

# 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 PAGE #**  
1 of 89

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR FIRST MI  
Ms. Kathrynne

NICKNAME LAST SUFFIX  
Kathie Tovo

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
809 W 32nd Street  
Austin, TX 78705

Change of Address

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
Mr. Joseph

NICKNAME LAST SUFFIX  
Pinnelli

**6 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

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(512) 478-5958

**8 REPORT TYPE**

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month Day Year Month Day Year  
07/01/2014 THROUGH 09/25/2014

**10 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
11/04/2014

**11 OFFICE** OFFICE HELD (if any)  
City Council Place 3

**12 OFFICE SOUGHT (if known)**  
City Council District 9

**OFFICE USE ONLY**

Date Received 2019 OCT 6 PM 3 55

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

AUSTIN CITY CLERK RECEIVED

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

13 C/OH NAME Tovo, Kathrynne (Ms.)

14 ACCOUNT # (Ethics Commission filers)  
00005000

**15 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

additional pages

**16 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	45,466.00
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**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	76,737.83
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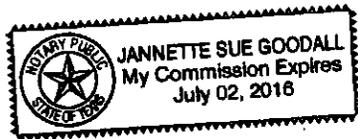
**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	64,802.71
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**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	141,807.06
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**17 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 6th day of Oct, 2014, to certify which, witness my hand and seal of office.

*Jannette Sue Goodall*      Jannette Sue Goodall      Notary  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/58 Report: 3/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/20/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alvis, Grant (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 4002 Petes Path Austin, TX 78731	<b>7</b> Amount of contribution (\$)  \$150.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) American Federation of State, County and Municipal Employees  Contributor address; City; State; Zip Code 1625 L Street, NW Washington, DC 20036	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Maurice (Mr.)  Contributor address; City; State; Zip Code 3901 Arbor Glen Way Austin, TX 78731	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) M.F. Anderson Construction Inc.	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andre, Sarah (Ms.)  Contributor address; City; State; Zip Code 2318 Canterbury St Austin, TX 78702	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Structure Development	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony, Dana (Ms.)  Contributor address; City; State; Zip Code 709 31 St Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/58 Report: 4/89	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aparicio, Eduardo (Mr.)  6 Contributor address; City; State; Zip Code 9906 Dorset Dr Austin, TX 78753	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Owner/President		10 Employer (See Instructions) Aparicio Publishing	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baccus, Richard (Mr.)  Contributor address; City; State; Zip Code 11504 Oakwood Dr. Austin, TX 78753	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Debra (Ms.)  Contributor address; City; State; Zip Code 8500 Andreas Cove Austin, TX 78759	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Kris (Mr.)  Contributor address; City; State; Zip Code 8418 Spring Valley Dr Austin, TX 78736	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Insurance Adjuster		Employer (See Instructions) Self-Employed	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Pam (Ms.)  Contributor address; City; State; Zip Code 8204 Red Willow Dr Austin, TX 78736	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/58 Report: 5/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/14/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Balaka, Gerald (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1800 W 34th St Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrett, Rick (Mr.)  Contributor address; City; State; Zip Code 18606 Sperry Gardens Dr Houston, TX 77095	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Greater Houston Transportation	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartz, Joan (Ms.)  Contributor address; City; State; Zip Code 6713 Tulsa Cove Austin, TX 78723	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Basciano, Joyce (Ms.)  Contributor address; City; State; Zip Code 1907 W 34th St. Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Basciano, Joyce (Ms.)  Contributor address; City; State; Zip Code 1907 W 34th St. Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/58 Report: 6/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/24/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beinecke, Bridgette (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 2320 Tom Miller St Austin, TX 78723	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) Architectural Project Manager		<b>10</b> Employer (See Instructions) Beinecke Preservation Planning and Project Management	
Date  07/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berry, Clare (Ms.)  ..... Contributor address; City; State; Zip Code 1505 Brentwood Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bilodeau, James (Mr.)  ..... Contributor address; City; State; Zip Code 502 E. Mary Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) PreFix Inc.	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blythe, Sharon (Ms.)  ..... Contributor address; City; State; Zip Code 9206 Brigadoon Cove Austin, TX 78750	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) State of Texas	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bornstein, Sue (Ms.)  ..... Contributor address; City; State; Zip Code 909 Post Oak St. Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) PATH Advantage Associated	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 5/58 Report: 7/89

**2** FILER NAME Tovo, Kathrynne (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00005000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/24/2014 Boston, David (Mr.)

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4004 Vineland Dr.  
Austin, TX 78722

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/17/2014 Boyle, James (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
7509 Stepdawn Cove  
Austin, TX 78731

\$50.00

(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# \_\_\_\_\_)  
07/31/2014 Brown, Lisa (Ms.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
P.O. Box 4767  
Austin, TX 78765

\$50.00

(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# \_\_\_\_\_)  
09/23/2014 Brown, Lucy (Ms.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1616 Westlake Dr  
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Real estate investor

Employer (See Instructions)  
Self-employed

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/22/2014 Brown, Sharon (Ms.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4213 Ave. F  
Austin, TX 78751

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 7/58 Report: 9/89

**2** FILER NAME Tovo, Kathrynne (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00005000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
07/15/2014 Buttrey, Barbara (Ms.)

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
103 West 33rd  
Austin, TX 78705

\$50.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/24/2014 Buttrey, Barbara (Ms.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
103 West 33rd  
Austin, TX 78705

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
07/15/2014 Buttrey, Jerrold (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
103 West 33rd  
Austin, TX 78705

\$50.00

(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# \_\_\_\_\_)  
09/24/2014 Buttrey, Jerrold (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
103 W 33rd St  
Austin, TX 78705

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
08/17/2014 Cabaniss, Boyce (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
209 East Elizabeth  
Austin, TX 78704

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/58 Report: 10/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  08/02/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cabluck, Ellen (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 1808 Eva St Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  08/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cabluck, Harry (Mr.)  ..... Contributor address; City; State; Zip Code 1808 Eva St Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Elizabeth (Ms.)  ..... Contributor address; City; State; Zip Code 3011 West Ave Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cannatti, Mike (Mr.)  ..... Contributor address; City; State; Zip Code 2100 Stamford Ln. Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Terrile, Cannatti, Chambers & Holland, LLP	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartlidge, Ron (Mr.)  ..... Contributor address; City; State; Zip Code 1802 Woodland Ave Austin, TX 78741	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/58 Report: 11/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  07/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartidge, Sharon (Ms.)  6 Contributor address; City; State; Zip Code 1802 Woodland Ave Austin, TX 78741	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catterall, Kate (Ms.)  Contributor address; City; State; Zip Code 408 West Johanna St Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catterall, Matt (Mr.)  Contributor address; City; State; Zip Code 408 West Johanna St Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chafetz, Norm (Mr.)  Contributor address; City; State; Zip Code 11000 Rustic Manor Ln Austin, TX 78750	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cocke, Paula (Ms.)  Contributor address; City; State; Zip Code 1608 West Ninth Street Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 10/58 Report: 12/89

**2** FILER NAME Tovo, Kathrynne (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00005000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
07/16/2014 Coldiron, Ron (Mr.)

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6509 Marblewood  
Austin, TX 78731

\$25.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/24/2014 Coldwell, George (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
710 West Gibson  
Austin, TX 78704

\$102.00

(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# \_\_\_\_\_)  
09/25/2014 Cole, Allan (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
803 Park Blvd  
Austin, TX 78704

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Professor/Associate Dean

Employer (See Instructions)  
UT Austin

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
07/03/2014 Conner, David (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3820 Avenue F  
Austin, TX 78751

\$15.00

(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# \_\_\_\_\_)  
09/25/2014 Conner, David (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3820 Avenue F  
Austin, TX 78751

\$10.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 11/58 Report: 13/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/16/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Lanette (Ms.) ..... <b>6</b> Contributor address; City; State; Zip Code 5008 Eilers Ave Austin, TX 78751	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Courtade, Alexander (Mr.) ..... Contributor address; City; State; Zip Code 609 W 35th St Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, Chris (Ms.) ..... Contributor address; City; State; Zip Code 1604 Leigh Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Art Gallery Director		Employer (See Instructions) Women and Their Work	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Dan (Mr.) ..... Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Lindsey (Ms.) ..... Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/58 Report: 14/89

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

08/25/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Crow, Steven (Mr.)

6 Contributor address; City; State; Zip Code  
3018 West Ave.  
Austin, TX 78705

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/02/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Crumpton, Carolyn (Ms.)

Contributor address; City; State; Zip Code  
4808 Avenue F  
Austin, TX 78751

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Psychologist

Employer (See Instructions)  
Self-employed

Date

09/24/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Curry, Michael (Mr.)

Contributor address; City; State; Zip Code  
700 Lavaca  
Suite 1400  
Austin, TX 78701

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Mediator

Employer (See Instructions)  
Self-employed

Date

09/19/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
DasGupta, Sumit (Mr.)

Contributor address; City; State; Zip Code  
8900 Bluegrass Dr  
Austin, TX 78759

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date

09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Denko, John Scott (Mr.)

Contributor address; City; State; Zip Code  
1506 West 31st St  
Austin, TX 78703

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1 PAGE #**  
Schedule: 13/58 Report: 15/89

**2 FILER NAME** Tovo, Kathrynne (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
00005000

**4 Date** 09/20/2014  
**5 Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Dileo, Michael (Mr.)

**6 Contributor address; City; State; Zip Code**  
9 Niles Rd  
Austin, TX 78703

**7 Amount of contribution (\$)** | **8 In-kind contribution description (if applicable)**  
\$350.00 |

(If travel outside of Texas, complete Schedule T)

**9 Principal occupation / Job title (See Instructions)**  
Teacher

**10 Employer (See Instructions)**  
Austin Waldorf School

**Date** 09/22/2014  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Dittmar, Ronald (Mr.)

**Contributor address; City; State; Zip Code**  
904 Ebony  
Austin, TX 78704

**Amount of contribution (\$)** | **In-kind contribution description (if applicable)**  
\$100.00 |

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date** 09/25/2014  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Doherty, Penelope (Ms.)

**Contributor address; City; State; Zip Code**  
914 E 49th St  
Austin, TX 78751

**Amount of contribution (\$)** | **In-kind contribution description (if applicable)**  
\$50.00 |

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date** 07/18/2014  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Downer, Jane (Ms.)

**Contributor address; City; State; Zip Code**  
517 East Mary  
Austin, TX 78704

**Amount of contribution (\$)** | **In-kind contribution description (if applicable)**  
\$100.00 |

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date** 09/16/2014  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Dunn, Beverly (Ms.)

**Contributor address; City; State; Zip Code**  
607 Patterson Ave.  
Austin, TX 78703

**Amount of contribution (\$)** | **In-kind contribution description (if applicable)**  
\$25.00 |

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 14/58 Report: 16/89	
<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00005000	
<b>4 Date</b>  09/10/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Eckelcamp, Carol (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 1204 Brentwood Rd Austin, TX 78722	<b>7 Amount of contribution (\$)</b>  \$25.00	<b>8 In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  09/22/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Mary Dale (Ms.)  <b>Contributor address; City; State; Zip Code</b> 1704 W Ave. Austin, TX 78701	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  09/16/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Embree, Alice (Ms.)  <b>Contributor address; City; State; Zip Code</b> 1210 Norwood Rd. Austin, TX 78722	<b>Amount of contribution (\$)</b>  \$20.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  09/20/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Faris, Mary (Ms.)  <b>Contributor address; City; State; Zip Code</b> 2400 Elm Glen Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> N/A	
<b>Date</b>  07/17/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Fath, Shudde (Ms.)  <b>Contributor address; City; State; Zip Code</b> 1006 Bluebonnet Ln Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/58 Report: 17/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Faust, Sarah (Ms.)  6 Contributor address; City; State; Zip Code 821 E. 53rd St Austin, TX 78751	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferguson, Frances (Ms.)  Contributor address; City; State; Zip Code 1013 Harwood Place Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fink, Tom (Mr.)  Contributor address; City; State; Zip Code 2607 S. 3rd St Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Finnell, Susanna (Ms.)  Contributor address; City; State; Zip Code 700 West Monroe St Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fiske, Patricia (Ms.)  Contributor address; City; State; Zip Code 2601 Del Curto Rd #103 Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) N/A			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 16/58 Report: 18/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date 08/13/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Nicole (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 312 Eanes School Rd Austin, TX 78746	<b>7</b> Amount of contribution (\$) \$350.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions) Senior Vice President		<b>10</b> Employer (See Instructions) City Real Estate Advisors Inc.	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fries, Mark (Mr.)  Contributor address; City; State; Zip Code 4105 Avenue B Austin, TX 78751	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gaston, George (Mr.)  Contributor address; City; State; Zip Code 715 Carolyn Ave. Austin, TX 78705	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Republic National Distributing Co.	
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gaston, Merianne (Ms.)  Contributor address; City; State; Zip Code 715 Carolyn Ave. Austin, TX 78705	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gealy, Susanne (Ms.)  Contributor address; City; State; Zip Code 3310 Bryker Dr. Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 17/58 Report: 19/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/10/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gest, Darrell (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1204 Brentwood Rd Austin, TX 78722	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gettelman, Barbara (Ms.)  Contributor address; City; State; Zip Code 505 Lockhart Dr Austin, TX 78704	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gill, Hubert (Mr.)  Contributor address; City; State; Zip Code 1707 Palma Plaza Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillespie, Alexandra (Ms.)  Contributor address; City; State; Zip Code 909 Post Oak St. Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) PATH Advantage Associated	
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gimson, Susana (Ms.)  Contributor address; City; State; Zip Code 610 Harthan St Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 18/58 Report: 20/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/25/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Girard, Denise (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 4520 Red River St Austin, TX 78751	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  08/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Israel (Mr.)  ..... Contributor address; City; State; Zip Code 3501 Manor Rd Austin, TX 78723	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Civil Engineer/Land Surveyor		Employer (See Instructions) IT Gonzalez Engineers	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodman, Kim (Ms.)  ..... Contributor address; City; State; Zip Code 4416 Sam Bass Rd. Round Rock, TX 78681	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, William (Mr.)  ..... Contributor address; City; State; Zip Code 6103 Cary Dr. Austin, TX 78757	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gosselink, Margaret (Ms.)  ..... Contributor address; City; State; Zip Code 903 West 14th St Austin, TX 78701	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 19/58 Report: 21/89

**2** FILER NAME Tovo, Kathrynne (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

00005000

**4** Date

09/20/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Grady-Sessa, Ellen (Ms.)

**6** Contributor address; City; State; Zip Code  
813 James St  
Austin, TX 78704

**7** Amount of contribution (\$)

\$150.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

07/31/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Greenberg, Alan (Mr.)

Contributor address; City; State; Zip Code  
5400 Woodview Ave  
Austin, TX 78756

Amount of contribution (\$)

\$60.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Guerra, Luis (Mr.)

Contributor address; City; State; Zip Code  
1808 Kerr St  
Austin, TX 78704

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Manager

Employer (See Instructions)  
Self-employed

Date

07/06/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Guerrero, Linda (Ms.)

Contributor address; City; State; Zip Code  
3204 Fairfax Walk  
Austin, TX 78705

Amount of contribution (\$)

\$65.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Guerrero, Linda (Ms.)

Contributor address; City; State; Zip Code  
3204 Fairfax Walk  
Austin, TX 78705

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 20/58 Report: 22/89

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00005000

4 Date  
09/21/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Guthikonda, Amini (Ms.)

6 Contributor address; City; State; Zip Code  
P.O. Box 200388  
Austin, TX 78720

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Yoga Instructor/Student

10 Employer (See Instructions)  
Self-employed

Date  
09/21/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Guthikonda, Gopal (Mr.)

Contributor address; City; State; Zip Code  
P.O. Box 200388  
Austin, TX 78720

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)  
CP&Y Inc.

Date  
09/05/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hall, Elizabeth (Ms.)

Contributor address; City; State; Zip Code  
2509 Hartford Rd  
Austin, TX 78703

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$175.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09/05/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hall, Michael (Mr.)

Contributor address; City; State; Zip Code  
2509 Hartford Rd  
Austin, TX 78703

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$175.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/01/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hanlon, Ellie (Ms.)

Contributor address; City; State; Zip Code  
4801 Caswell Ave  
Austin, TX 78751

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/58 Report: 23/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanna, Jett (Mr.)  6 Contributor address; City; State; Zip Code 6112 Highlandale Dr. Austin, TX 78731	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Texas Lawyers' Insurance	
Date  09/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harden, Joi (Ms.)  Contributor address; City; State; Zip Code 10507 Cooper Hill Dr. Austin, TX 78758	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harriman, Suzie (Ms.)  Contributor address; City; State; Zip Code 2304 Euclid Ave. Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Lisa (Ms.)  Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harry, Thomas (Mr.)  Contributor address; City; State; Zip Code 606 West Lynn St #10 Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor/Physician		Employer (See Instructions) Texas A&M/Baylor, Scott & White Hospital	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/58 Report: 24/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  08/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harter, Steven (Mr.)  6 Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Chairman		10 Employer (See Instructions) Texas Taxi, Inc.	
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harter, Suzanne (Ms.)  Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Anne (Ms.)  Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Harutunian Engineering, Inc.	
Date  09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Kegham (Mr.)  Contributor address; City; State; Zip Code 21 Stillmeadow Round Rock, TX 78664	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Harutunian Engineering, Inc.	
Date  09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Shant (Mr.)  Contributor address; City; State; Zip Code 21 Stillmeadow Round Rock, TX 78664	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Harutunian Engineering, Inc.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/58 Report: 25/89	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Takoohy (Mr.)  6 Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Harutunian Engineering, Inc.	
4 Date  09/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Vigain (Mr.)  6 Contributor address; City; State; Zip Code 21 Stillmeadow Round Rock, TX 78664	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Mechanical Engineer		10 Employer (See Instructions) Harutunian Engineering, Inc.	
4 Date  09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hatch, Donald (Mr.)  6 Contributor address; City; State; Zip Code 2101 Newton Austin, TX 78704	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hatch, Tom (Mr.)  6 Contributor address; City; State; Zip Code 1102-B East 8th St Austin, TX 78702	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) Hatch, Ulland, Owen Architects	
4 Date  09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hatfield, Richard (Mr.)  6 Contributor address; City; State; Zip Code 5403 Musket Ridge Austin, TX 78759	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/58 Report: 26/89	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heath, Jena (Ms.)  6 Contributor address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heinen, Anne (Ms.)  Contributor address; City; State; Zip Code 3010 Washington Sq. Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herczeg, Laszlo (Mr.)  Contributor address; City; State; Zip Code 5003 Spicewood Springs Rd Austin, TX 78759	Amount of contribution (\$)  \$199.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herndon, David (Mr.)  Contributor address; City; State; Zip Code 2903 Tarry Trail Austin, TX 78703	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herndon, Dealey (Ms.)  Contributor address; City; State; Zip Code 2903 Tarry Trail Austin, TX 78703	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 25/58 Report: 27/89

**2** FILER NAME Tovo, Kathrynne (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00005000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
07/15/2014 Hibbetts, Alegria Arce (Ms.)

**6** Contributor address; City; State; Zip Code  
110 West 33rd St  
Austin, TX 78705

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

\$50.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
CPA

**10** Employer (See Instructions)  
Self

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
07/15/2014 Hibbetts, Charles (Mr.)

Contributor address; City; State; Zip Code  
110 West 33rd St  
Austin, TX 78705

Amount of contribution (\$) In-kind contribution description (if applicable)

\$50.00

(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# \_\_\_\_\_)  
08/26/2014 Hill, Jo Vanna (Ms.)

Contributor address; City; State; Zip Code  
6410 Oak Masters Dr  
Spring, TX 77379

Amount of contribution (\$) In-kind contribution description (if applicable)

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Homemaker

Employer (See Instructions)  
N/A

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
08/26/2014 Hill, Martyn (Mr.)

Contributor address; City; State; Zip Code  
6410 Oak Masters Dr  
Spring, TX 77379

Amount of contribution (\$) In-kind contribution description (if applicable)

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Pagel, David & Hill, PC

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/17/2014 Hinckley Boyle, Carolyn (Ms.)

Contributor address; City; State; Zip Code  
7509 Stepdown Cove  
Austin, TX 78731

Amount of contribution (\$) In-kind contribution description (if applicable)

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 26/58 Report: 28/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  07/25/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoberman, Louisa (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 2637 West 49th St Austin, TX 78731	<b>7</b> Amount of contribution (\$)  \$20.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoffman, Lisa (Ms.)  Contributor address; City; State; Zip Code 5102 Avenue G Austin, TX 78758	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Jo Sue (Ms.)  Contributor address; City; State; Zip Code 1801 West Ave. Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Seton Family of Hospitals	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Islam, Rashed (Mr.)  Contributor address; City; State; Zip Code 11901 Palisades Pkwy Austin, TX 78732	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ivey, Virginia (Ms.)  Contributor address; City; State; Zip Code 504 Pecan Grove Rd Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/58 Report: 29/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 07/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jansa, Ruth (Ms.) ..... 6 Contributor address; City; State; Zip Code 4713 Duval St Austin, TX 78751	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimenez, Kisla (Ms.) ..... Contributor address; City; State; Zip Code 3012 West Ave. Austin, TX 78705	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, D'Ann (Ms.) ..... Contributor address; City; State; Zip Code 1604 East 11th St Austin, TX 78702	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Legal Aid		Employer (See Instructions) Texas Rio Grande Legal Aid	
Date 07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Christina (Ms.) ..... Contributor address; City; State; Zip Code 3912 Mattie St Austin, TX 78723	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Russell (Mr.) ..... Contributor address; City; State; Zip Code 808 East 30th St Unit C Austin, TX 78705	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 28/58 Report: 30/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/04/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justice, Ellen (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 802 Winflo Dr. Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  07/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kaler, Robert (Mr.)  ..... Contributor address; City; State; Zip Code 207 East 34th St Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kallendorf Spear, Carol (Ms.)  ..... Contributor address; City; State; Zip Code 1704 Briar St Austin, TX 78704	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kargbo, Christy (Ms.)  ..... Contributor address; City; State; Zip Code 8834 Honeysuckle Tr Austin, TX 78759	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner/Instructor		Employer (See Instructions) TKO Swim	
Date  08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kargbo, Edward (Mr.)  ..... Contributor address; City; State; Zip Code 8834 Honeysuckle Tr Austin, TX 78759	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Yellow Cab Austin	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/58 Report: 31/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  07/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karoly, David (Mr.)  6 Contributor address; City; State; Zip Code 2610 Friar Tuck Lane Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) Cirrus Logic	
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keeton, Carole (Ms.)  Contributor address; City; State; Zip Code 2904 Bowman Ave Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Karen (Ms.)  Contributor address; City; State; Zip Code 3701 Bonnie Rd Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Family Partner		Employer (See Instructions) Self-employed	
Date  08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Mike (Mr.)  Contributor address; City; State; Zip Code 2603 Carnarvon Ln Austin, TX 78704	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendall, Joseph (Mr.)  Contributor address; City; State; Zip Code 801 W. Gibson Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 30/58 Report: 32/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Sara (Ms.)  6 Contributor address; City; State; Zip Code 4105 Avenue B Austin, TX 78751	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kern, Paulette (Ms.)  6 Contributor address; City; State; Zip Code 2705 Twin Oaks Austin, TX 78757	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Jennifer (Ms.)  6 Contributor address; City; State; Zip Code 1000 E Cesar Chavez Austin, TX 78702	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  07/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Paul (Mr.)  6 Contributor address; City; State; Zip Code 10524 Roy Butler Dr. Austin, TX 78717	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) ATX Environmental Solutions	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  07/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Sarah (Ms.)  6 Contributor address; City; State; Zip Code 10524 Roy Butler Dr. Austin, TX 78717	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) N/A	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 31/58 Report: 33/89

**2** FILER NAME Tovo, Kathrynne (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00005000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/25/2014 King, David (Mr.)

**6** Contributor address; City; State; Zip Code  
1808 Kerr St  
Austin, TX 78704

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

\$150.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
08/29/2014 Kirkpatrick, Mark (Mr.)

Contributor address; City; State; Zip Code  
718 Patterson Ave.  
Austin, TX 78703

Amount of contribution (\$) In-kind contribution description (if applicable)

\$150.00

(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# \_\_\_\_\_)  
09/25/2014 Kuykendall, Chris (Mr.)

Contributor address; City; State; Zip Code  
4100 Avenue C, No 103  
Austin, TX 78751

Amount of contribution (\$) In-kind contribution description (if applicable)

\$125.00

(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# \_\_\_\_\_)  
09/07/2014 Kyle, Catherine (Ms.)

Contributor address; City; State; Zip Code  
2700 Mountain Laurel Ln  
Austin, TX 78703

Amount of contribution (\$) In-kind contribution description (if applicable)

\$125.00

(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# \_\_\_\_\_)  
08/01/2014 Labow, Joanna (Ms.)

Contributor address; City; State; Zip Code  
2530 Longview  
Austin, TX 78705

Amount of contribution (\$) In-kind contribution description (if applicable)

\$30.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/58 Report: 35/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leibrock, Eric (Mr.)  6 Contributor address; City; State; Zip Code 802 Winflo Dr Austin, TX 78703	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levinski, Bobby (Mr.)  Contributor address; City; State; Zip Code 3979 River Place Blvd Austin, TX 78730	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Dawn (Ms.)  Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Fred (Mr.)  Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Kevin (Mr.)  Contributor address; City; State; Zip Code 1002 Bouldin Ave. Austin, TX 78704	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Buyer		Employer (See Instructions) Whole Earth Provision Co.	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/58 Report: 36/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  08/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, John (Mr.)  6 Contributor address; City; State; Zip Code 908 Calle Limon Austin, TX 78702	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, John (Mr.)  Contributor address; City; State; Zip Code 908 Calle Limon Austin, TX 78702	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Little, Emily (Ms.)  Contributor address; City; State; Zip Code 1001 East 8th St Austin, TX 78702	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowerre, Richard (Mr.)  Contributor address; City; State; Zip Code 725 Patterson Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lowerre, Frederick, Perales, Allmon & Rockwell	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maclaine, Nancy (Ms.)  Contributor address; City; State; Zip Code 2302 Del Curto Rd Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software tester		Employer (See Instructions) Imperva	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 35/58 Report: 37/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  08/05/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Magierski, Brian (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 11 Niles Rd Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) CEO		<b>10</b> Employer (See Instructions) Appconomy	
<b>Date</b>  08/01/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Mahon, Keith (Mr.)  <b>Contributor address; City; State; Zip Code</b> 38 Silver Maple Place The Woodlands, TX 77382	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Geologist		<b>Employer (See Instructions)</b> Anadarko	
<b>Date</b>  09/09/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Marak-Walker, Helen (Ms.)  <b>Contributor address; City; State; Zip Code</b> 4320 Scales St Austin, TX 78723	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  09/22/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Carol (Ms.)  <b>Contributor address; City; State; Zip Code</b> 1901 Travis Heights Blvd Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  08/05/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Cecile (Ms.)  <b>Contributor address; City; State; Zip Code</b> 411 Meadowlakes Dr Meadowlakes, TX 78654	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 36/58 Report: 38/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Sam (Mr.)  6 Contributor address; City; State; Zip Code 1901 Travis Heights Blvd Austin, TX 78704	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) State Employee		10 Employer (See Instructions) Teacher Retirement System of Texas	
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Diana (Ms.)  Contributor address; City; State; Zip Code 510 East 7th Houston, TX 77007	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Roman (Mr.)  Contributor address; City; State; Zip Code 510 East 7th Houston, TX 77007	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Taxi, Inc.	
Date  09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mather, Jean (Ms.)  Contributor address; City; State; Zip Code 1611 Alameda Dr. Austin, TX 78704	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathews, Elloa (Ms.)  Contributor address; City; State; Zip Code 2610 Friar Tuck Ln. Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Writer/Tutor		Employer (See Instructions) Self	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 38/58 Report: 40/89	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGraw, Karen (Ms.)  6 Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McHorse, Cathy (Ms.)  6 Contributor address; City; State; Zip Code 5202 Turnabout Ln Austin, TX 78731	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  08/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLellan, William (Mr.)  6 Contributor address; City; State; Zip Code 613 West 33rd St Austin, TX 78705	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McMurtry, Alan (Mr.)  6 Contributor address; City; State; Zip Code 5901 Cary Dr Austin, TX 78757	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Wholesaler		10 Employer (See Instructions) AMC Company	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McMurtry, Nancy (Ms.)  6 Contributor address; City; State; Zip Code 5901 Cary Dr Austin, TX 78757	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Bookkeeper		10 Employer (See Instructions) AMC Company	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 39/58 Report: 41/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/14/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meisenbach, Albert (Mr.)  ..... <b>6</b> Contributor address; City; State; Zip Code 1800 San Gabriel St. Austin, TX 78701	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meisenbach, Megan (Mrs.)  ..... Contributor address; City; State; Zip Code 1800 San Gabriel St. Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melancon, Rebecca (Ms.)  ..... Contributor address; City; State; Zip Code 509 East 38th St Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merriam, Rosemary (Ms.)  ..... Contributor address; City; State; Zip Code 800 West Lynn Street Austin, TX 78703	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mick, Dennis (Mr.)  ..... Contributor address; City; State; Zip Code 4305 Scales St Austin, TX 78723	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/58 Report: 42/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Millea, Susan (Ms.)  6 Contributor address; City; State; Zip Code 5806 Marilyn Dr Austin, TX 78757	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Deron (Mr.)  Contributor address; City; State; Zip Code 1308 Old 19th St Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Gayle (Ms.)  Contributor address; City; State; Zip Code 720 Park Blvd Austin, TX 78751	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self-employed	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Marye (Ms.)  Contributor address; City; State; Zip Code 1308 Old 19th St Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller III, Laurence (Mr.)  Contributor address; City; State; Zip Code P.O. Box 49130 Austin, TX 78765	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director/President		Employer (See Instructions) Baluarte Creek Inc.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 41/58 Report: 43/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/23/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Margaret (Ms.)  ..... <b>6</b> Contributor address: City; State; Zip Code 1704 E 40th St Austin, TX 78722	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, John Kirk (Mr.)  ..... Contributor address: City; State; Zip Code P.O. Box 4023 Austin, TX 78767	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Securities Investment		Employer (See Instructions) Self-Employed	
Date  07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monroe, William (Mr.)  ..... Contributor address: City; State; Zip Code 1606 Pearl St Austin, TX 78701	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murphy, Sarah (Ms.)  ..... Contributor address: City; State; Zip Code 13600 Breton Ridge St Bldg 22A Houston, TX 77070	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Pharmaceutical Rep		Employer (See Instructions) Teva	
Date  09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Naeve, Chuck (Mr.)  ..... Contributor address: City; State; Zip Code 6507 Lost Cove Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 42/58 Report: 44/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/07/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nixon, Mark (Mr.)  ..... <b>6</b> Contributor address; City; State; Zip Code 2700 Mountain Laurel Ln Austin, TX 78703	<b>7</b> Amount of contribution (\$)   <b>8</b> In-kind contribution description (if applicable)  \$125.00    ..... (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  08/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nuckols, Tom (Mr.)  ..... Contributor address; City; State; Zip Code 2910 Kassarine Pass Austin, TX 78704	Amount of contribution (\$)   In-kind contribution description (if applicable)  \$350.00    ..... (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County	
Date  07/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Hara, Beverly (Ms.)  ..... Contributor address; City; State; Zip Code 555 East 5th Suit 2725 Austin, TX 78701	Amount of contribution (\$)   In-kind contribution description (if applicable)  \$250.00    ..... (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  07/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Hara, William (Mr.)  ..... Contributor address; City; State; Zip Code 555 East 5th Suit 2725 Austin, TX 78701	Amount of contribution (\$)   In-kind contribution description (if applicable)  \$250.00    ..... (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Overton, Linda (Ms.)  ..... Contributor address; City; State; Zip Code 801 West Gibson St Austin, TX 78704	Amount of contribution (\$)   In-kind contribution description (if applicable)  \$25.00    ..... (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 43/58 Report: 45/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date 09/24/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pascoe, Neil (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2502 Hartford Rd. Austin, TX 78703	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 09/24/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pascoe, Susan (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 2502 Hartford Rd. Austin, TX 78703	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 09/24/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick, Mary (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 612 Genard St. Austin, TX 78751	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 07/13/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patterson, Bradford (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1311 Newton St. Austin, TX 78704	<b>7</b> Amount of contribution (\$) \$75.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 09/24/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Piche, Stephen (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 508 Harris Ave. Austin, TX 78705	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Engineer		<b>10</b> Employer (See Instructions) NeuCo	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 44/58 Report: 46/89

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/24/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Pounds, Shannon (Ms.)

6 Contributor address; City; State; Zip Code  
3304 Kerbey Ln  
Austin, TX 78703

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/15/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Presti, Diane (Ms.)

Contributor address; City; State; Zip Code  
205 Park Ln  
Austin, TX 78704

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
None

Date

09/20/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ramsey, Frances (Ms.)

Contributor address; City; State; Zip Code  
2401 Pemberton Place  
Austin, TX 78703

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date

07/17/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ratliff, Gay (Ms.)

Contributor address; City; State; Zip Code  
3509 Hampton Rd.  
Austin, TX 78705

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Interior Design

Employer (See Instructions)  
Gay Ratliff Interiors

Date

07/17/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ratliff, Shannon (Mr.)

Contributor address; City; State; Zip Code  
3509 Hampton Rd.  
Austin, TX 78705

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Ratliff Law

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/58 Report: 47/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reddy, Ian (Mr.)  6 Contributor address; City; State; Zip Code 1924 Newning Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richards, Daniel (Mr.)  Contributor address; City; State; Zip Code 816 Congress Ave. Suite 1200 Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed	
Date  08/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rips, Geoff (Mr.)  Contributor address; City; State; Zip Code 1311 Ardenwood Rd Austin, TX 78722	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Jane (Ms.)  Contributor address; City; State; Zip Code 1000 Glen Oaks Ct. Austin, TX 78702	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roalson, Brad (Mr.)  Contributor address; City; State; Zip Code 2006 S, 2nd St Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 46/58 Report: 48/89	
<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00005000	
<b>4 Date</b>  09/20/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Roalson, Shay (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 2006 S, 2nd St Austin, TX 78704	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> Engineer		<b>10 Employer (See Instructions)</b> HDR Engineering Inc	
<b>Date</b>  08/26/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, James (Mr.)  <b>Contributor address; City; State; Zip Code</b> 7515 Santa Fe Dr Houston, TX 77061	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Vice President		<b>Employer (See Instructions)</b> Texas Taxi, Inc.	
<b>Date</b>  07/28/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sanderson, Stephen (Mr.)  <b>Contributor address; City; State; Zip Code</b> 4103 Avenue F Austin, TX 78751	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  09/18/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Saxena, Shubhada (Ms.)  <b>Contributor address; City; State; Zip Code</b> 67 St Stephens School Rd Austin, TX 78746	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Social Work Student		<b>Employer (See Instructions)</b> N/A	
<b>Date</b>  09/13/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, Nancy (Ms.)  <b>Contributor address; City; State; Zip Code</b> 4513 Balcones Dr. Austin, TX 78731	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>          <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Photographer		<b>Employer (See Instructions)</b> Self-employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 47/58 Report: 49/89	
<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00005000	
<b>4 Date</b>  09/21/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 2609 Sherwood Ln. Austin, TX 78704	<b>7 Amount of contribution (\$)</b>  \$350.00	<b>8 In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> Political Organizer		<b>10 Employer (See Instructions)</b> Texas Campaign for the Environment	
<b>Date</b>  07/01/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Schwitters, Karen (Ms.)  <b>Contributor address; City; State; Zip Code</b> 1115 West 7th St #300 Austin, TX 78703	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  09/25/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Seeger, Gary (Mr.)  <b>Contributor address; City; State; Zip Code</b> 6705 Winterberry Dr Austin, TX 78750	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Management		<b>Employer (See Instructions)</b> Infoglide, A FICO Company	
<b>Date</b>  09/20/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sessa, Robert (Mr.)  <b>Contributor address; City; State; Zip Code</b> 813 James St Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  08/13/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Shieh, James (Mr.)  <b>Contributor address; City; State; Zip Code</b> 2901 Windsor Rd Austin, TX 78703	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 48/58 Report: 50/89	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  08/01/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shipley, Thomas (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 300 Bowie St #2503 Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  07/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sibley, Jane (Ms.) <hr/> Contributor address; City; State; Zip Code 2210 Windsor Rd Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  08/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sisson, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code 7205 Daugherty St Austin, TX 78757	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, David (Mr.) <hr/> Contributor address; City; State; Zip Code P.O. Box 537 Austin, TX 78767	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Gregory (Mr.) <hr/> Contributor address; City; State; Zip Code 1912 Ridgemont Dr Austin, TX 78723	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/58 Report: 51/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Mark (Mr.)  6 Contributor address; City; State; Zip Code 1 Northknoll Circle Longview, TX 75601	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) DXP Enterprises	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Mark C (Mr.)  Contributor address; City; State; Zip Code 7817 El Dorado Dr. Austin, TX 78737	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Patricia (Ms.)  Contributor address; City; State; Zip Code 1010 Westland Ridge Dripping Springs, TX 78620	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Snyder, Suzanne (Ms.)  Contributor address; City; State; Zip Code 4100 Jackson Ave. #205 Austin, TX 78731	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Soeur, Channy (Mr.)  Contributor address; City; State; Zip Code 7908 Cameron Rd Austin, TX 78754	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CAS Consulting	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 50/58 Report: 52/89

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00005000

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
08/26/2014 Spears, David (Mr.)

6 Contributor address; City; State; Zip Code  
13600 Breton Ridge St Bldg 22A  
Houston, TX 77070

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
GM of Contact Services

10 Employer (See Instructions)  
Greater Houston Transportation

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/03/2014 Speer, Jack (Mr.)

Contributor address; City; State; Zip Code  
1704 Briar St  
Austin, TX 78704

Amount of contribution (\$) In-kind contribution description (if applicable)

\$175.00

(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# \_\_\_\_\_)  
08/27/2014 Sprinkle, Patricia (Ms.)

Contributor address; City; State; Zip Code  
1114 Fieldcrest Dr.  
Austin, TX 78704

Amount of contribution (\$) In-kind contribution description (if applicable)

\$50.00

(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# \_\_\_\_\_)  
09/06/2014 Stonewall Democrats of Austin PAC

Contributor address; City; State; Zip Code  
P.O. Box 40898  
Austin, TX 78704

Amount of contribution (\$) In-kind contribution description (if applicable)

\$50.00

(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# \_\_\_\_\_)  
07/17/2014 Stott, William (Mr.)

Contributor address; City; State; Zip Code  
1818 Vance Cir  
Austin, TX 78701

Amount of contribution (\$) In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 51/58 Report: 53/89	
<b>2</b> FILER NAME Tovo, Kathryn (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  09/22/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strayhorn, Eddie (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2812 Buckeye Trail Cedar Park, TX 78613	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strubel, John (Mr.)  Contributor address; City; State; Zip Code 10801 Plumewood Dr, Austin, TX 78750	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swaffar, Bob (Mr.)  Contributor address; City; State; Zip Code 906 West 17th St Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Team, Lin (Ms.)  Contributor address; City; State; Zip Code 600 Bellevue Place Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Taxi PAC  Contributor address; City; State; Zip Code 919 Congress Ave. Suite 1500 Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/58 Report: 54/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomson, Phyllis (Ms.)  6 Contributor address; City; State; Zip Code 608 West Croslin St Austin, TX 78752	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tiemann, Donna (Ms.)  Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) City of Austin	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tipps, Lisa (Ms.)  Contributor address; City; State; Zip Code P.O. Box 300038 Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd, Wendy (Ms.)  Contributor address; City; State; Zip Code 709 East Monroe St Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torgrimson, Carol (Ms.)  Contributor address; City; State; Zip Code 6104 Maury's Trail Austin, TX 78730	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/58 Report: 55/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torgrimson, Peter (Mr.)  6 Contributor address; City; State; Zip Code 6104 Maury's Trail Austin, TX 78730	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trejo, Deborah (Ms.)  Contributor address; City; State; Zip Code 1717 Briar St Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trybus, Janis (Ms.)  Contributor address; City; State; Zip Code 1704 Kerr Austin, TX 78704	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John (Mr.)  Contributor address; City; State; Zip Code 2604 Geraghty Ave. Austin, TX 78757	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Austin Energy	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Varghese, Lesley (Ms.)  Contributor address; City; State; Zip Code 606 West Lynn St #10 Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director & General Counsel		Employer (See Instructions) Asian American Resource Center, Inc	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 54/58 Report: 56/89	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Volpe, Marzia (Ms.)  6 Contributor address; City; State; Zip Code 1912 Ridgemont Dr Austin, TX 78723	7 Amount of contribution (\$)  \$175.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wages, David Warren (Mr.)  Contributor address; City; State; Zip Code 406 Wildbird Dr Houston, TX 77373	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Greater Houston Transportation	
Date  09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Forrest (Mr.)  Contributor address; City; State; Zip Code 4320 Scales St Austin, TX 78723	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wallenstein, Debbie (Ms.)  Contributor address; City; State; Zip Code 504 East 49th St Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walton, Marsha (Ms.)  Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Ageless Living	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 55/58 Report: 57/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  09/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warmingham, George (Mr.)  6 Contributor address; City; State; Zip Code 800 West Lynn St. Austin, TX 78703	7 Amount of contribution (\$)  \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warneke, Bob (Mr.)  Contributor address; City; State; Zip Code 310 Le Grande Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warneke, Jean (Ms.)  Contributor address; City; State; Zip Code 310 Le Grande Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warner, Phyllis (Ms.)  Contributor address; City; State; Zip Code 5701 Trailridge Dr Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waugh, Gene (Ms.)  Contributor address; City; State; Zip Code 608 Harthan St Austin, TX 78703	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 56/58 Report: 58/89	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  08/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Way, Heather (Ms.)  6 Contributor address; City; State; Zip Code 2108 Wright St Austin, TX 78704	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney/Lecturer		10 Employer (See Instructions) University of Texas	
Date  08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weed, Betty (Ms.)  Contributor address; City; State; Zip Code 2218 Alta Vista Ave. Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weeks, Joelyn (Ms.)  Contributor address; City; State; Zip Code 6805 Moonmont Austin, TX 78745	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Werbner, Stuart (Mr.)  Contributor address; City; State; Zip Code 2118 Glendale Place Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, Bart (Mr.)  Contributor address; City; State; Zip Code 907 E 37th St Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1 PAGE #**  
Schedule: 58/58 Report: 60/89

**2 FILER NAME** Tovo, Kathrynne (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
00005000

**4 Date** 09/09/2014  
**5 Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Yevich, Elizabeth (Ms.)

**7 Amount of contribution (\$)** | **8 In-kind contribution description (if applicable)**

**6 Contributor address; City; State; Zip Code**  
2105 B Ann Arbor Ave.  
Austin, TX 78704

\$50.00

(If travel outside of Texas, complete Schedule T)

**9 Principal occupation / Job title (See Instructions)**

**10 Employer (See Instructions)**

**Date** 09/24/2014  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Zent, Shelley (Ms.)

**Amount of contribution (\$)** | **In-kind contribution description (if applicable)**

**Contributor address; City; State; Zip Code**  
5507 Lemonwood Dr.  
Austin, TX 78731

\$20.00

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**



# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 1/27 Report: 62/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 09/01/2014		<b>5 Payee name</b> AFL-CIO			
<b>6 Amount (\$)</b> \$145.00		<b>7 Payee address</b> City; State; Zip Code 1106 Lavaca St #200 Austin, TX 78701			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/01/2014		<b>Payee name</b> AFL-CIO			
<b>Amount (\$)</b> \$20.00		<b>Payee address</b> City; State; Zip Code 1106 Lavaca St #200 Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Tickets  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/15/2014		<b>Payee name</b> AT&T			
<b>Amount (\$)</b> \$56.73		<b>Payee address</b> City; State; Zip Code 5700 Burnet Road Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office internet services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/25/2014		<b>Payee name</b> AT&T			
<b>Amount (\$)</b> \$54.98		<b>Payee address</b> City; State; Zip Code 5700 Burnet Road Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office internet services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 2/27 Report: 63/89	<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00005000
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<b>4 Date</b> 07/17/2014	<b>5 Payee name</b> Athenian Bar and Grill
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<b>6 Amount (\$)</b> \$251.14	<b>7 Payee address</b> City; State; Zip Code 600 Congress Ste C150 Austin, TX 78701
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for grand opening  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/22/2014	<b>Payee name</b> Austin's Pizza
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<b>Amount (\$)</b> \$162.40	<b>Payee address</b> City; State; Zip Code 1600 W 35th St Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/01/2014	<b>Payee name</b> Bouldin Creek Neighborhood Association
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<b>Amount (\$)</b> \$168.00	<b>Payee address</b> City; State; Zip Code 904 Ebony St Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/22/2014	<b>Payee name</b> Breed & Co., Inc.
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<b>Amount (\$)</b> \$17.24	<b>Payee address</b> City; State; Zip Code 718 West 29th Street Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Art supplies for event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 3/27 Report: 64/89	<b>2 FILER NAME</b> Tovo, Kathryn (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00005000
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<b>4 Date</b> 07/01/2014	<b>5 Payee name</b> Butts, David (Mr.)
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<b>6 Amount (\$)</b> \$800.00	<b>7 Payee address</b> City; State; Zip Code 1914 Patton Ln Austin, TX 78723
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Consulting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/01/2014	<b>Payee name</b> Butts, David (Mr.)
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<b>Amount (\$)</b> \$800.00	<b>Payee address</b> City; State; Zip Code 1914 Patton Ln Austin, TX 78723
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political consulting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/01/2014	<b>Payee name</b> Butts, David (Mr.)
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<b>Amount (\$)</b> \$800.00	<b>Payee address</b> City; State; Zip Code 1914 Patton Ln Austin, TX 78723
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political consulting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/10/2014	<b>Payee name</b> Capitol Courier
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<b>Amount (\$)</b> \$43.50	<b>Payee address</b> City; State; Zip Code P.O. Box 3182 Austin, TX 78764
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Courier Services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/27 Report: 65/89	<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00005000
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<b>4 Date</b> 09/13/2014	<b>5 Payee name</b> Capitol Courier
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<b>6 Amount (\$)</b> \$11.75	<b>7 Payee address</b> City; State; Zip Code P.O. Box 3182 Austin, TX 78764
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Courier services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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<b>Date</b> 08/27/2014	<b>Payee name</b> Chambliss, Paul (Mr.)
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<b>Amount (\$)</b> \$1,125.00	<b>Payee address</b> City; State; Zip Code 16900 Fagerquist Rd. Del Valle, TX 78617
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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<b>Date</b> 09/12/2014	<b>Payee name</b> Chambliss, Paul (Mr.)
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<b>Amount (\$)</b> \$945.00	<b>Payee address</b> City; State; Zip Code 16900 Fagerquist Rd. Del Valle, TX 78617
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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<b>Date</b> 09/18/2014	<b>Payee name</b> CheckMark Typesetting
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<b>Amount (\$)</b> \$73.61	<b>Payee address</b> City; State; Zip Code 3217 N. IH 35 Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - badges  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1</b> PAGE # Schedule: 5/27 Report: 66/89	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 07/30/2014	<b>5</b> Payee name Cherrywood Neighborhood Association
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 4631 Austin, TX 78765
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/17/2014	<b>Payee name</b> Conans Pizza
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<b>Amount (\$)</b> \$171.85	<b>Payee address</b> City; State; Zip Code 603 W 29th St Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for grand opening  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/15/2014	<b>Payee name</b> Cricket Wireless
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<b>Amount (\$)</b> \$25.00	<b>Payee address</b> City; State; Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/19/2014	<b>Payee name</b> Cricket Wireless
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<b>Amount (\$)</b> \$43.33	<b>Payee address</b> City; State; Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 6/27 Report: 67/89	<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00005000
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<b>4 Date</b> 09/17/2014	<b>5 Payee name</b> Cricket Wireless
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<b>6 Amount (\$)</b> \$50.00	<b>7 Payee address</b> City; State; Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/15/2014	<b>Payee name</b> Dahl-Stamnes, Erika (Ms.)
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<b>Amount (\$)</b> \$187.00	<b>Payee address</b> City; State; Zip Code 10900 Research Blvd #1600 Austin, TX 78759
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/01/2014	<b>Payee name</b> Dahl-Stamnes, Erika (Ms.)
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<b>Amount (\$)</b> \$209.00	<b>Payee address</b> City; State; Zip Code 10900 Research Blvd #1600 Austin, TX 78759
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/15/2014	<b>Payee name</b> Dahl-Stamnes, Erika (Ms.)
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<b>Amount (\$)</b> \$242.00	<b>Payee address</b> City; State; Zip Code 10900 Research Blvd #1600 Austin, TX 78759
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# 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 how to complete this form.

1 PAGE # Schedule: 7/27 Report: 68/89	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 07/18/2014	5 Payee name David Thomas Photography
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 2004 B East 9th Street Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography services at opening event <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/01/2014	Payee name De Los Santos, Drew (Ms.)
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Amount (\$) \$1,250.00	Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for Campaign Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/15/2014	Payee name De Los Santos, Drew (Ms.)
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Amount (\$) \$1,250.00	Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for Campaign Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/01/2014	Payee name De Los Santos, Drew (Ms.)
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Amount (\$) \$1,250.00	Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1</b> PAGE # Schedule: 8/27 Report: 69/89	<b>2</b> FILER NAME Tovo, Kathryn (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 08/15/2014	<b>5</b> Payee name De Los Santos, Drew (Ms.)
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<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/01/2014	Payee name De Los Santos, Drew (Ms.)
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Amount (\$) \$1,250.00	Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/15/2014	Payee name De Los Santos, Drew (Ms.)
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Amount (\$) \$1,250.00	Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/17/2014	Payee name De Los Santos, Drew (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1</b> PAGE # Schedule: 9/27 Report: 70/89	<b>2</b> FILER NAME Tovo, Kathryn (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 07/30/2014	<b>5</b> Payee name DeMayo Cellular
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<b>6</b> Amount (\$) \$82.46	<b>7</b> Payee address City; State; Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/15/2014	Payee name Dynamic Reprographics
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Amount (\$) \$41.63	Payee address City; State; Zip Code 817 W 12th St Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copy services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/31/2014	Payee name Dynamic Reprographics
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Amount (\$) \$5.60	Payee address City; State; Zip Code 817 W 12th St Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copy services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/31/2014	Payee name Facebook, Inc.
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Amount (\$) \$10.00	Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1</b> PAGE # Schedule: 10/27 Report: 71/89	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 08/31/2014	<b>5</b> Payee name Facebook, Inc.
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<b>6</b> Amount (\$) \$15.62	<b>7</b> Payee address City; State; Zip Code 1601 Willow Road. Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/12/2014	Payee name Fagan, Dennis (Mr.)
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Amount (\$) \$59.40	Payee address City; State; Zip Code 1601 West 38th Street #202 Austin, TX 78731
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/17/2014	Payee name FedEx Office
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Amount (\$) \$40.03	Payee address City; State; Zip Code 6406 I-35 N Austin, TX 78752
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for grand opening  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/01/2014	Payee name Griffith Descendants, LLC
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Amount (\$) \$2,780.00	Payee address City; State; Zip Code 3536 Bee Caves Rd #310 Austin, TX 78746
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office rent  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 11/27 Report: 72/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 08/01/2014		<b>5 Payee name</b> Griffith Descendants, LLC			
<b>6 Amount (\$)</b> \$2,780.00		<b>7 Payee address City; State; Zip Code</b> 3536 Bee Caves Rd #310 Austin, TX 78746			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign office rent  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/01/2014		<b>Payee name</b> Griffith Descendants, LLC			
<b>Amount (\$)</b> \$2,780.00		<b>Payee address City; State; Zip Code</b> 3536 Bee Caves Rd #310 Austin, TX 78746			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign office rent  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/15/2014		<b>Payee name</b> Harland Clarke Corporation			
<b>Amount (\$)</b> \$25.03		<b>Payee address City; State; Zip Code</b> 10931 Laureate Drive Austin, TX 78249			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Accounting/Banking		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign check fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/15/2014		<b>Payee name</b> Haule, Margaret (Ms.)			
<b>Amount (\$)</b> \$220.00		<b>Payee address City; State; Zip Code</b> 3405 Texas Topaz Dr. Austin, TX 78728			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 12/27 Report: 73/89		<b>2 FILER NAME</b> Tovo, Kathryn (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 07/17/2014		<b>5 Payee name</b> HEB			
<b>6 Amount (\$)</b> \$12.36		<b>7 Payee address City; State; Zip Code</b> 1000 E. 41st Street Austin, TX 78751			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(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> <input type="checkbox"/> Drinks for grand opening <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/19/2014		<b>Payee name</b> HEB			
<b>Amount (\$)</b> \$11.37		<b>Payee address City; State; Zip Code</b> 2400 S. Congress Ave. Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Breakfast for block walkers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/22/2014		<b>Payee name</b> HEB			
<b>Amount (\$)</b> \$113.27		<b>Payee address City; State; Zip Code</b> 1801 East 51st Street Austin, TX 78723			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Food and Beverages for event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/22/2014		<b>Payee name</b> HEB Cafe Mueller			
<b>Amount (\$)</b> \$35.72		<b>Payee address City; State; Zip Code</b> 1801 East 51st Street Austin, TX 78723			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Lunch for campaign staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1</b> PAGE # Schedule: 13/27 Report: 74/89		<b>2</b> FILER NAME Tovo, Kathryn (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00005000	
<b>4</b> Date 07/01/2014		<b>5</b> Payee name Hughes, William (Mr.)			
<b>6</b> Amount (\$) \$1,650.00		<b>7</b> Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/15/2014		Payee name Hughes, William (Mr.)			
Amount (\$) \$1,650.00		Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/01/2014		Payee name Hughes, William (Mr.)			
Amount (\$) \$1,650.00		Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/15/2014		Payee name Hughes, William (Mr.)			
Amount (\$) \$1,650.00		Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**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 how to complete this form.

<b>1 PAGE #</b> Schedule: 14/27 Report: 75/89		<b>2 FILER NAME</b> Tovo, Kathryn (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 09/01/2014		<b>5 Payee name</b> Hughes, William (Mr.)			
<b>6 Amount (\$)</b> \$1,650.00		<b>7 Payee address City; State; Zip Code</b> 1009 Hillside Oaks Dr. Austin, TX 78745			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Salary for campaign services  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/15/2014		<b>Payee name</b> Hughes, William (Mr.)			
<b>Amount (\$)</b> \$1,650.00		<b>Payee address City; State; Zip Code</b> 1009 Hillside Oaks Dr. Austin, TX 78745			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Salary for campaign services  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/15/2014		<b>Payee name</b> Idealist.org			
<b>Amount (\$)</b> \$25.00		<b>Payee address City; State; Zip Code</b> 302 Fifth Avenue, 11th Floor New York, NY 10001			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Student intern posting  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/21/2014		<b>Payee name</b> InFocus Campaigns			
<b>Amount (\$)</b> \$29.04		<b>Payee address City; State; Zip Code</b> P.O. Box 10726 Fort Worth, TX 76114			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Automated calling  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 15/27 Report: 76/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 09/02/2014		<b>5 Payee name</b> InFocus Campaigns			
<b>6 Amount (\$)</b> \$34.92		<b>7 Payee address</b> City; State; Zip Code P.O. Box 10726 Fort Worth, TX 76114			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Calling  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/14/2014		<b>Payee name</b> Kelly Graphics			
<b>Amount (\$)</b> \$5,918.22		<b>Payee address</b> City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign yard signs  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/01/2014		<b>Payee name</b> Kiobassa, Jolene (Ms.)			
<b>Amount (\$)</b> \$1,250.00		<b>Payee address</b> City; State; Zip Code 3007 West Ave Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/15/2014		<b>Payee name</b> Kiobassa, Jolene (Ms.)			
<b>Amount (\$)</b> \$1,250.00		<b>Payee address</b> City; State; Zip Code 3007 West Ave Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**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 how to complete this form.

<b>1</b> PAGE # Schedule: 16/27 Report: 77/89		<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00005000	
<b>4</b> Date 08/01/2014		<b>5</b> Payee name Kiolbassa, Jolene (Ms.)			
<b>6</b> Amount (\$) \$1,250.00		<b>7</b> Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/15/2014		Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/01/2014		Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/15/2014		Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 17/27 Report: 78/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 07/26/2014		<b>5 Payee name</b> La Mexicana Bakery			
<b>6 Amount (\$)</b> \$24.36		<b>7 Payee address City; State; Zip Code</b> 1924 South 1st Austin, TX 78704			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Volunteer breakfast <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/17/2014		<b>Payee name</b> Michaels			
<b>Amount (\$)</b> \$41.38		<b>Payee address City; State; Zip Code</b> 5601 Brodie Ln Ste 200 Austin, TX 78745			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign office supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/21/2014		<b>Payee name</b> Miller Blueprint Company			
<b>Amount (\$)</b> \$6.75		<b>Payee address City; State; Zip Code</b> 501 West Sixth St Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Art supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/15/2014		<b>Payee name</b> Minguell, Tomas (Mr.)			
<b>Amount (\$)</b> \$154.00		<b>Payee address City; State; Zip Code</b> 2614 Canterbury Austin, TX 78759			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract Labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 18/27 Report: 79/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 09/01/2014	<b>5 Payee name</b> Minguell, Tomas (Mr.)				
<b>6 Amount (\$)</b> \$231.00	<b>7 Payee address City; State; Zip Code</b> 2614 Canterbury Austin, TX 78759				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor			<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> Contract labor for campaign services <input type="checkbox"/>	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 09/15/2014	<b>Payee name</b> Minguell, Tomas (Mr.)				
<b>Amount (\$)</b> \$154.00	<b>Payee address City; State; Zip Code</b> 2614 Canterbury Austin, TX 78759				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor			<b>Description (If travel outside of Texas, complete Schedule T)</b> Contract labor for campaign services <input type="checkbox"/>	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 07/25/2014	<b>Payee name</b> Net Victories				
<b>Amount (\$)</b> \$58.80	<b>Payee address City; State; Zip Code</b> 4203 Montrose Blvd Suite 350 Houston, TX 77006				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense			<b>Description (If travel outside of Texas, complete Schedule T)</b> Email services <input type="checkbox"/>	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 08/15/2014	<b>Payee name</b> Net Victories				
<b>Amount (\$)</b> \$200.00	<b>Payee address City; State; Zip Code</b> 4203 Montrose Blvd Suite 350 Houston, TX 77006				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense			<b>Description (If travel outside of Texas, complete Schedule T)</b> Email Services <input type="checkbox"/>	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1</b> PAGE # Schedule: 19/27 Report: 80/89	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 08/25/2014	<b>5</b> Payee name Net Victories	
<b>6</b> Amount (\$) \$58.80	<b>7</b> Payee address City; State; Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email services
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

<b>Date</b> 09/24/2014	<b>Payee name</b> Net Victories	
<b>Amount (\$)</b> \$58.80	<b>Payee address</b> City; State; Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Services
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

<b>Date</b> 09/05/2014	<b>Payee name</b> North University Neighborhood Association	
<b>Amount (\$)</b> \$50.00	<b>Payee address</b> City; State; Zip Code 502 West 33rd Street Austin, TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

<b>Date</b> 07/17/2014	<b>Payee name</b> Office Max	
<b>Amount (\$)</b> \$43.92	<b>Payee address</b> City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - name tags, paper
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 20/27 Report: 81/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 07/23/2014		<b>5 Payee name</b> Office Max			
<b>6 Amount (\$)</b> \$106.05		<b>7 Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies - toner, stickers, paper  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/22/2014		<b>Payee name</b> Office Max			
<b>Amount (\$)</b> \$32.43		<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Art supplies for event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/27/2014		<b>Payee name</b> Office Max			
<b>Amount (\$)</b> \$4.11		<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies - stickers  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/08/2014		<b>Payee name</b> Opinion Analysts, Inc			
<b>Amount (\$)</b> \$11,500.00		<b>Payee address</b> City: State: Zip Code 906 Rio Grande St Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Polling Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**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 how to complete this form.

<b>1 PAGE #</b> Schedule: 21/27 Report: 82/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 09/25/2014	<b>5 Payee name</b> Piryx, Inc.				
<b>6 Amount (\$)</b> \$2,333.43	<b>7 Payee address</b> City; State; Zip Code 144 2nd St. 1st floor San Francisco, CA 94105				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(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> Cumulative donation processing fees for reporting period <input type="checkbox"/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 08/15/2014	<b>Payee name</b> Ratliff, Gay (Ms.)				
<b>Amount (\$)</b> \$350.00	<b>Payee address</b> City; State; Zip Code 3509 Hampton Rd Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 07/15/2014	<b>Payee name</b> Rindy & Associates, Inc.				
<b>Amount (\$)</b> \$300.00	<b>Payee address</b> City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 09/11/2014	<b>Payee name</b> Rindy & Associates, Inc.				
<b>Amount (\$)</b> \$2,048.94	<b>Payee address</b> City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1</b> PAGE # Schedule: 22/27 Report: 83/89		<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00005000	
<b>4</b> Date 09/13/2014		<b>5</b> Payee name Rindy & Associates, Inc.			
<b>6</b> Amount (\$) \$9,300.00		<b>7</b> Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/11/2014		<b>Payee name</b> Salvation Pizza			
<b>Amount (\$)</b> \$61.67		<b>Payee address City; State; Zip Code</b> 624 W 34th St Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Dinner for campaign staff  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/15/2014		<b>Payee name</b> SignOutfitters.com			
<b>Amount (\$)</b> \$93.61		<b>Payee address City; State; Zip Code</b> 4176 6th Street Wyandotte, MI 48192			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Signs and stands for event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/30/2014		<b>Payee name</b> South Austin Democrats			
<b>Amount (\$)</b> \$100.00		<b>Payee address City; State; Zip Code</b> P.O. Box 152592 Austin, TX 78715			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Event Sponsorship  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1</b> PAGE # Schedule: 23/27 Report: 84/89		<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00005000	
<b>4</b> Date 09/04/2014	<b>5</b> Payee name Speedy Inks				
<b>6</b> Amount (\$) \$25.58	<b>7</b> Payee address City; State; Zip Code 3788 Heinemann St. Long Beach, CA 90808				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies - toner cartridges  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/30/2014	Payee name Star Stop 74				
Amount (\$) \$3.99	Payee address City; State; Zip Code 2819 Guadalupe Austin, TX 78705				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Beverage for volunteers  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/19/2014	Payee name Sweetish Hill Bakery				
Amount (\$) \$37.89	Payee address City; State; Zip Code 1120 W 6th Street Austin, TX 78703				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign volunteers  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/16/2014	Payee name Taco Shack				
Amount (\$) \$23.25	Payee address City; State; Zip Code 2825 Guadalupe Austin, TX 78705				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 24/27 Report: 85/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 08/23/2014		<b>5 Payee name</b> Taco Shack			
<b>6 Amount (\$)</b> \$15.50		<b>7 Payee address</b> City; State; Zip Code 2825 Guadalupe Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/30/2014		<b>Payee name</b> Taco Shack			
<b>Amount (\$)</b> \$11.63		<b>Payee address</b> City; State; Zip Code 2825 Guadalupe Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/06/2014		<b>Payee name</b> Taco Shack			
<b>Amount (\$)</b> \$27.67		<b>Payee address</b> City; State; Zip Code 2825 Guadalupe Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/20/2014		<b>Payee name</b> Taco Shack			
<b>Amount (\$)</b> \$22.44		<b>Payee address</b> City; State; Zip Code 2825 Guadalupe Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 25/27 Report: 86/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 07/10/2014		<b>5 Payee name</b> Texas Made Productions			
<b>6 Amount (\$)</b> \$100.00		<b>7 Payee address</b> City; State; Zip Code 3707 Manchaca #177 Austin, TX 78704			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Video Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/22/2014		<b>Payee name</b> The Maids			
<b>Amount (\$)</b> \$104.57		<b>Payee address</b> City; State; Zip Code 8514 Cameron Rd Austin, TX 78754			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office cleaning services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/15/2014		<b>Payee name</b> The Maids			
<b>Amount (\$)</b> \$89.95		<b>Payee address</b> City; State; Zip Code 8514 Cameron Rd Austin, TX 78754			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office cleaning services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/01/2014		<b>Payee name</b> Tops			
<b>Amount (\$)</b> \$151.55		<b>Payee address</b> City; State; Zip Code 1300 E. 5th Street Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**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 how to complete this form.

<b>1 PAGE #</b> Schedule: 26/27 Report: 87/89		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 09/19/2014		<b>5 Payee name</b> United States Postal Service - Central Park Station			
<b>6 Amount (\$)</b> \$49.00		<b>7 Payee address City; State; Zip Code</b> 3507 North Lamar Blvd Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Postage  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 07/17/2014		<b>Payee name</b> Van Haitsma, Susan (Ms.)			
<b>Amount (\$)</b> \$60.00		<b>Payee address City; State; Zip Code</b> 706 W 31st Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 07/28/2014		<b>Payee name</b> Van Haitsma, Susan (Ms.)			
<b>Amount (\$)</b> \$30.00		<b>Payee address City; State; Zip Code</b> 706 W 31st Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 08/01/2014		<b>Payee name</b> Van Haitsma, Susan (Ms.)			
<b>Amount (\$)</b> \$30.00		<b>Payee address City; State; Zip Code</b> 706 W 31st Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	

# POLITICAL EXPENDITURES

# 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 how to complete this form.

<b>1 PAGE #</b> Schedule: 27/27 Report: 88/89		<b>2 FILER NAME</b> Tovo, Kathryn (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 08/13/2014		<b>5 Payee name</b> Van Haitsma, Susan (Ms.)			
<b>6 Amount (\$)</b> \$30.00		<b>7 Payee address City; State; Zip Code</b> 706 W 31st Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 08/15/2014		<b>Payee name</b> Wells Fargo			
<b>Amount (\$)</b> \$5.00		<b>Payee address City; State; Zip Code</b> 501 S Congress Ave Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Accounting/Banking		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Bank fee  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 08/22/2014		<b>Payee name</b> Worley Printing Co, Inc.			
<b>Amount (\$)</b> \$1,530.66		<b>Payee address City; State; Zip Code</b> 3217 North IH 35 Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Printing Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign road signs, bumper stickers  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 how to complete this form.

<b>1</b> PAGE # Schedule: 1/1 Report: 89/89		<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00005000	
<b>4</b> Date 08/15/2014	<b>5</b> Payee name Capital Area Democratic Women				
<b>6</b> Amount (\$) \$39.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code P.O. Box 12962 Austin, TX 78711				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event tickets  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 09/16/2014	Payee name Capital Area Democratic Women				
Amount (\$) \$154.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 12962 Austin, TX 78711				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 09/17/2014	Payee name Capital Area Democratic Women				
Amount (\$) \$31.90 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 12962 Austin, TX 78711				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event tickets  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 07/29/2014	Payee name Stonewall Democrats of Austin				
Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 40898 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

## BUNDLING REPORT

Name of candidate/officeholder: Kathryne Tovo

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (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 Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled
Joe Garcia	5906 Lookout Mountain Dr. Austin, TX 78731	Government & Public Affairs	The Garcia Group	\$4200

2. For each person identified above, enter the name and address of each individual contributor whose contribution was bundled by that individual. Attach additional sheets if necessary.

Name of Contributor	Address	Occupation	Employer	Contribution Amount	Bundler
Rick Barrett	16606 Sperry Gdns Dr Houston, TX 77095	President	Greater Houston Transportation	\$350	Joe Garcia
Steven Harter	8 Winston Woods Dr Houston, TX 77024	Chairman	Texas Taxi Inc.	\$350	Joe Garcia
Suzanne Harter	8 Winston Woods Dr Houston, TX 77024	Homemaker	None	\$350	Joe Garcia
Martyn Hill	6410 Oak Masters Dr Spring, TX 77379	Attorney	Pagel, David & Hill, P.C.	\$350	Joe Garcia
Jo Vanna Hill	6410 Oak Masters Dr Spring, TX 77379	Homemaker	None	\$350	Joe Garcia
Diana Martinez	510 E 7 <sup>th</sup> Houston, TX 77007	Homemaker	None	\$350	Joe Garcia
Roman Martinez	510 E 7 <sup>th</sup> Houston, TX 77007	President	Texas Taxi, Inc.	\$350	Joe Garcia
Sarah Murphy	13600 Breton Ridge St Bldg 22a Houston, TX 77070	Pharmaceutical Rep.	Teva	\$350	Joe Garcia
James Rodriguez	7515 Santa Fe Dr Houston, TX 77071	Vice President	Texas Taxi, Inc.	\$350	Joe Garcia
David Spears	13600 Breton Ridge St Bldg 22a Houston, TX 77070	GM of Contract Services	Greater Houston Transportation	\$350	Joe Garcia
David Warren Wages	406 Wild Bird Dr. Houston, TX 77373	General Manager	Greater Houston Transportation	\$350	Joe Garcia
Texas Taxi PAC	919 Congress Ave. STE 1500 Austin, TX 78701			\$350	Joe Garcia

3. Identify each person registered or required to be register under City Code, Chapter 4-8 (Regulation of Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified in Section 1 above, (2) a business association through which the Bundler does business, or (3) the Bundler's employer.

None

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*Note: It is important to remember that contributions to you are from the **actual donor, not** from the individual who solicited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the contributor.*

**STATE OF TEXAS  
VERIFICATION**

I certify that the total amount bundled on my behalf in the campaign period by all partners, shareholders, principals, employees, and persons who conduct business through a business association that is subject to City Code, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit set by City Charter, Article III, Section 8(A)(1) for the entire business association.

  
\_\_\_\_\_  
Signature of Affiant

### PERSONAL FUNDS - LOANS AND EXPENDITURES

This report is for a candidate or officeholder who loans personal funds to his or her campaign or makes expenditures from personal funds in support of his or her campaign. The amounts loaned or expended shall be reported as follows.

Beginning on the date an individual becomes a candidate in a City election and continuing until midnight on the tenth day before a City election, a candidate shall report the new loans or expenditures cumulating to \$25,000 or more within seven business days after the total reaches \$25,000. Additional loans or expenditures cumulating \$25,000 or more shall be reported within seven business days each time the total reaches \$25,000. [City Code, Section 2-2-27(A)(1)]

If the loans or expenditures cumulating to \$25,000 or more occur during the period beginning on midnight on the 10<sup>th</sup> day before an election and ending at midnight on the day before the election, the report shall be filed with the City Clerk within twenty-four hours after the total reaches \$25,000. Additional loans or expenditures totaling \$25,000 or more shall be reported within twenty-four hours each time the total reaches \$25,000. [City Code, Section 2-2-27(A)(2)]

Name of candidate/officeholder: Kathryne Tovo

Reporting Period:	
<input checked="" type="checkbox"/>	First day of candidacy – Midnight on the 10 <sup>th</sup> day prior to City election
<input type="checkbox"/>	Midnight on the 10 <sup>th</sup> day before City election – Midnight on the day before election

Enter the following information concerning loans of personal funds to the campaign:

Amount of loan	Date of loan
\$ 40,000	9-25-14

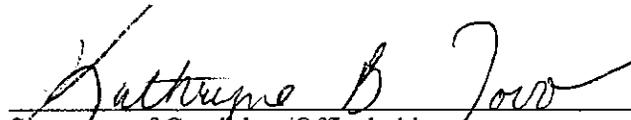
Enter the following information concerning the person or persons to whom expenditures were made from personal funds and the total amount, purpose and date of each expenditure:

Name	Street Address	Amount	Purpose	Date

SCHEDULE ATX. 2  
Reference § 2-2-27, Austin City Code

STATE OF TEXAS  
VERIFICATION

I swear that the preceding disclosure of loans and expenditures from personal funds of a candidate or officeholder filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-27 for the reporting period indicated.

  
\_\_\_\_\_  
Signature of Candidate/Officeholder