1406 Preston Ave. Austin, TX 78703    |   | \$50.00                                    | [<br> <br>   |
|  |  |   | (If travel outside of                      | Texas, complete Schedule T)                        |
| 9 Principal occ  | upation / Job title (See Instructions)   | 10 Employer (See In                                       | nstructions)                               |  |
| Date   | Full name of contributor   | )#)   | Amount of contribution (\$)                | In-kind contribution description (if applicable)   |
| 05/14/2011   | Contributor address; City; State; Zip Code<br>1801 Lavaca St.<br>Austin, TX 78701  |   | \$150.00                                   | <br>   |
|  |  |   | (If travel outside of                      | Texas, complete Schedule T)                        |
| Principal occi   | upation / Job title (See Instructions)   | Employer (See In  | structions)                                |  |
| Date   | Full name of contributor  ut-of-state PAC (ID Wallace, Dalton (Mr.)                | )   | Amount of contribution (\$)                | In-kind contribution description (if applicable)   |
| 05/14/2011   | Contributor address; City; State; Zip Code 9505 Johnny Morris Rd. Austin, TX 78724 |   | \$350.00                                   | <br>   |
|  |  |   | (If travel outside of                      | Texas, complete Schedule T)                        |
| Principal occupation / Job title (See Instructions) Business Owner           |  | Employer (See In<br>Self                                  | structions)                                |  |
| Date   | Full name of contributor  ut-of-state PAC (ID Walton, Cory (Mr.)                   | #)  | Amount of contribution (\$)                | In-kind contribution description (if applicable)   |
| 06/07/2011   | Contributor address; City; State; Zip Code<br>1701 Bouldin Ave<br>Austin, TX 78704 |   | \$350.00                                   | <br> <br>  |
|  |  |   | (If travel outside of                      | Texas, complete Schedule T)                        |
| Principal occupation / Job title (See Instructions) Marketing Communications |  | Employer (See Instructions)<br>Emerson Process Management |  |  |
| Date   | Full name of contributor   | #)  | Amount of contribution (\$)                | In-kind contribution description (if applicable)   |
| 05/12/2011   | Contributor address; City; State; Zip Code P.O. Box 14872<br>Austin, TX 78761      |   | \$100.00                                   | <br>   |
|  | }  |   | (If travel outside of                      | Texas, complete Schedule T)                        |
| Principal occupation / Job title (See Instructions)                          |  | Employer (See In  |  | , ,  |
|  |  |   |  |  |

| The Instruct                  | ION GUIDE explains how to complete this form.                                       | <del></del>                           | 1 PAGE#<br>Schedule: 69       | 9/77 Report: 73/107                                |
|-------------------------------|---|---------------------------------------|-------------------------------|--|
| 2 FILER NAME                  | Tovo, Kathryne (Ms.)  |                                       | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                         |
| 4 Date                        | 5 Full name of contributor  uut-of-state PAC (IDA<br>Watts, Guy (Mr.)               | #)                                    | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/17/2011                    | 6 Contributor address; City; State; Zip Code<br>1004 Daniel Dr.<br>Austin, TX 78704 |                                       | \$350.00                      | <br>   |
|                               |   |                                       | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 Principal occur<br>Attorney | pation / Job title (See Instructions)   | 10 Employer (See In<br>Watts Guerra C |                               |  |
| Date                          | Full name of contributor  | <i>‡</i> )                            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/14/2011                    | Contributor address; City; State; Zip Code<br>608 Harthan St<br>Austin, TX 78703    |                                       | \$25.00                       | <br>   |
|                               | Austin, 1270700   |                                       | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occur               | pation / Job title (See Instructions)   | Employer (See In                      | <u> </u>                      |  |
|                               |   |                                       |                               |  |
| Date                          | Full name of contributor  ut-of-state PAC (ID# Weed, Betty (Ms.)                    | t)                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/25/2011                    | Contributor address; City; State; Zip Code 2218 Alta Vista Ave. Austin, TX 78704    |                                       | \$350.00                      | <br>   |
|                               | Audini, 177.0705  | 1                                     | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occup<br>Research   | pation / Job title (See Instructions)   | Employer (See In:<br>TEA              | structions)                   |  |
| Date                          | Full name of contributor  | £)                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/07/2011                    | Contributor address; City; State; Zip Code<br>6805 Moonmont<br>Austin, TX 78745     |                                       | \$50.00  <br>                 | <br>   |
|                               |   | !                                     | (If travel outside of         | 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)   |
| 05/17/2011                    | Contributor address; City; State; Zip Code<br>704 W Gibson<br>Austin, TX 78704      |                                       | \$350.00  <br> <br>           | <br>   |
|                               |   |                                       | fit travel outside of         | Texas, complete Schedule T)                        |
|                               | Dation / Job title (See Instructions) ommunications                                 | Employer (See Ins<br>Austin Energy    |                               |  |

| _        |                 |   |                      |   |                                       |   |
|----------|-----------------|---|----------------------|---|---------------------------------------|---|
|          | The Instruction | on Guide explains how to complete t                                   | this form.           |   | 1 PAGE #<br>Schedule: 70              | 777 Report: 74/107                                  |
| 2        | FILER NAME      | Tovo, Kathryne (Ms.)  |                      |   | 3 ACCOUNT # 00005000                  | (Ethics Commission filers)                          |
| 4        | Date            | 5 Full name of contributor Ω ου<br>Weinschel, Ira (Mr.)               | ut-of-state PAC (ID# | #)                                      | 7 Amount of contribution (\$)         | 8 In-kind contribution description (if applicable)  |
|          | 05/19/2011      | 6 Contributor address; City;<br>802 Long Bow Ln.<br>Austin, TX 78704  | State; Zip Code      |   | \$100.00                              | }<br> <br>  |
|          |                 | í   |                      |   | (If travel outside of                 | Texas, complete Schedule T)                         |
| 9        | Principal occur | Loation / Job title (See Instructions)                                |                      | 10 Employer (See In:                    |                                       | 7   |
| _        | · · · · · ·     |   | 3.0.00               |   | ,                                     | •   |
| <u> </u> | Date            | Full name of contributor  | ut-of-state PAC (ID# | ţ)                                      | Amount of contribution (\$)           | In-kind contribution description (if applicable)    |
|          | 05/26/2011      | Contributor address; City;<br>2118 Glendale Place<br>Austin, TX 78704 | State; Zip Code      | . , , , , , , , , , , , , , , , , , , , | \$50.00                               | <br>  |
|          | 1               |   |                      |   | (If travel outside of                 | Texas, complete Schedule T)                         |
|          | Principal occup | pation / Job title (See Instructions)                                 | <del> </del>         | Employer (See Ins                       | ·                                     | Toxog complete constant 1/                          |
| _        |                 | i   |                      |   |                                       |   |
|          | Date            | Full name of contributor  | ut-of-state PAC (ID# | <i>‡</i> )                              | Amount of contribution (\$)           | In-kind contribution<br>description (if applicable) |
|          | 06/08/2011      | Contributor address; City;<br>2118 Glendale Place<br>Austin, TX 78704 | State; Zip Code      |   | \$50.00                               | <br>  |
|          |                 |   |                      |   | /If travel outside of                 | Texas, complete Schedule T)                         |
|          | Principal occup | pation / Job title (See Instructions)                                 |                      | Employer (See Ins                       |                                       | Texas, complete conecation,                         |
|          |                 |   |                      |   | ,                                     |   |
|          | Date            | Full name of contributor  | ut-of-state PAC (ID# | f)                                      | Amount of contribution (\$)           | In-kind contribution<br>description (if applicable) |
|          | 05/26/2011      | Contributor address; City;<br>5202 Guadalupe St<br>Austin, TX 78751   | State; Zip Code      | , | \$25.00  <br>                         | <br>  |
|          |                 |   |                      |   | (If travel outside of                 | Texas, complete Schedule T)                         |
|          | Principal occup | ation / Job title (See Instructions)                                  |                      | Employer (See Ins                       |                                       |   |
|          | ·               |   |                      |   | · · · · · · · · · · · · · · · · · · · |   |
|          | Date            | Full name of contributor  | ut-of-state PAC (ID# | <del>'</del> ) .                        | Amount of contribution (\$)           | In-kind contribution description (if applicable)    |
|          | 05/26/2011      | Contributor address; City; 907 E 37th St<br>Austin, TX 78705          | State; Zip Code      |   | \$75.00  <br>                         | ı   |
|          |                 |   |                      |   | Of travel proteins of 7               | Zuman and a Cabadula Ti                             |
|          | Principal occup | ation / Job title (See Instructions)                                  | <del></del> 1        | Employer (See Ins                       |                                       | Texas, complete Schedule T)                         |
|          | Throiper occupe | Monro de line (dece manadions)  |                      | Employer (eee ma                        | indexions)                            |   |

| <u></u> |                 |   |                                       |                       |                             |
|---------|-----------------|---|---------------------------------------|-----------------------|-----------------------------|
|         | The Instruction | ON GUIDE explains how to complete this form.                        |                                       | 1 PAGE#               | F7 6 . 75407                |
| ┝       |                 |   |                                       |                       | /77 Report: 75/107          |
| 2       | FILER NAME      | Tovo, Kathryne (Ms.)  |                                       | 3 ACCOUNT # 00005000  | (Ethics Commission filers)  |
| 4       | Date            | 5 Full name of contributor 🔲 out-of-state PAC (ID)                  | #)                                    | 7 Amount of           | 8 In-kind contribution      |
|         |                 | Wheeler, Joe (Mr.)  |                                       | contribution (\$)     | description (if applicable) |
|         | 05/17/2011      | 6 Contributor address; City; State; Zip Code                        | · · · · · · · · · · · · · · · · · · · | \$100.00              | <u> </u>                    |
|         | 00/1//2011      | 7901 Spicewood Springs Rd.<br>Austin, TX 78759                      |                                       |                       | l<br>l                      |
|         |                 |   |                                       | (if travel outside of | Texas, complete Schedule T) |
| 9       | Principal occup | pation / Job title (See Instructions)                               | 10 Employer (See In                   | structions)           |                             |
|         | CPA             |   | Self                                  |                       |                             |
|         | Date            | Full name of contributor 🔲 out-of-state PAC (ID:                    | #)                                    | Amount of             | In-kind contribution        |
|         |                 | Wheeler, Joe (Mr.)  |                                       | contribution (\$)     | description (if applicable) |
|         | 06/08/2011      | Contributor address; City; State; Zip Code                          |                                       | \$100.00              | ]<br>!                      |
|         |                 | 7901 Spicewood Springs Rd.<br>Austin, TX 78759                      |                                       | ,                     | <br>                        |
|         |                 |   |                                       | (If travel outside of | Texas, complete Schedule T) |
| Г       |                 | eation / Job title (See Instructions)                               | Employer (See In                      | structions)           |                             |
|         | СРА             |   | Self                                  |                       |                             |
| Г       | Date            | Full name of contributor ☐ out-of-state PAC (ID#                    | <del>*</del> )                        | Amount of             | In-kind contribution        |
|         |                 | Whichard, Brandon (Mr.)   |                                       | contribution (\$)     | description (if applicable) |
|         |                 |   |                                       |                       | l                           |
|         | 05/18/2011      | Contributor address; City; State; Zip Code 8917 Old Lampasas Tr. #2 |                                       | \$100.00              |                             |
| l       |                 | Austin, TX 78750  |                                       |                       |                             |
|         |                 |   |                                       | (If travel outside of | Texas, complete Schedule T) |
|         | Principal occup | ation / Job title (See Instructions)                                | Employer (See In                      | structions)           | ••                          |
|         |                 | 1   |                                       |                       |                             |
|         | Date            | Full name of contributor  ut-of-state PAC (ID#                      | /)                                    | Amount of             | In-kind contribution        |
|         |                 | White, Sage (Ms.)   |                                       | contribution (\$)     | description (if applicable) |
|         | 00/00/0044      | Contributor address, City, State; Zip Code                          |                                       | #000 00               |                             |
|         | 06/08/2011      | 1904 Kenwood Ave  |                                       | \$200.00              | }                           |
|         |                 | Austin, TX 78704  |                                       |                       |                             |
|         | }               |   |                                       | (If travel outside of | Texas, complete Schedule T) |
|         | Principal occup | ation / Job title (See Instructions)                                | Employer (See In                      | structions)           |                             |
|         | Attorney        |   | Self                                  |                       |                             |
|         | Date            | Full name of contributor  ut-of-state PAC (ID#                      | ·)                                    | Amount of             | In-kind contribution        |
|         |                 | Whitley, Tracey (Ms.)   |                                       | contribution (\$)     | description (if applicable) |
|         | 00/00/0044      | Contributor address City Otata 7ia Orda                             |                                       | 0100.00               |                             |
|         | 06/08/2011      | Contributor address; City; State; Zip Code<br>908 Payne Ave         |                                       | \$100.00              |                             |
|         |                 | Austin, TX 78757  |                                       |                       | }                           |
|         | ĺ               |   |                                       | (If travel outside of | Texas, complete Schedule T) |
|         | Principal occup | ation / Job title (See Instructions)                                | Employer (See In:                     |                       |                             |
|         |                 |   |                                       |                       |                             |
|         |                 |   |                                       |                       |                             |

| L |   |   |                                    |                               |   |
|---|---|---|------------------------------------|-------------------------------|---|
|   | The Instruction   | ON GUIDE explains how to complete this form.  |                                    | 1 PAGE#<br>Schedule: 72       | 2/77 Report: 76/107                                 |
| 2 | FILER NAME  | Tovo, Kathryne (Ms.)  |                                    | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 | Date  | 5 Full name of contributor ☐ out-of-state PAC (ID#<br>Whitlow, Elizabeth (Ms.)                | )                                  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
|   | 05/18/2011  | 6 Contributor address; City; State; Zip Code<br>1509 A Parkway<br>Austin, TX 78703            |                                    | \$25.00                       | <br> <br>   |
|   |   |   |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 | Principal occup   | ation / Job title (See Instructions)  | 10 Employer (See In                | structions)                   |   |
|   | Date  | Full name of contributor  | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 06/03/2011  | Contributor address; City; State; Zip Code<br>6607 Willamette Dr.<br>Austin, TX 78723         |                                    | \$100.00                      | <br>  |
|   |   |   |                                    | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup   | ation / Job title (See Instructions)  | Employer (See In                   | ,                             | Texas, complete concedic 1)                         |
|   | - Imospai Godap   | and the test management   | Employer (000 in                   | on donorroy                   |   |
|   | Date  | Full name of contributor  uut-of-state PAC (ID# Wilkenson, Justin (Mr.)                       | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 06/08/2011  | Contributor address; City; State; Zip Code<br>526 Surf Oaks Dr.<br>Seabrook, TX 77586         |                                    | \$350.00                      | <br>  |
|   |   | !   |                                    | (If travel outside of         | l<br>Texas, complete Schedule T)                    |
| ı | <ul> <li>Principal occup</li> <li>*Earth Scienti</li> </ul> | ation / Job title (See Instructions)<br>st  | Employer (See In<br>Jacobs Enginee |                               |   |
|   | Date  | Full name of contributor  | )                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/13/2011  | Contributor address; City; State; Zip Code<br>6448 Highway 290 East #E107<br>Austin, TX 78723 |                                    | \$50.00                       | <b>i</b><br>  |
|   |   |   |                                    | (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<br>description (if applicable) |
|   | 05/13/2011  | Contributor address; City; State; Zip Code<br>6448 Highway 290 East #E107<br>Austin, TX 78723 |                                    | \$50.00                       | f<br>   |
|   |   |   |                                    | (if travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup   | ation / Job title (See Instructions)  | Employer (See Ins                  | <u> </u>                      |   |
|   |   |   |                                    |                               |   |

| The Instru                | истіом Guide explains how to complete this form.                                   | =                            | 1 PAGE#                       |  |
|---------------------------|--|------------------------------|-------------------------------|--|
|                           |  |                              | Schedule: 73                  | 3/77 Report: 77/107                              |
| 2 FILER NA                | ME Tovo, Kathryne (Ms.)  |                              | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                       |
| 4 Date                    | 5 Full name of contributor ☐ out-of-state PAC (ID: Williams, Jonathan (Mr.)        | #)                           | 7 Amount of contribution (\$) | 8  |
| 05/17/20 <sup>-</sup>     | 6 Contributor address; City; State; Zip Code<br>3012 West Ave.<br>Austin, TX 78705 |                              | \$125.00                      | <br>   |
|                           |  |                              | (If travel outside of         | Texas, complete Schedule T)                      |
| 9 Principal of            | ccupation / Job title (See Instructions)   | 10 Employer (See In          | nstructions)                  |  |
| Date                      | Full name of contributor   | #)                           | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 05/07/201                 | Contributor address; City; State; Zip Code 4306 Ramsey Ave. Austin, TX 78756       |                              | \$175.00                      | <br> -<br> -                                     |
|                           |  |                              | (if travel outside of         | Texas, complete Schedule T)                      |
|                           | ccupation / Job title (See Instructions)   | Employer (See In             | structions)                   | <u> </u>   |
| Solar Aus                 | tin  | Director                     |                               |  |
| Date                      | Full name of contributor  ut-of-state PAC (ID# Williams, Susan (Ms.)               | <del>'</del> )               | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 05/18/201                 | Contributor address; City; State; Zip Code 4306 Ramsey Ave. Austin, TX 78756       |                              | \$175.00                      | <br>   |
|                           |  |                              | (If travel outside of         | Texas, complete Schedule T)                      |
| Principal od<br>Solar Aus | ccupation / Job title (See Instructions)<br>tin                                    | Employer (See In<br>Director | structions)                   |  |
| Date                      | Full name of contributor  ut-of-state PAC (ID# Wilson, Adam (Mr.)                  | <i>†</i> )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 05/30/201                 | 1 Contributor address; City; State; Zip Code<br>4315 Ave G<br>Austin, TX 78751     |                              | \$100.00                      | {<br> <br>                                       |
|                           |  |                              | (If travel outside of         | Texas, complete Schedule T)                      |
| Principal oc              | cupation / Job title (See Instructions)  | Employer (See In             | structions)                   |  |
| Date                      | Full name of contributor   | )                            | Amount of contribution (\$)   | In-kind contribution description (if applicable) |
| 05/18/201                 | 1 Contributor address; City; State; Zip Code<br>4803 Ave. H<br>Austin, TX 78751    |                              | \$100.00                      | <br>   |
|                           |  |                              | (If travel outside of         | Texas, complete Schedule T)                      |
| Principal oc              | cupation / Job title (See Instructions)  | Employer (See In:            | <u></u>                       |  |
|                           |  |                              |                               |  |

| The Instruction   | ON GUIDE explains how to complete this form.   |                     | 1 PAGE#<br>Schedule: 74       | 1/77 Report: 78/107                                 |
|-------------------|--|---------------------|-------------------------------|---|
| 2 FILER NAME      | Tovo, Kathryne (Ms.)   |                     | 3 ACCOUNT # 00005000          | (Ethics Commission filers)                          |
| 4 Date            | 5 Full name of contributor ☐ out-of-state PAC (ID# Wogan, David (Mr.)                      | t)                  | 7 Amount of contribution (\$) | 8   |
| 05/30/2011        | 6 Contributor address; City; State; Zip Code<br>4421 Lost Oasis Hollow<br>Austin, TX 78739 |                     | \$25.00                       | <br>  |
| _                 |  |                     | (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 □ out-of-state PAC (ID#<br>Wolfe, Chip (Mr.)                      | !)                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/17/2011        | Contributor address; City; State; Zip Code<br>2208 West 11th St<br>Austin, TX 78703        |                     | \$100.00                      | <br>  |
|                   |  |                     | (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<br>description (if applicable) |
| 05/26/2011        | Contributor address; City; State; Zip Code<br>3211 Funston St<br>Austin, TX 78703          |                     | \$50.00                       | i<br> <br>  |
|                   |  |                     | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup   | ation / Job title (See Instructions)   | Employer (See In    | <u>'</u>                      | ,   |
|                   |  |                     |                               |   |
| Date              | Full name of contributor  ut-of-state PAC (ID# Worlds, Regina (Ms.)                        | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/26/2011        | Contributor address; City; State; Zip Code<br>P.O. Box 81431<br>Austin, TX 78708           |                     | \$100.00                      | <br>  <br>  |
| Dalmainetee       | ation / Job title (See Instructions)   | Employer (See Ins   |                               | Texas, complete Schedule T)                         |
| Principal occup   | ation 7 300 title (See instructions)   | Employer (See Ins   | structions)                   |   |
| Date              | Full name of contributor   | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/17/2011        | Contributor address; City; State; Zip Code<br>1211 West 22nd 1/2 St<br>Austin, TX 78705    |                     | \$25.00                       |   |
| ł                 |  |                     | (If travel outside of         | Texas, complete Schedule T) 🔲                       |
| Principal occup   | ation / Job title (See Instructions)   | Employer (See Ins   | structions)                   |   |

| The Instruc                   | TION GUIDE explains how to complete this form.  |                                      | 1 PAGE#<br>Schedule: 75               | 5/77 Report: 79/107                                 |
|-------------------------------|---|--------------------------------------|---------------------------------------|---|
| 2 FILER NAME                  | Tovo, Kathryne (Ms.)  |                                      | 3 ACCOUNT # 00005000                  | (Ethics Commission filers)                          |
| 4 Date                        | 5 Full name of contributor  ut-of-state PAC (ID# Wright, Muriel (Ms.)                           | <u> </u>                             | 7 Amount of contribution (\$)         | 8 In-kind contribution description (if applicable)  |
| 05/26/2011                    | 6 Contributor address; City; State; Zip Code<br>1211 West 22nd 1/2 St<br>Austin, TX 78705       |                                      | \$10.00                               | <br> <br>   |
|                               |   |                                      | (If travel outside of                 | Texas, complete Schedule T)                         |
| 9 Principal occu              | upation / Job title (See Instructions)  | 10 Employer (See In                  | structions)                           |   |
| Date                          | Full name of contributor  ut-of-state PAC (ID# Yedeme, Tigabu (Mr.)                             | ¥)                                   | Amount of contribution (\$)           | In-kind contribution description (if applicable)    |
| 05/19/2011                    | Contributor address; City; State; Zip Code<br>12118 Walnut Park Cir Apt 123<br>Austin, TX 78753 |                                      | \$200.00                              | }<br> <br>  |
|                               |   | I                                    | (If travel outside of                 | Texas, complete Schedule T)                         |
| Principal occu<br>Taxi Driver | upation / Job title (See Instructions)  | Employer (See In<br>Laz Company      | structions)                           |   |
| Date                          | Full name of contributor  uut-of-state PAC (ID# Yevich, Elizabeth (Ms.)                         | <del> </del>                         | Amount of contribution (\$)           | In-kind contribution description (if applicable)    |
| 06/08/2011                    | Contributor address; City; State; Zip Code 2105 B Ann Arbor Ave. Austin, TX 78704               |                                      | \$150.00                              | <br>  |
|                               |   |                                      | (If travel outside of                 | Texas, complete Schedule T)                         |
| Principal occu                | upation / Job title (See Instructions)  | Employer (See In:                    | structions)                           |   |
| Date                          | Full name of contributor  ut-of-state PAC (ID# Yosief, Abraham (Mr.)                            | t)                                   | Amount of contribution (\$)           | In-kind contribution description (if applicable)    |
| 05/19/2011                    | Contributor address; City; State; Zip Code<br>13608 Mereseyside Dr.<br>Pflugerville, TX 78660   |                                      | \$350.00 <sub>[</sub>                 | <br>  |
|                               |   |                                      | · · · · · · · · · · · · · · · · · · · | Texas, complete Schedule T)                         |
| Principal occu<br>Taxi Driver | upation / Job title (See Instructions)  | Employer (See Ins<br>Cinemark        | structions)                           |   |
| Date                          | Full name of contributor  | ,)                                   | Amount of contribution (\$)           | In-kind contribution<br>description (if applicable) |
| 05/19/2011                    | Contributor address; City; State; Zip Code 13608 Mereseyside Dr. Pflugerville, TX 78660         | ,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$100.00  <br>                        |   |
|                               |   |                                      | (If travel outside of                 | Texas, complete Schedule T)                         |
| Principal occu<br>Taxi Driver | pation / Job title (See Instructions)   | Employer (See Ins<br>LAZ Company     | structions)                           |   |

| The Instructi                  | ON GUIDE explains how to complete this form.  |                                   | 1 PAGE#                       | 177 Danati 20107                                    |
|--------------------------------|---|-----------------------------------|-------------------------------|---|
| 2 FILER NAME                   | Tovo, Kathryne (Ms.)  |                                   | 3 ACCOUNT # 00005000          | 6/77 Report: 80/107 (Ethics Commission filers)      |
| 4 Date                         | 5 Full name of contributor  ut-of-state PAC (ID: Young, Doug (Mr.)                          | #)                                | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| 05/07/2011                     | 6 Contributor address; City; State; Zip Code<br>2904 Kassarine Pass<br>Austin, TX 78704     |                                   | \$50.00                       | [<br> <br>  |
|                                |   |                                   | (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  ut-of-state PAC (ID#<br>Young, Doug (Mr.)                         | <del>/</del> )                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 06/08/2011                     | Contributor address; City; State; Zip Code<br>2904 Kassarine Pass<br>Austin, TX 78704       |                                   | \$100.00                      | <br>  |
|                                |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occu                 | pation / Job title (See Instructions)   | Employer (See In                  | structions)                   |   |
| Date                           | Full name of contributor  ut-of-state PAC (ID# Zeleke, Mulugeta (Mr.)                       | <del>;</del> )                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
| 05/19/2011                     | Contributor address; City; State; Zip Code<br>17205 Tobermory Dr.<br>Pflugerville, TX 78660 |                                   | \$350.00                      | <br> <br>   |
|                                |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occu<br>Taxi Driver  | oation / Job title (See Instructions)   | Employer (See In<br>Lone Star Cab | structions)                   |   |
| Date                           | Full name of contributor  ut-of-state PAC (ID# Zettner, Steven (Mr.)                        | !)                                | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
| 05/21/2011                     | Contributor address; City; State; Zip Code<br>6811 Daugherty Rd<br>Austin, TX 78757         |                                   | \$100.00                      | <br>  |
|                                |   |                                   | (If travel outside of         | 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<br>description (if applicable) |
| 05/19/2011                     | Contributor address; City; State; Zip Code<br>1333 Tudorhouse Dr<br>Pflugerville, TX 78660  |                                   | \$350.00  <br>                |   |
|                                |   |                                   | (If travel outside of         | Texas, complete Schedule T)                         |
| Principal occup<br>Taxi Driver | pation / Job title (See Instructions)   | Employer (See Ins<br>Austin Cab   | structions)                   |   |

# **POLITICAL CONTRIBUTIONS**

|   | OTHER THAN PLEDGES OR LOANS    |   |                                 |  |  |  |
|---|--------------------------------|---|---------------------------------|--|--|--|
|   | The Instruction                | ON GUIDE explains how to complete this form.  |                                 | 1 PAGE #<br>Schedule: 77/77 Report: 81/107   |  |  |
| 2 | FILER NAME                     | Tovo, Kathryne (Ms.)  |                                 | 3 ACCOUNT # (Ethics Commission filers) 00005000                                    |  |  |
| 4 | Date                           | 5 Full name of contributor  | )                               | 7 Amount of   8 In-kind contribution contribution (\$) description (if applicable) |  |  |
|   | 05/19/2011                     | 6 Contributor address; City; State; Zip Code<br>9036 North Lamar #240<br>Austin, TX 78753 |                                 | \$350.00   |  |  |
|   |                                |   |                                 | (If travel outside of Texas, complete Schedule T)                                  |  |  |
| 9 | Principal occup<br>Taxi Driver | ation / Job title (See Instructions)  | 10 Employer (See Ins<br>Hospira | structions)  |  |  |
|   |                                |   |                                 |  |  |  |
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|   |                                |   |                                 |  |  |  |
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|   |                                |   |                                 |  |  |  |
|   |                                |   |                                 |  |  |  |
|   |                                |   |                                 |  |  |  |

| P.O.Box 12070 | Austin, | lexas | 7871 | 1-207 |  |
|---------------|---------|-------|------|-------|--|
|               |         |       |      |       |  |

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

**EXPENDITURE CATEGORIES** 

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. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 1/23 Report: 82/107 4 Date 5 Payee name Adjavon, Tsoke 05/05/2011 Payee address Amount (\$) City; State; Zip Code 916 Rochester Castle Way \$200.00 Pflugerwille, TX 78660 (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 Consulting Services OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/17/2011 Adjavon, Tsoke Amount (\$) Payee address City; State; Zip Code 916 Rochester Castle Way \$200.00 Pflugerwille, TX 78660 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Consulting Services OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Adjavon, Tsoke 05/31/2011 Amount (\$) Payee address City; State; Zip Code 916 Rochester Castle Way \$200.00 Pflugerwille, TX 78660 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Consulting Services OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name American Printing and Mailing 06/03/2011 Payee address City; State; Zip Code Amount (\$) 1606 Headway Circle \$2,291.57 Austin, TX 78754 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Printing - Door Hangers OF **EXPENDITURE** Office sought: Complete ONLY if Candidate / Officeholder name Office held: direct expenditure to benefit C/OH

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing 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)

OTHER (enter a category not listed above) Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME ACCOUNT # (TEC filers) 2 Tovo, Kathryne (Ms.) Schedule: 2/23 Report: 83/107 00005000 5 Payee name Date AT&T 06/04/2011 Amount (\$) Payee address City; State; Zip Code 5700 Burnet Road \$82.70 Austin, TX 78756 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Solicitation/Fundraising Expense Phone Services OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date **ATEX Printing** 06/01/2011 Payee address Amount (\$) City; State; Zip Code 7801 N Lamar A-132 \$227.00 Austin, TX 78752 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Printing - Remit Envelopes OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/10/2011 Austin Chronicle Payee address City; State; Zip Code Amount (\$) P.O. Box 49066 \$1,118.00 Austin, TX 78765 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political Advertising **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Austin Chronicle 05/31/2011 Amount (\$) Payee address City: State: Zip Code \$1,118.00 P.O. Box 49066 Austin, TX 78765 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political Advertising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

| POLITIC   | AL EXPENDITURES   |   | SCHEDULE F  |
|---|---|---|---|
| Advertising Expe<br>Accounting/Bant<br>Consulting Expe<br>Event Expense<br>Fees | ing Legal Services Solicitation/Fun<br>nse Food/Beverage Expense Travel In Distric<br>Polling Expense Travel Out Of C | s/Contract Labor Loan Re draising Expense Transport Contribu Strict Candi d/Rental Expense THER | payment/Reimbursement<br>rtation Equipment & Related Expense<br>tions/Donations Made By<br>date/Officeholder/Political Committee<br>(enter a category not listed above) |
| 1 PAGE#<br>Schedule: 3/23 F   | 2 FILER NAME<br>Tovo, Kathryne (Ms.)  |   | 3 ACCOUNT # (TEC filers)<br>00005000  |
| 4 Date  | 5 Payee name  |   |   |
| 06/07/2011  | Austin Chronicle  |   |   |
| 6 Amount (\$)<br>\$1,118.00   | 7 Payee address City; State; Zip Code<br>P.O. Box 49066<br>Austin, TX 78765   |   |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Advertising Expense                                  | (b) Description (If travel o<br>Politcal Advertising  | utside of Texas, complete Schedule T)   |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH                     | Candidate / Officeholder name   | Office sought:  | Office held:  |
| Date  | Payee name  |   |   |
| 05/05/2011  | Bean, Sam (Mr.)   |   |   |
| Amount (\$)<br>\$50.00  | Payee address City; State; Zip Code 2604 Paramount Austin, TX 78704   |   |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor                            | Description (If travel or Salary  | utside of Texas, complete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/OH                             | Candidate / Officeholder name   | Office sought:  | Office held:  |
| Date  | Payee name  |   |   |
| 05/24/2011  | Black, Kevin (Mr.)  |   | <u> </u>  |
| Amount (\$)<br>\$228.25   | Payee address City; State; Zip Code<br>4606 Bennette Avenue<br>Austin, TX 78751                                       |   |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense                           | Description (If travel or Salary  | utside of Texas, complete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/OH                             | Candidate / Officeholder name   | Office sought:  | Office held:  |
| Date  | Payee name  |   |   |
| 06/05/2011  | Black, Kevin (Mr.)  |   |   |
| Amount (\$)<br>\$508.75   | Payee address City; State; Zip Code<br>4606 Bennette Avenue<br>Austin, TX 78751                                       |   |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor                            | Description (If travel or Salary  | stside of Texas, complete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/OH                             | Candidate / Officeholder name   | Office sought:  | Office held:  |

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

| rees                                  | The Instruction Guide explains ho  |  | iter a category not listed above;    |
|---------------------------------------|--|--|--------------------------------------|
| 1 PAGE#                               | 2 FILER NAME   | <u> </u>   | 3 ACCOUNT # (TEC filers)             |
| Schedule: 4/23 F                      | T T (Z-4) (A4-)  |  | 00005000                             |
| 4 Date                                | 5 Payee name   |  |                                      |
| 06/08/2011                            | Blue Roots Strategies, Inc   |  |                                      |
| 6 Amount (\$)                         | 7 Payee address City; State; Zip Code  |  |                                      |
| \$240.00                              | P.O. Box 300053  |  |                                      |
|                                       | Austin, TX 78703   |  |                                      |
|                                       | (a) Ontario (b) Ontario (b) (d)  | (1)  |                                      |
| 8<br>PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outs<br>Automated Marketing       | ide of Texas, complete Schedule T)   |
| OF<br>EXPENDITURE                     | Mayoriong Exponde  | Adicinated Marketing   |                                      |
| EXPENDITURE                           |  |  |                                      |
| 9 Complete ONLY if                    | Candidate / Officeholder name  | Office sought:   | Office held:                         |
| direct expenditure<br>to benefit C/OH |  |  |                                      |
| Date                                  | Payee name   |  |                                      |
| 06/08/2011                            | Blue Roots Strategies, Inc   |  |                                      |
| Amount (\$)                           | Payee address City; State; Zip Code  | <del></del>  |                                      |
| \$236.28                              |  |  |                                      |
| Ψ200.20                               | Austin, TX 78703   |  |                                      |
|                                       |  |  |                                      |
| BUBBOOK                               | Category (See Categories listed at the top of this schedule)                         | ,  | ide of Texas, complete Schedule T) 📘 |
| PURPOSE<br>OF                         | Advertising Expense  | Automated Marketing  |                                      |
| EXPENDITURE                           |  |  |                                      |
| Complete ONLY if                      | Candidate / Officeholder name  | Office sought:   | Office held:                         |
| direct expenditure                    | Canadate Comonday Name   | emile cought.  | Smoothold.                           |
| to benefit C/OH                       |  |  |                                      |
| Date                                  | Payee name   |  |                                      |
| 06/05/2011                            | Bouldin Creek Neighborhood Association   |  | <del></del> ·                        |
| Amount (\$)                           | Payee address City; State; Zip Code 904 Ebony St                                     |  |                                      |
| \$112.00                              | Austin, TX 78704   |  |                                      |
|                                       |  |  |                                      |
|                                       | Category (See Categories listed at the top of this schedule)                         | Description (If travel outsi                                 | ide of Texas, complete Schedule T)   |
| PURPOSE<br>OF                         | Advertising Expense  | Political Advertising  | _                                    |
| EXPENDITURE                           |  |  |                                      |
|                                       | 0 1000 1000 1 11   |  |                                      |
| Comptete ONLY it direct expenditure   | Candidate / Officeholder name  | Office sought:   | Office held:                         |
| to benefit C/OH                       |  |  |                                      |
| Date                                  | Payee name   |  |                                      |
| 05/19/2011                            | Capitol Rubber Stamp   |  |                                      |
| Amount (\$)                           | Payee address City; State; Zip Code  |  |                                      |
| \$36.81                               | 3314 S. Congress Ave<br>Austin, TX 78704   |  |                                      |
|                                       | Ausuii, TA 70704   |  |                                      |
|                                       | Catagory (Soo Catagoring listed at the top of this sob-did-                          | Description (Manual auto)                                    | do of Tours, complete Oaksatula **   |
| PURPOSE                               | Category (See Categories listed at the top of this schedule) Advertising Expense     | Description (If travel outside<br>In-kind contribution of in | de of Texas, complete Schedule T) 🔲  |
| OF                                    | Advertising Expense  | III ANIG COMBIDGEON OF IT                                    | ικ ρασ απα σιαπιμ                    |
| EXPENDITURE                           |  |  |                                      |
| Complete ONLY if                      | Candidate / Officeholder name  | Office sought:   | Office held:                         |
| direct expenditure<br>to benefit C/OH |  |  |                                      |

| P.O.Box | 12070 | Austin. | Texas | 787 | 11- | -2 |
|---------|-------|---------|-------|-----|-----|----|
|         |       |         |       |     |     |    |

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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: 5/23 F                       | Report: 86/107 Tovo, Kathryne (Ms.)  | 00005000   |
| 4 Date                                 | 5 Payee name   |  |
| 05/05/2011                             | CheckMark Typesetting  |  |
| 6 Amount (\$)                          | 7 Payee address City; State; Zip Code  |  |
| \$3,090.05                             | 3217 N. IH 35  |  |
|  | Austin, TX 78722   |  |
| -                                      | (2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -   | (1) Description (If the of Taylor complete Schooling T)                                |
| 8 PURPOSE                              | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T)  Yard Signs, Buttons |
| OF                                     | Auvertising Expense  | Tatu Signs, Duttons  |
| EXPENDITURE                            |  |  |
| 9 Complete ONLY if                     | Candidate / Officeholder name  | Office sought: Office held:  |
| direct expenditure to benefit C/OH     |  | ·  |
|  |  |  |
| Date<br>05/11/2011                     | Payee name CheckMark Typesetting   |  |
| 05/11/2011<br>Amount (\$)              | Payee address City; State; Zip Code  |  |
|  |  |  |
| \$74.69                                | Austin, TX 78722   |  |
| ļ                                      |  |  |
|  | Category (See Categories listed at the top of this schedule)                         | Description (If travel outside of Texas, complete Schedule T)                          |
| PURPOSE<br>OF                          | Advertising Expense  | Sign Frames  |
| EXPENDITURE                            |  |  |
|  |  |  |
| Complete ONLY if<br>direct expenditure | Candidate / Officeholder name  | Office sought: Office held:  |
| to benefit C/OH                        |  |  |
| Date                                   | Payee name   |  |
| 06/03/2011                             | City of Austin   |  |
| Amount (\$)                            | Payee address City; State; Zip Code  |  |
| \$589.39                               | P.O. Box 2267  |  |
| · .                                    | Austin, TX 78783   |  |
|  |  |  |
| PURPOSE                                | Category (See Categories listed at the top of this schedule)                         | Description (If travel outside of Texas, complete Schedule T)                          |
| OF                                     | Office Overhead/Rental Expense   | Office Utilities   |
| EXPENDITURE                            | l  |  |
| Complete ONLY if                       | Candidate / Officeholder name  | Office sought: Office held:  |
| direct expenditure<br>to benefit C/OH  | 1  | <del></del>  |
|  |  |  |
| Date<br>05/06/0011                     | Payee name<br>Cooke, Thomas (Mr.)  |  |
| 05/06/2011                             | Payee address City; State; Zip Code  |  |
| Amount (\$)                            |  |  |
| \$75.00                                | 1304 Alta Vista Avenue<br>Austin, TX 78704   | •  |
|  | 1  | · ·  |
|  | Category (See Categories listed at the top of this schedule)                         | Description (If travel outside of Texas, complete Schedule T)                          |
| PURPOSE                                | Advertising Expense  | in-kind contribution for 1 time use of email list                                      |
| OF<br>EXPENDITURE                      | 1  |  |
| LAI LIID                               |  |  |
| Complete ONLY if direct expenditure    | Candidate / Officeholder name  | Office sought: Office held:  |
| to benefit C/OH                        | <u></u> _  | · ·  |

#### Austin, Texas 78711-2070

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District
Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

**EXPENDITURE CATEGORIES** 

|                                       |   | The Instruction Guide explains ho                | w to complete this form.                   |                                       |
|---------------------------------------|---|--|--|---------------------------------------|
| 1 PAGE#                               |   | 2 FILER NAME                                     |  | 3 ACCOUNT # (TEC filers)              |
| Schedule: 6/23 F                      |   | Tovo, Kathryne (Ms.)                             |  | 00005000                              |
| 4 Date                                | 5 Payee name                            |  |  |                                       |
| 06/05/2011                            | Dynamic Str                             |  |  |                                       |
| 6 Amount (\$)                         | 7 Payee addres                          |  |  |                                       |
| \$675.00                              | 1637 NW 10                              |  |  |                                       |
|                                       | Coral Spring                            | S, FL 33071                                      |  |                                       |
|                                       | (2) 0242222                             |  | (h) Pagariation (Karanda atrid             |                                       |
| 8<br>PURPOSE                          |   | a Categories listed at the top of this schedule) | (b) Description (If travel outside Polling | of Texas, complete Schedule T)        |
| OF                                    | Polling Expe                            | 1156   | Folling                                    |                                       |
| EXPENDITURE                           |   |  |  |                                       |
| 9 Complete ONLY if                    | Candidate / O                           | fficeholder name                                 | Office sought:                             | Office held:                          |
| direct expenditure                    |   |  | - ···                                      |                                       |
| to benefit C/OH                       |   |  |  |                                       |
| Date                                  | Payee name                              |  |  |                                       |
| 05/12/2011                            | FedEx Office                            |  |  |                                       |
| Amount (\$)                           | Payee addres                            |  |  |                                       |
| \$520.00                              | 3300 Bee Ca<br>Austin, TX 7             | aves Rd Ste 715                                  |  |                                       |
|                                       | Austin, 17.7                            | 0740   |  |                                       |
|                                       | Catagoni (Ca                            | a Categories listed at the top of this schedule) | Description (If travel outside             | of Tayon complete Schodule T\         |
| PURPOSE                               | Printing Exp                            |  | Printing - postcards                       | of Texas, complete Schedule T)        |
| OF                                    | I mining Exp                            | 01100  |  |                                       |
| EXPENDITURE                           |   |  |  |                                       |
| Complete ONLY if                      | Candidate / O                           | fficeholder name                                 | Office sought:                             | Office held:                          |
| direct expenditure<br>to benefit C/OH |   |  | J  |                                       |
|                                       |   |  |  |                                       |
| Date                                  | Payee name                              | _  |  |                                       |
| 05/11/2011                            | Fosburr, Ton                            |  |  |                                       |
| Amount (\$)                           | Payee address                           | •          |  |                                       |
| \$70.00                               | 704 Benson<br>Austin, TX 7              | 8752   |  |                                       |
| i                                     | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |                                       |
|                                       | Category (See                           | Categories listed at the top of this schedule)   | Description (If travel outside             | of Texas, complete Schedule T)        |
| PURPOSE                               |   | ges/Contract Labor                               | Salary                                     |                                       |
| OF<br>EXPENDITURE                     |   |  | ·  |                                       |
|                                       |   |  |  |                                       |
| Complete ONLY if                      | Candidate / Of                          | ficeholder name                                  | Office sought:                             | Office held:                          |
| direct expenditure<br>to benefit C/OH |   |  |  |                                       |
| Date                                  | Payee name                              | · · · · · · · · · · · · · · · · · · ·            |  |                                       |
| 06/02/2011                            | Fosburr, Ton                            | 1  |  |                                       |
| Amount (\$)                           | Payee address                           |  |  |                                       |
| \$110.00                              | 704 Benson                              | -  |  |                                       |
| φ110.00                               | Austin, TX 7                            | 8752   |  |                                       |
|                                       |   |  |  |                                       |
|                                       | Category (See                           | Categories listed at the top of this schedule)   | Description (If travel outside             | of Texas, complete Schedule T)        |
| PURPOSE<br>OF                         |   | ges/Contract Labor                               | Salary                                     |                                       |
| EXPENDITURE                           |   |  |  |                                       |
|                                       |   | <u>.</u>   |  |                                       |
| Complete ONLY if direct expenditure   | Candidate / Of                          | ficeholder name                                  | Office sought:                             | Office held:                          |
| to benefit C/OH                       |   |  |  |                                       |
|                                       |   |  |  | · · · · · · · · · · · · · · · · · · · |

**EXPENDITURE** 

Complete ONLY if

direct expenditure to benefit C/OH Candidate / Officeholder name

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel Out Of District Polling Expense Printing Expense Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 7/23 Report: 88/107 Date Payee name Harden, Ada (Ms.) 05/19/2011 Amount (\$) Payee address City; State; Zip Code 1700 Meander Dr. \$500.00 Austin, TX 78721 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) (if travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Consulting Services OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date HEB 06/06/2011 Amount (\$) Payee address City: State: Zip Code 1000 E. 41st Street \$160.04 Austin, TX 78751 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE Event Expense** Food and Beverage for Event OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name I.T. Copy - I.T. Printing 05/19/2011 Payee address City; State; Zip Code Amount (\$) 512 West M.L.K. Blvd \$324.75 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Printing Expense** Flyer Printing OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name I.T. Copy - I.T. Printing 06/01/2011 Payee address Amount (\$) City; State; Zip Code 512 West M.L.K. Blvd \$162.38 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Flyer Printing Printing Expense OF

Office held:

Office sought:

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

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) Fees Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 8/23 Report: 89/107 4 Date 5 Payee name Lewis, Fred (Mr.) 05/20/2011 Amount (\$) Payee address City; State; Zip Code 4509 Egemont Dr. \$300.00 Austin, TX 78731 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Legal Services In-kind contribution for legal services OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Lopez, Anthony (Mr.) 05/24/2011 Payee address City; State; Amount (\$) Zip Code 3605 Savage Springs Dr \$220.00 Austin, TX 78754 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 06/05/2011 Lopez, Anthony (Mr.) Payee address City; State; Zip Code Amount (\$) 3605 Savage Springs Dr \$220.00 Austin, TX 78754 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 Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure to benefit C/OH Date Payee name Maxwell, Colby (Mr.) 05/26/2011 Amount (\$) Payee address City; State; Zip Code 2810 Pearl St Unit A \$250.00 #328 Austin, TX 78705 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 **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense Event Expense Polling Expense Printing 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) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Tovo, Kathryne (Ms.) Schedule: 9/23 Report: 90/107 00005000 4 Date 5 Payee name Maxwell, Colby (Mr.) 06/07/2011 Payee address City; State; Zip Code Amount (\$) 2810 Pearl St Unit A \$700.00 #328 Austin, TX 78705 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/01/2011 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 sought: Office held: direct expenditure to benefit C/OH Payee name Date **Net Victories** 05/12/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 5013 \$227.30 Austin, TX 78763 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Website Maintenance OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 06/05/2011 **Net Victories** Payee address City; State; Zip Code Amount (\$) P.O. Box 5013 \$66.00 Austin, TX 78763 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Email Service **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gilts/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)

Office Overhead/Rental Expense Fees Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) FILER NAME PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 10/23 Report: 91/107 5 Payee name Date Office Depot 06/05/2011 Payee address City; State; Zip Code Amount (\$) 2101 South Lamar \$44.60 Austin, TX 78704 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) PURPOSE Solicitation/Fundraising Expense Folding Services OF **EXPENDITURE** Office held: Candidate / Officeholder name Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name OfficeMax 05/05/2011 Amount (\$) Payee address City; State; Zip Code The Triangle \$33.73 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 Office Supplies OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name OfficeMax 05/05/2011 Amount (\$) Payee address City; State; Zip Code The Triangle \$25.67 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 Office Supplies OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name OfficeMax 05/06/2011 Payee address City; State; Zip Code Amount (\$) The Triangle \$122.31 Austin, TX 78756 Category (See Categories listed at the top of this schedule) Description (# travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Printer Toner **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

|   |                                       | The Instruction Guide explains ho              | w to complete this form.                          |                                |
|---|---------------------------------------|--|---|--------------------------------|
| 1 PAGE#   |                                       | FILER NAME                                     |   | 3 ACCOUNT # (TEC filers)       |
| Schedule: 11/23   |                                       | Tovo, Kathryne (Ms.)                           |   | 00005000                       |
| 4 Date  | 5 Payee name                          |  |   |                                |
| 05/13/2011  | OfficeMax                             |  |   |                                |
| 6 Amount (\$)   | 7 Payee address                       | City; State; Zip Code                          |   |                                |
| \$182.97  | The Triangle<br>Austin, TX 78         | 756  | •   |                                |
|   |                                       |  |   |                                |
| 8<br>PURPOSE<br>OF  | (a) Category (See C<br>Printing Exper | categories listed at the top of this schedule) | (b) Description (If travel outside Flyer Printing | of Texas, complete Schedule T) |
| EXPENDITURE   |                                       |  |   |                                |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Offic                     | ceholder name                                  | Office sought:                                    | Office held:                   |
| Date  | Payee name                            |  |   |                                |
| 05/13/2011  | OfficeMax                             |  |   |                                |
| Amount (\$)   | Payee address                         | City; State; Zip Code                          |   | -                              |
| \$362.98  | 907 West Fifth<br>Austin, TX 78       |  |   |                                |
| DUDDOCE   |                                       | ategories listed at the top of this schedule)  |   | of Texas, complete Schedule T) |
| PURPOSE<br>OF   | Office Overhea                        | ad/Rental Expense                              | Office Supplies                                   |                                |
| EXPENDITURE   |                                       |  |   |                                |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Office                    | eholder name                                   | Office sought:                                    | Office held:                   |
| Date  | Payee name                            |  |   |                                |
| 05/20/2011  | OfficeMax                             |  |   |                                |
| Amount (\$)   | Payee address                         | City; State; Zip Code                          |   |                                |
| \$34.87   | The Triangle<br>Austin, TX 787        | 756  |   |                                |
|   | Category (See C                       | ategories listed at the top of this schedule)  | Description (If travel outside                    | of Texas, complete Schedule T) |
| PURPOSE (   | Office Overhea                        | id/Rental Expense                              | Office Supplies                                   |                                |
| EXPENDITURE   |                                       |  |   |                                |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Offic                     | eholder name                                   | Office sought:                                    | Office held:                   |
| Date  | Payee name                            |  |   |                                |
| 06/02/2011  | OfficeMax                             |  |   |                                |
| Amount (\$)   | Payee address                         | City; State; Zip Code                          |   |                                |
| \$67.07   | The Triangle<br>Austin, TX 787        | 756  |   |                                |
| DUDDOOF   |                                       | ategories listed at the top of this schedule)  |   | of Texas, complete Schedule T) |
| PURPOSE<br>OF   | Office Overhea                        | d/Rental Expense                               | Office Supplies - paper                           | i                              |
| EXPENDITURE   |                                       |  |   |                                |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH  | Candidate / Offic                     | eholder name                                   | Office sought:                                    | Office held:                   |

**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) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 12/23 Report: 93/107 5 Payee name Date OfficeMax 06/02/2011 Amount (\$) Payee address City; State; Zip Code The Triangle \$64.25 Austin, TX 78756 (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 In-kind contribution for paper and seals OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name OfficeMax 06/02/2011 Payee address Amount (\$) City: State: Zip Code The Triangle \$67.07 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 Office Supplies - paper OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name OfficeMax 06/03/2011 Payee address City; State; Zip Code Amount (\$) The Triangle \$132.99 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 In-kind contribution for office supplies **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 06/04/2011 OfficeMax Payee address City; State; Zip Code Amount (\$) 907 West Fifth St \$84.37 Austin, TX 78703 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies - paper OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

**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)

Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME Tovo, Kathryne (Ms.) Schedule: 13/23 Report: 94/107 00005000 5 Payee name Date OfficeMax 06/04/2011 Payee address Amount (\$) City; State; Zip Code The Triangle \$40.01 Austin, TX 78756 (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 Office Supplies OF **EXPENDITURE** Candidate / Officeholder name Office held: 9 Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name OfficeMax 06/04/2011 Amount (\$) Payee address City; State; Zip Code The Triangle \$108.24 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 printer toner OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name OfficeMax 06/05/2011 Amount (\$) Payee address State; Zip Code City; 907 West Fifth St \$28.12 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies - paper OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name OfficeMax 06/06/2011 Payee address City; State; Zip Code Amount (\$) 907 W 5th Street \$32.45 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies - paper OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH Candidate / Officeholder name

#### POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

distribution description of the control of

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Ex
Legal Services
Food/Beverage Expense
Polling Expense
Printing 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)

Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 14/23 Report: 95/107 4 Date 5 Payee name OfficeMax 06/06/2011 Payee address City; State; Zip Code Amount (\$) 907 W 5th Street \$13.85 Austin, TX 78703 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Office Supplies - paper Office Overhead/Rental Expense OF **EXPENDITURE** Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 06/06/2011 OfficeMax Payee address City; State; Amount (\$) Zip Code 907 W 5th Street \$43.68 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Opinion Analysts, Inc 05/24/2011 Payee address Amount (\$) City; State; Zip Code 906 Rio Grande St Austin, TX 78701 \$5,000.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Polling Expense Polling OF EXPENDITURE Office sought: Complete ONLY if Candidate / Officeholder name Office held: to benefit C/OH Date Payee name 06/05/2011 Opinion Analysts, Inc. Amount (\$) Payee address City; State; Zip Code \$216.50 906 Rio Grande St Austin, TX 78701 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Phone File OF

Office held:

Office sought:

SCHEDULE F

POLITICAL EXPENDITURES

Austin, Texas 78711-2070

#### **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services 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 Food/Beverage Expense Consulting Expense Polling Expense Travel Out Of District Event 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# FILER NAME 3 ACCOUNT # (TEC filers) 2 Tovo, Kathryne (Ms.) Schedule: 15/23 Report: 96/107 00005000 4 Date Payee name 06/07/2011 Opinion Analysts, Inc. Payee address Amount (\$) City; State; Zip Code 906 Rio Grande St \$487.13 Austin, TX 78701 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Voter Labels OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 06/08/2011 Paypal Payee address City; State; Zip Code Amount (\$) 2145 Hamilton Avenue \$673.93 San Jose, CA 95125 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Cumulative processing fees for reporting period OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH Date Payee name 05/07/2011 Prime Rate Premium Finance Corporation, Inc. Amount (\$) Payee address City; State; Zip Code P.O. BOx 100507 \$44.92 Florence, SC 29502 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Insurance OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Prime Rate Premium Finance Corporation, Inc. 06/06/2011 Amount (\$) Payee address City; State; Zip Code P.O. BOx 100507 \$44.92 Florence, SC 29502 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Insurance OF **EXPENDITURE** Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure to benefit C/OH

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

#### **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Legal Services Food/Beverage Expense Polling Expense Printing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Travel In District Travel Out Of District Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Tovo, Kathryne (Ms.) Schedule: 16/23 Report: 97/107 00005000 Date Payee name 05/05/2011 Rindy & Associates, Inc. Amount (\$) Pavee address City: State: Zip Code 2401 East 6th Street #1003 \$8,000.00 Austin, TX 78702 (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 Political Advertising OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/08/2011 Rindy & Associates, Inc. Amount (\$) Payee address City; State; Zip Code 2401 East 6th Street #1003 \$4,500.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political Advertising OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Rindy & Associates, Inc. 05/08/2011 Amount (\$) Pavee address Citv: State: Zip Code 2401 East 6th Street #1003 \$8,000.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political Advertising OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rindy & Associates, Inc. 05/13/2011 Amount (\$) Payee address City; State; Zip Code 2401 East 6th Street #1003 \$1,379.72 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Design Services OF **EXPENDITURE**

Office held:

Office sought:

SCHEDULE F

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

|   |                              | The Instruction Guide explains ho              | w to complete this form. |                                  |
|---|------------------------------|--|--------------------------|----------------------------------|
| 1 PAGE#   |                              | 2 FILER NAME                                   |                          | 3 ACCOUNT # (TEC filers)         |
| Schedule: 17/23   | 4                            | Tovo, Kathryne (Ms.)                           |                          | 00005000                         |
| 4 Date<br>06/03/2011  | 5 Payee name<br>Rindy & Ass  | ociates, Inc.                                  |                          |                                  |
| 6 Amount (\$)   | 7 Payee addres               |  |                          |                                  |
| \$22,525.00   | 2401 East 6<br>Austin, TX 7  | h Street #1003<br>8702                         |                          |                                  |
| 8<br>PURPOSE  |                              | Categories listed at the top of this schedule) | 1                        | e of Texas, complete Schedule T) |
| OF  | Advertising E                | expense  | Political Advertising    |                                  |
| EXPENDITURE   |                              |  |                          |                                  |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / O                | fficeholder name                               | Office sought:           | Office held:                     |
| Date  | Payee name                   |  |                          |                                  |
| 06/06/2011  | Rindy & Ass                  |  |                          |                                  |
| Amount (\$)   | Payee addres                 | • • • •  |                          |                                  |
| \$20,000.00   | 2401 East 6t<br>Austin, TX 7 | h Street #1003<br>8702                         |                          |                                  |
| PURPOSE   |                              | Categories listed at the top of this schedule) | ,                        | e of Texas, complete Schedule T) |
| OF  | Advertising E                | expense  | Political Advertising    |                                  |
| EXPENDITURE   |                              |  |                          |                                  |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / O                | fficeholder name                               | Office sought:           | Office held:                     |
| Date  | Payee name                   |  |                          |                                  |
| 06/07/2011  | Rindy & Ass                  | ociates, Inc.                                  |                          |                                  |
| Amount (\$)   | Payee address                | ** * *   |                          |                                  |
| \$10,850.00   | 2401 East 6t<br>Austin, TX 7 | h Street #1003<br>8702                         |                          |                                  |
| DUDDOCE   | <b>,</b> , ,                 | Categories listed at the top of this schedule) | · · ·                    | e of Texas, complete Schedule T) |
| PURPOSE (   | Advertising E                | xpense   | Political Advertising    |                                  |
| EXPENDITURE   |                              |  | į                        |                                  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH  | Candidate / Of               | ficeholder name                                | Office sought:           | Office held:                     |
| Date  | Payee name                   |  |                          |                                  |
| 05/11/2011  | Scholz Garte                 |  |                          |                                  |
| Amount (\$)   | Payee address                | • • •  |                          |                                  |
| \$487.13  | 1607 San Ja<br>Austin, TX 7  |  |                          |                                  |
| DUDDOOF   | • • •                        | Categories listed at the top of this schedule) |                          | of Texas, complete Schedule T)   |
| PURPOSE<br>OF   | Event Expen                  | se   | Campaign Watch Party     |                                  |
| EXPENDITURE   |                              |  |                          |                                  |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Of               | ficeholder name                                | Office sought:           | Office held:                     |

#### P.O.Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travet In District Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Food/Beverage Expense Polling Expense Printing Expense Consulting Expense Event Expense Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this 1 PAGE# FILER NAME 2 Tovo, Kathryne (Ms.) Schedule: 18/23 Report: 99/107 4 Date Payee name Tabrizi, Saurah (Ms.) 06/05/2011 Amount (\$) Payee address City; State; Zip Code 10005 Pickfair Drive \$171.00 Austin, TX 78750 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Salaries/Wages/Contract Labor Salary OF

Candidate / Officeholder name

City; State;

Category (See Categories listed at the top of this schedule)

City;

Category (See Categories listed at the top of this schedule)

City;

Category (See Categories listed at the top of this schedule)

Zip Code

State; Zip Code

State; Zip Code

Office sought:

Polling

Polling

Payee name

The Parlor

Payee name

Payee address

Polling Expense

Payee name

Payee address

Polling Expense

Payee address

4301 Guadalupe St #B

Food/Beverage Expense

Candidate / Officeholder name

The Tyson Organization, Inc.

855 Texas Street, Suite 100

Candidate / Officeholder name

The Tyson Organization, Inc.

855 Texas Street, Suite 100

Candidate / Officeholder name

Fort Worth, TX 76102

Fort Worth, TX 76102

Austin, TX 78751

**EXPENDITURE** 

9 Complete ONLY if

Date

direct expenditure to benefit C/OH

05/05/2011 Amount (\$)

**PURPOSE** 

OF **EXPENDITURE** Complete ONLY if

direct expenditure to benefit C/OH

05/24/2011

\$4,800.00

Amount (\$)

**PURPOSE** 

OF **EXPENDITURE** 

Complete ONLY if

direct expenditure to benefit C/OH

06/06/2011 Amount (\$)

**PURPOSE** 

OF **EXPENDITURE** 

Complete ONLY if

direct expenditure to benefit C/OH

\$4,240.98

Date

Date

\$55.00

#### SCHEDULE F

| kpense Transportation E<br>Contributions/D<br>Candidate/O | nt/Reimbursement<br>Equipment & Related Expense<br>onations Made By<br>ficeholder/Political Committee |
|---|---|
| xpense OTHER (enter a mplete this form.                   | a category not listed above)  |
|   | 3 ACCOUNT # (TEC filers)<br>00005000  |
|   |   |
|   |   |
| Description (If travel outside of Salary                  | of Texas, complete Schedule T)  |
| Office sought:  | Office held:  |
|   |   |
|   |   |
| Description (If travel outside of Office Lunch            | f Texas, complete Schedule T)   |
| Office sought:  | Office held:  |
|   |   |
|   |   |
| Description (If travel outside o<br>Polling               | f Texas, complete Schedule T)   |
| Office sought:  | Office held:  |
|   | •   |
|   |   |
| Description (If travel outside o<br>Polling               | f Texas, complete Schedule T)   |

Office held:

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

P.O.Box 12070

Polling Expense Printing 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) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 19/23 Report: 100/107 5 Payee name Date Time Warner Cable 05/09/2011 Zip Code Amount (\$) Payee address City; State; 12012 N Mopac \$434.30 Austin, TX 78759 (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 Cable Services OF **EXPENDITURE** Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Payee name Date Time Warner Cable 06/05/2011 Amount (\$) Payee address City; State; Zip Code 12012 N Mopac \$434.30 Austin, TX 78759 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Cable Services OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name United States Postal Service - Central Park Station 05/05/2011 Amount (\$) Pavee address City; State; Zip Code 3507 North Lamar Blvd \$1,056.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Postage OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date United States Postal Service - Central Park Station 05/10/2011 Amount (\$) Payee address City; State; Zip Code 3507 North Lamar Blvd \$580.80 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Postage EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

# P.O.Box 12070 POLITICAL EXPENDITURES

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME 2 Tovo, Kathryne (Ms.) 00005000 Schedule: 20/23 Report: 101/107 Date 5 Payee name United States Postal Service - Central Park Station 05/11/2011 City; State; Zip Code Amount (\$) Payee address 3507 North Lamar Blvd \$580.00 Austin, TX 78705 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Postage OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name United States Postal Service - Central Park Station 05/17/2011 Amount (\$) Payee address City; State; Zip Code 3507 North Lamar Blvd \$88.00 Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Postage ΩE **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Pavee name United States Postal Service - Central Park Station 05/18/2011 Payee address City; State; Zip Code Amount (\$) 3507 North Lamar Blvd \$88.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Postage OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name United States Postal Service - Central Park Station 05/26/2011 Amount (\$) Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705 \$220.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Postage OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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: 21/23   | Report: 102/107 Tovo, Kathryne (Ms.)  |   | 00005000                           |
| 4 Date  | 5 Payee name  |   |                                    |
| 06/06/2011  | United States Postal Service - Central Park Station   |   |                                    |
| 6 Amount (\$)   | 7 Payee address City; State; Zip Code   |   |                                    |
| \$4.95  | 3507 North Lamar Blvd<br>Austin, TX 78705   |   |                                    |
|   |   |   |                                    |
| 8<br>PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description (If travel outsi<br>Postage | ide of Texas, complete Schedule T) |
| EXPENDITURE   |   |   |                                    |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeholder name   | Office sought:                              | Office held:                       |
| Date  | Payee name  |   |                                    |
| 06/03/2011  | United States Postal Service - Downtown Station   |   |                                    |
| Amount (\$)   | Payee address City; State; Zip Code   |   |                                    |
| \$1,160.00  | 510 Guadalupe St<br>Austin, TX 78701  |   |                                    |
|   | Category (See Categories listed at the top of this schedule)                                    | Description (If travel outsi                | de of Texas, complete Schedule T)  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Advertising Expense   | Postage                                     |                                    |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought:                              | Office held:                       |
| Date  | Payee name  |   |                                    |
| 05/10/2011  | United States Postal Service - North Austin Station   |   |                                    |
| Amount (\$)   | Payee address City; State; Zip Code   |   |                                    |
| \$23.76   | 4300 Speedway<br>Austin, TX 78705   |   |                                    |
|   | Category (See Categories listed at the top of this schedule)                                    | Description (if travel outside              | de of Texas, complete Schedule T)  |
| PURPOSE<br>OF   | Office Overhead/Rental Expense  | Postage                                     | _                                  |
| EXPENDITURE   |   |   |                                    |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought:                              | Office held:                       |
| Date  | Payee name  |   |                                    |
| 06/02/2011  | United States Postal Service - North Austin Station   |   |                                    |
| Amount (\$)   | Payee address City; State; Zip Code   |   |                                    |
| <b>\$2</b> ,420.00  | 4300 Speedway<br>Austin, TX 78705   |   |                                    |
|   | Category (See Categories listed at the top of this schedule)                                    | · ·   | de of Texas, complete Schedule T)  |
| PURPOSE<br>OF   | Advertising Expense   | Postage                                     | _                                  |
| EXPENDITURE   | ·<br>   |   |                                    |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought:                              | Office held:                       |

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing 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)

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Tovo, Kathryne (Ms.) Schedule: 22/23 Report: 103/107 00005000 5 Payee name 4 Date United States Postal Service - North Austin Station 06/04/2011 Payee address City; State; Zip Code Amount (\$) 4300 Speedway \$3,520.00 Austin, TX 78705 (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 Postage OF **EXPENDITURE** Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name United States Postal Service - South Congress Station 05/12/2011 Payee address City; State; Zip Code Amount (\$) 3903 South Congress Ave \$2,320,00 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Postage OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name United Status Postal Service 06/02/2011 Amount (\$) Payee address City; State; Zip Code Chimney Corners Station \$47.52 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** In-kind contribution for postage Advertising Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name University Federal Credit Union 06/06/2011 Payee address City: State: Zip Code Amount (\$) P.O. Box 9350 \$12.00 Austin, TX 78766 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Accounting/Banking Wire Transfer Fee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

# **POLITICAL EXPENDITURES** SCHEDULE F

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

| 1   | Printing Expense                                       | Travel In District Fravel Out Of District Office Overhead/Rental Expense E explains how to complete this | Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>OTHER (enter a category not listed above)<br>form. |            |
|---|--|--|---|------------|
| 1 PAGE#   | 2 FILER NAME   | <u> </u>   | 3 ACCOUNT # (TEC fi   | lers)      |
| Schedule: 23/23                                     |  |  | 00005000  | ,          |
| 4 Date  | 5 Payee name   |  |   |            |
| 06/06/2011  | Whole Foods Market                                     | - Oods   |   |            |
| 6 Amount (\$)                                       |  | p Code   |   |            |
| \$27.84   | 525 North Lamar Blvd<br>Austin, TX 78703               |  |   |            |
|   | 7146117, 777.76766                                     |  |   |            |
| 0   | (a) Category (See Categories listed at the top of this | s schedule) (b) Description  | (If travel outside of Texas, complete Schedule T  | <u>, П</u> |
| 8<br>PURPOSE  | Event Expense  |  | peverage for event  | <i>,</i> ப |
| OF  | 2 Tork Exported  | , 554 4.14   | ororago for oronic  |            |
| EXPENDITURE   |  |  |   |            |
| 9 Complete ONLY if                                  | Candidate / Officeholder name                          | Office so  | ought: Office held:   |            |
| direct expenditure                                  |  |  | , , , , , , , , , , , , , , , , , , ,   |            |
| to benefit C/OH                                     |  |  |   |            |
| Date  | Payee name   |  |   |            |
| 06/02/2011  | Yznaga, Mark (Mr.)                                     |  |   |            |
| Amount (\$)   | Payee address City; State; Zi                          | o Code   |   |            |
| \$3,000.00  | 2401 Briargrove  |  |   |            |
|   | Austin, TX 78704                                       |  |   |            |
|   | 0.1  | T Baseline   |   |            |
| PURPOSE   | Category (See Categories listed at the top of this     |  | (If travel outside of Texas, complete Schedule T  | ) [        |
| OF  | Salaries/Wages/Contract Labor                          | Salary   |   |            |
| EXPENDITURE   |  | ļ  |   |            |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                          | Office so  | ought: Office held:   |            |
|   |  |  |   |            |

**EXPENDITURE CATEGORIES** 

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Food/Beverage Expense
Polling Expense
Printing 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)

Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME 2 Tovo, Kathryne (Ms.) 00005000 Schedule: 1/2 Report: 105/107 5 Payee name Date Bruce Elfant Campaign 05/22/2011 Amount (\$) Payee address City; State; Zip Code 4522 Avenue F \$50.00 Reimbursement from political contributions intended Austin, TX 78751 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By **Event Donation** OF Candidate/Officeholder/Political Committee EXPENDITURE Date Payee name Capital Area Democratic Women 05/12/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 2211 \$38.00 Austin, TX 78768 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** Food/Beverage Expense CADW Luncheon OF **EXPENDITURE** Date Payee name Conans Pizza 06/03/2011 Payee address City; State; Amount (\$) Zip Code 603 W 29th St \$81.19 Austin, TX 78705 Reimbursement 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** Food/Beverage Expense Office Lunch OF **EXPENDITURE** Date Payee name Dream Come True Foundation 06/03/2011 Amount (\$) Payee address City; State; Zip Code 1704 Briar Street \$300.00 Austin, TX 78704 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** Contributions/Donations Made By **Event Donation** OF Candidate/Officeholder/Political Committee **EXPENDITURE** 

**EXPENDITURE CATEGORIES** 

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

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

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE # 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 2/2 Report: 106/107 4 Date 5 Payee name HousingWorks 05/26/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 41833 \$35.00 Austin, TX 78704 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation OF Candidate/Officeholder/Political Committee EXPENDITURE Date Payee name Mangia Chicago Stuffed Pizza 05/24/2011 Amount (\$) Payee address City: State; Zip Code 8012 Mesa Dr \$36.26 Austin, TX 78731 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** Food/Beverage Expense Office Lunch **EXPENDITURE** Date Payee name 06/02/2011 South Austin Democrats Payee address City; State; Zip Code Amount (\$) P.O. Box 152592 \$100.00 Austin, TX 78715 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** Contributions/Donations Made By Political Donation Candidate/Officeholder/Political Committee **EXPENDITURE** 

# **CREDITS** (optional)

# SCHEDULE K

| The Instructi | ON GUIDE explains how to complete this form.                              | 1 PAGE #<br>Schedule: 1/1 | Report: 107/107            |
|---------------|---|---------------------------|----------------------------|
| 2 FILER NAME  | Tovo, Kathryne (Ms.)  | 3 ACCOUNT # 00005000      | (Ethics Commission filers) |
| 4 Date        | 5 Payor name<br>City of Austin  |                           | 8 Amount (\$)              |
| 05/24/2011    | 6 Payor address; City; State; Zip Code<br>301 W 2nd<br>Austin, TX 78701   |                           | \$64,157.00                |
|               | 7 Reason for credit Distribution of funds from the Austin Fair Campaign F | inance Fund               |                            |

#### PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

| Name of Candidate/Officeholder: <u>Kathryne 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                  |
| Nikelle Meade **                        | 111 Congress Avenue, Suite 1400, Austin, TX 78701 |
|   |   |

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.