

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)  
00005000

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
	Ms. Kathryn B						
	Kathie Tovo						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	809 W. 32nd St. Austin, Tx 78705						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	565-5361					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	AUSTIN CITY CLERK RECEIVED 2012 JUL 5 PM 3:12 Receipt # Amount Date Processed Date Imaged			
	NICKNAME	LAST	SUFFIX				
	Mr. Joseph						
	Pinnelli						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	P.O. Box 50038 Austin Tx 78763						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	478-5958					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	2012		6	30	2012
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if known)			
	City Council Place 3			N/A			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Tovo, Kathrynne (Ms.)

15 ACCOUNT # (Ethics Commission Filers)

00005000

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ .00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ .00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ .00

4. TOTAL POLITICAL EXPENDITURES

\$ 513.43

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ .00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 61,807.06

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.



*Kathrynne B Tovo*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathrynne B. Tovo, this the 5<sup>th</sup> day of July, 20 12, to certify which, witness my hand and seal of office.

*Candy Hinkle*  
Signature of officer administering oath

Candy Hinkle  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials 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 Total pages Schedule G. <b>2</b>	2 FILER NAME <b>Kathryne B. Tove</b>	3 ACCOUNT # (Ethics Commission Filers) <b>0000500</b>
4 Date <b>3/19/12</b>	5 Payee name <b>Black Austin Democrats</b>	
6 Amount (\$) <b>\$100</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>B.A.D. P.O. Box 212 Austin, Tx 78767</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>event expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>sponsorship</b>
Date <b>4/27/12</b>	Payee name <b>East Austin Conservancy</b>	
Amount (\$) <b>\$100</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 6462 Austin, Tx 78762</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>event expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>SPONSORSHIP</b>
Date <b>4/26/12</b>	Payee name <b>Annie's List</b>	
Amount (\$) <b>\$150</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 699 Austin, Tx 78767</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>event expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>table sponsorship</b>
Date <b>3/5/12</b>	Payee name <b>UT Day of Service</b>	
Amount (\$) <b>\$100</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1 University Station Austin, Tx 78712</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>event expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>sponsorship</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
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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 Total pages Schedule G <b>2</b>	2 FILER NAME <b>Kathryn B. Tovo</b>	3 ACCOUNT # (Ethics Commission Filers) <b>0000500</b>
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4 Date <b>3/4/12</b>	5 Payee name <b>Go Daddy</b>
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6 Amount (\$) <b>\$63.43</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>Go Daddy 14455 N. Hayden Rd., Suite 226 Scottsdale, AZ 85260</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>website domain renewal</b>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXEMPTION STATEMENT PER 2-2-26**  
(To be used only when no electronic filing of a  
Campaign Finance Report (C&E) will be done)

**NAME OF CANDIDATE OR COMMITTEE:**

Tovo      Kathryne      Beth  
(Last)                      (First)                      (Middle)

**ADDRESS:** 809 W 32nd St Austin Tx 78705

**DATE OF FILING:** 7/5/12

**STATEMENT**

I/we, Kathryne B Tovo (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of 1/1, 2012 through 6/30, 2012. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Kathryne B Tovo  
Signed by Candidate or Campaign Committee

7/5/12  
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.