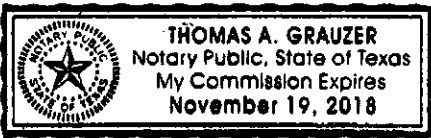


FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 00005000	2 PAGE # 1 of 56													
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Kathrynne NICKNAME LAST SUFFIX Kathie Tovo	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%;"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount	Legal	Totals	Date Processed		Date Imaged					
Receipt #	Amount													
Legal	Totals													
Date Processed														
Date Imaged														
4 ORIGINAL REPORT TYPE	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final Report</td> <td></td> </tr> </table>		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report	
<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)												
<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit													
<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)													
<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report													
5 ORIGINAL PERIOD COVERED	<table border="0" style="width: 100%;"> <tr> <td>Month Day Year</td> <td>Month Day Year</td> </tr> <tr> <td>09/26/2014</td> <td>10/25/2014</td> </tr> </table>		Month Day Year	Month Day Year	09/26/2014	10/25/2014								
Month Day Year	Month Day Year													
09/26/2014	10/25/2014													
6 EXPLANATION OF CORRECTION Donation check dishonored by a contributor's financial institution inadvertently attributed to incorrect donor. Donor information corrected to reflect this.														
7 AFFIDAVIT														
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">  </div> <div style="width: 60%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> Semiannual reports: This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. </div> <div style="width: 60%;"> <input checked="" type="checkbox"/> Other reports (excluding semiannual reports): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by <u>Kathrynne Tovo</u> this the <u>15th</u> day of <u>January</u>, 20 <u>15</u>.</p> <p><u>Thomas A. Grauer</u> Signature of officer administering oath</p> </div> <div style="width: 60%;"> <p><u>Kathrynne Tovo</u> Signature of Candidate or Officeholder</p> <p><u>notary public</u> Title of officer administering oath</p> </div> </div>														

 2015 JAN 15 PM 12 32
 RECEIVED
 AUSTIN CITY CLERK

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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 # 2 of 56
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Kathrynne		OFFICE USE ONLY Date Received
	NICKNAME LAST SUFFIX Kathie Tovo		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 W 32nd Street Austin, TX 78705		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joseph		Date Processed
	NICKNAME LAST SUFFIX Pinnelli		Date Imaged
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 09/26/2014 THROUGH 10/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Council Place 3		12 OFFICE SOUGHT (if known) City Council District 9
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)
0000500015 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. ..

COMMITTEE TYPE

COMMITTEE NAME

Austin Police Association PAC

☒ GENERAL

COMMITTEE ADDRESS

5817 Wilcab Road
Austin, TX 78721☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Escobar, Valencia (Ms.)

☒ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

5817 Wilcab Road
Austin, TX 7872116 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

40.00

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

\$

20,263.99

EXPENDITURE
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

58,844.07

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

27,323.50

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

141,807.46

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 Tovo


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)****FORM C/OH
ADDENDUM**

Page 4 of 56

C/OH NAME Tovo, Kathyne (Ms.)

ACCOUNT # (Ethics Commission filers)
00005000**17 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. --

COMMITTEE TYPE☒ GENERAL☐ SPECIFIC**COMMITTEE NAME**

Sierra Club Political Committee of Texas

COMMITTEE ADDRESS615 Willow
San Antonio, TX 78202**COMMITTEE CAMPAIGN
TREASURER NAME**

Gonzalez, Hector (Mr.)

**COMMITTEE CAMPAIGN
TREASURER ADDRESS**615 Willow
San Antonio, TX 78202

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 1/35 Report: 5/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Abbott, Robin (Ms.)

6 Contributor address; City; State; Zip Code
5601 Blueridge Ct.
Austin, TX 78731

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

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Abdulle, Deika (Ms.)

Contributor address; City; State; Zip Code
4210 Red River #215
Austin, TX 78751

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Arnold, Mary (Ms.)

Contributor address; City; State; Zip Code
3404 Southill Cir
Austin, TX 78703

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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Arnold, Mary (Ms.)

Contributor address; City; State; Zip Code
3404 Southill Cir
Austin, TX 78703

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)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Austin Police Association PAC

Contributor address; City; State; Zip Code
5817 Wilcab Rd #4
Austin, TX 78721

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)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/35 Report: 6/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Auten, Roseana (Ms.)6 Contributor address; City; State; Zip Code
400 Bowie St
Austin, TX 787037 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Writer10 Employer (See Instructions)
Self-employed

Date

10/03/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bailey, Brooke (Ms.)Contributor address; City; State; Zip Code
1801 West 10th St
Austin, TX 78703Amount 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)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bailey, Brooke (Ms.)Contributor address; City; State; Zip Code
1801 West 10th St
Austin, TX 78703Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bailey, Linda (Ms.)Contributor address; City; State; Zip Code
4104 Turkey Creek Dr.
Austin, TX 78730Amount 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)

Date

10/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barrios, Rossana (Ms.)Contributor address; City; State; Zip Code
7452 Pusch Ridge Loop
Austin, TX 78749Amount 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: 3/35 Report: 7/56	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biedrzycki, Carol (Ms.) 6 Contributor address; City; State; Zip Code 1411 Gracy Farms Ln #23 Austin, TX 78758	7 Amount of contribution (\$) \$25.00	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)		10 Employer (See Instructions)	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Michelle (Ms.) Contributor address; City; State; Zip Code 1905 West 37th St Austin, TX 78731	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 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Raymond (Mr.) Contributor address; City; State; Zip Code 1905 West 37th St Austin, TX 78731	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 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowman, Andrew (Mr.) Contributor address; City; State; Zip Code 212 West 33rd 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 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burkhardt, William (Mr.) Contributor address; City; State; Zip Code 802 Christopher St. Austin, TX 78704	Amount of contribution (\$) \$150.00	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: 4/35 Report: 8/56	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buttrey, Sarah (Ms.) 6 Contributor address; City; State; Zip Code 902 W 31st Austin, TX 78705	7 Amount of contribution (\$) \$250.00	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) Family Doctor		10 Employer (See Instructions) Seton	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Sarah (Ms.) Contributor address; City; State; Zip Code 1201 Woodland Ave Austin, TX 78704	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 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartledge, Ron (Mr.) Contributor address; City; State; Zip Code 1802 Woodland Ave Austin, TX 78741	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 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chu, Millie (Ms.) Contributor address; City; State; Zip Code 8629-C Toro Creek Cove Austin, TX 78759	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) Office Manager		Employer (See Instructions) Frank Lam & Associates, Inc.	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clack, Judith (Ms.) Contributor address; City; State; Zip Code 2403 Forest Bend Dr Austin, TX 78704	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: 5/35 Report: 9/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Cocke, Paula (Ms.)

6 Contributor address; City; State; Zip Code
1608 West Ninth Street
Austin, TX 78703

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

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Coldiron, Ron (Mr.)

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

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Collen, Cyndi (Ms.)

Contributor address; City; State; Zip Code
210 Fletcher St
Austin, TX 78704

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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cooper, Lanetta (Ms.)

Contributor address; City; State; Zip Code
5008 Eilers Ave
Austin, TX 78751

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)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cortez, David (Mr.)

Contributor address; City; State; Zip Code
304 B Montopolis
Austin, TX 78741

Amount of
contribution (\$)

\$25.00

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: 6/35 Report: 10/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Crow, Dan (Mr.)

6 Contributor address; City; State; Zip Code
2803 Down Cove
Austin, TX 78704

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

10/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Crow, Steven (Mr.)

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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Davidson, William (Mr.)

Contributor address; City; State; Zip Code
1714 Palma Plaza
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)
Attorney

Employer (See Instructions)
Self-employed

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Davis, Dick (Mr.)

Contributor address; City; State; Zip Code
2609 Sherwood Ln
Austin, TX 78704

Amount of
contribution (\$)

\$13.99

In-kind contribution
description (if applicable)

Food for houseparty
event

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Davis, Dick (Mr.)

Contributor address; City; State; Zip Code
2609 Sherwood Ln
Austin, TX 78704

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: 7/35 Report: 11/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/07/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Debardelaben, Sean (Mr.)6 Contributor address; City; State; Zip Code
3011 Washington Square
Austin, TX 787057 Amount of
contribution (\$)

\$20.00

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

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
DeLeon, Tony (Mr.)Contributor address; City; State; Zip Code
1101 West Annie St
Austin, TX 78704Amount 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)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Denkler, Ann (Ms.)Contributor address; City; State; Zip Code
6112 Highlandale Dr.
Austin, TX 78731Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Executive AssistantEmployer (See Instructions)
Travis County

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dial, Christine (Ms.)Contributor address; City; State; Zip Code
202 West 32nd St
Austin, TX 78705Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
ArtistEmployer (See Instructions)
Self-employed

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Donnell, Dian (Ms.)Contributor address; City; State; Zip Code
1610 West 9 1/2 St
Austin, TX 78703Amount of
contribution (\$)

\$20.00

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: 8/35 Report: 12/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/19/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Duffy, Mark (Mr.)

6 Contributor address; City; State; Zip Code
3301 Hemlock Ave
Austin, TX 78722

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

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dunaway, Jim (Mr.)

Contributor address; City; State; Zip Code
807 W 32nd St
Austin, TX 78705

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dunaway, Margaret (Ms.)

Contributor address; City; State; Zip Code
807 W 32nd St
Austin, TX 78705

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eastman, Liane (Ms.)

Contributor address; City; State; Zip Code
3906 Ridgelea Dr
Austin, TX 78731

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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Echols, Catharine (Ms.)

Contributor address; City; State; Zip Code
508 Harris Ave.
Austin, TX 78705

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: 9/35 Report: 13/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ellis, Mary Dale (Ms.)6 Contributor address; City; State; Zip Code
1704 W Ave.
Austin, TX 787017 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

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ferguson, Frances (Ms.)Contributor address; City; State; Zip Code
1013 Harwood Place
Austin, TX 78704Amount 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)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Foerster, Frank (Mr.)Contributor address; City; State; Zip Code
1625 Waterstone Ave
Austin, TX 78703Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
N/A

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Foerster, Sharon (Ms.)Contributor address; City; State; Zip Code
1625 Waterstone Ave
Austin, TX 78703Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
N/A

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Forrest, Hugh (Mr.)Contributor address; City; State; Zip Code
703-B East 50th St
Austin, TX 78751Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
DirectorEmployer (See Instructions)
South By Southwest

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/35 Report: 14/56	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 10/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forrest, Vivian (Ms.) 6 Contributor address; City; State; Zip Code 703-B East 50th St Austin, TX 78751	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) Homemaker		10 Employer (See Instructions) N/A	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foxworth, John (Mr.) Contributor address; City; State; Zip Code 2837 Pearl 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 10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gammon, Regan (Ms.) Contributor address; City; State; Zip Code 3125 Hemphill Park Austin, TX 78705	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) Community Volunteer		Employer (See Instructions) N/A	
Date 10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gammon, William (Mr.) Contributor address; City; State; Zip Code 3125 Hemphill Park Austin, TX 78705	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) Insurance Agent		Employer (See Instructions) Self-employed	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Bonny (Ms.) Contributor address; City; State; Zip Code 3207 Kirby Ln Austin, TX 78703	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/35 Report: 15/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/14/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gaston, Merianne (Ms.)

6 Contributor address; City; State; Zip Code
715 Carolyn 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

10/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gentle, James (Mr.)

Contributor address; City; State; Zip Code
206 Arthur Ln
Austin, TX 78704

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)
Attorney

Employer (See Instructions)
University of Texas System

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gill, Ramanjeet (Mr.)

Contributor address; City; State; Zip Code
4308 Bellvue Ave
Austin, TX 78756

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)

Date

10/01/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Graham, Ann (Ms.)

Contributor address; City; State; Zip Code
3815 Ave H
Austin, TX 78751

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: 12/35 Report: 16/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/12/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Graham-Moore, Brian (Mr.)

6 Contributor address; City; State; Zip Code
1817 East 40th St
Austin, TX 78722

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

10/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Greenberg, Betsy (Ms.)

Contributor address; City; State; Zip Code
3009 Washington Sq.
Austin, TX 78705

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)

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grigassy, Chris (Mr.)

Contributor address; City; State; Zip Code
2304 Riverside Farms Rd
Austin, TX 78741

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

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 (\$)

\$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)

Date

10/15/2014

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 (\$)

\$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: 13/35 Report: 17/56	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Halley, Shannon (Ms.) 6 Contributor address; City; State; Zip Code 3107 Grandview St Austin, TX 78705	7 Amount of contribution (\$) \$50.00	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)		10 Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanlon, Ellie (Ms.) Contributor address; City; State; Zip Code 4801 Caswell Ave Austin, TX 78751	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 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haragan, Kelly (Ms.) Contributor address; City; State; Zip Code 1700 Bouldin Austin, TX 78704	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) Clinical Professor		Employer (See Instructions) University of Texas at Austin	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, L.C. (Mr.) Contributor address; City; State; Zip Code P.O. Box 9723 Austin, TX 78766	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 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haverlah, Kirsha (Ms.) Contributor address; City; State; Zip Code 6904 Star Dr Austin, TX 78745	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/35 Report: 18/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/16/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Heinen, Anne (Ms.)

6 Contributor address; City; State; Zip Code
3010 Washington Sq.
Austin, TX 78705

7 Amount of
contribution (\$)

\$75.00

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

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Henderson, Pattye (Ms.)

Contributor address; City; State; Zip Code
923 Park Blvd
Austin, TX 78751

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hernandez, Mack Ray (Mr.)

Contributor address; City; State; Zip Code
1200 Bouldin Ave.
Austin, TX 78704

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)
Attorney

Employer (See Instructions)
Self-employed

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Highsmith, Madelon (Ms.)

Contributor address; City; State; Zip Code
7104 West Rim Dr
Austin, TX 78731

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)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hines, Barbara (Ms.)

Contributor address; City; State; Zip Code
1405 Wilshire Blvd
Austin, TX 78722

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: 15/35 Report: 19/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hirsch, Michael (Mr.)6 Contributor address; City; State; Zip Code
600 Texas Ave.
Austin, TX 787057 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

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hoberman, Louisa (Ms.)Contributor address; City; State; Zip Code
2637 West 49th St
Austin, TX 78731Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Holbrook, Deborah (Ms.)Contributor address; City; State; Zip Code
1615 Palma Plaza
Austin, TX 78703Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ingle, Mary (Ms.)Contributor address; City; State; Zip Code
3406 Duval Street
Austin, TX 78705Amount 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)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Iverson, Nancy (Ms.)Contributor address; City; State; Zip Code
506 West 34th
Austin, TX 78705Amount of
contribution (\$)

\$125.00

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: 16/35 Report: 20/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Iverson, Rick (Mr.)

6 Contributor address; City; State; Zip Code
506 West 34th
Austin, TX 78705

7 Amount of
contribution (\$)

\$125.00

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

10/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jimenez, Kisha (Ms.)

Contributor address; City; State; Zip Code
3012 West Ave.
Austin, TX 78705

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
King, David (Mr.)

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

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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
King, John (Mr.)

Contributor address; City; State; Zip Code
6005 Shoalwood Ave.
Austin, TX 78757

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)

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kinser, Lee (Mr.)

Contributor address; City; State; Zip Code
201 Lee Barton Dr.
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)
Owner

Employer (See Instructions)
Pitch & Putt

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/35 Report: 21/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kirk, Sandra (Ms.)

6 Contributor address; City; State; Zip Code
2117 Clifton St.
Austin, TX 78704

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

10/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Knipp, Vicki (Ms.)

Contributor address; City; State; Zip Code
1011 Brodie St
#5
Austin, TX 78704

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

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Langley, Karen (Ms.)

Contributor address; City; State; Zip Code
12349 Metric Blvd
Apt 1612
Austin, TX 78758

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

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lee, Carol (Ms.)

Contributor address; City; State; Zip Code
3506 Far View Dr.
Austin, TX 78730

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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lewis, Dawn (Ms.)

Contributor address; City; State; Zip Code
4509 Edgemont Dr
Austin, TX 78731

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: 18/35 Report: 22/56	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 10/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linn, Emma L. (Ms.) 6 Contributor address; City; State; Zip Code 2400-B Vista Ln Austin, TX 78703	7 Amount of contribution (\$) \$200.00	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) Professor		10 Employer (See Instructions) St. Edwards University	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John (Mr.) Contributor address; City; State; Zip Code 6600 Mesa Dr. Austin, TX 78731	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 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lomas, Rachel (Ms.) Contributor address; City; State; Zip Code 212 West 33rd 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 10/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacNeillage, Linda (Mrs.) Contributor address; City; State; Zip Code 606 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)	
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacNeillage, Linda (Mrs.) Contributor address; City; State; Zip Code 606 Harthan St Austin, TX 78703	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/35 Report: 23/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mardegian, Rachael (Ms.)

6 Contributor address; City; State; Zip Code
2501 Quarry Rd
Austin, TX 78703

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Special Projects Coordinator

10 Employer (See Instructions)
South By Southwest ECO

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marks, Scott (Mr.)

Contributor address; City; State; Zip Code
706 Oakland Ave.
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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Maxwell, Mary Gay (Ms.)

Contributor address; City; State; Zip Code
111 Laurel Ln
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)

Date

09/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mayfield, John (Mr.)

Contributor address; City; State; Zip Code
3824 Avenue F
Austin, TX 78751

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)

Date

10/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McAfee, Melanie (Ms.)

Contributor address; City; State; Zip Code
4120 Mattie St
Austin, TX 78754

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: 20/35 Report: 24/56	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 10/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McArthur, Barbara (Ms.) 6 Contributor address; City; State; Zip Code 5700 Clay Avenue Austin, TX 78756	7 Amount of contribution (\$) \$50.00	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)		10 Employer (See Instructions)	
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McArthur, Barbara (Ms.) Contributor address; City; State; Zip Code 5700 Clay Avenue Austin, TX 78756	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 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCormick, Donna Beth (Ms.) Contributor address; City; State; Zip Code 5703 Shoalwood Ave. Austin, TX 78756	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 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Means, Bertha (Ms.) Contributor address; City; State; Zip Code 7400 Valburn Dr. 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) CEO		Employer (See Instructions) Austin Cab Co	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mehdy, Mona (Ms.) Contributor address; City; State; Zip Code 5004 Smoky Mountain Dr. Austin, TX 78727	Amount of contribution (\$) \$15.00	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: 21/35 Report: 25/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/07/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Miller, Barry (Mr.)

6 Contributor address; City; State; Zip Code
P.O. Box 684371
Austin, TX 78768

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Librarian

10 Employer (See Instructions)
City of Austin

Date

10/04/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Miller, Helen (Ms.)

Contributor address; City; State; Zip Code
8207 Viewridge Dr
Austin, TX 78724

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Moczygemba, Carol (Ms.)

Contributor address; City; State; Zip Code
600 Texas Ave.
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)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Moffat, Susan (Ms.)

Contributor address; City; State; Zip Code
4112 Speedway
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)
Editor/Writer

Employer (See Instructions)
Self-employed

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mok, Aloysius (Mr.)

Contributor address; City; State; Zip Code
6301 Cat Mountain Cove
Austin, TX 78731

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)
Professor

Employer (See Instructions)
University of Texas at Austin

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 22/35 Report: 26/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mok, Amy (Ms.)

6 Contributor address; City; State; Zip Code
6301 Cat Mountain Cove
Austin, TX 78731

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Founder/CEO

10 Employer (See Instructions)
Asian American Cultural Center

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Morrison, Susan (Ms.)

Contributor address; City; State; Zip Code
6005 Shoalwood Ave.
Austin, TX 78757

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)

Date

10/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Murphy, Dale (Mr.)

Contributor address; City; State; Zip Code
6401 Carrington Dr.
Austin, TX 78749

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)

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nall, Catherine (Ms.)

Contributor address; City; State; Zip Code
300 South Lamar Blvd
#208
Austin, TX 78704

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)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nazor, Craig (Mr.)

Contributor address; City; State; Zip Code
11701 Barchetta Dr
Austin, TX 78758

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: 23/35 Report: 27/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Palaima, Carolyn (Ms.)

6 Contributor address; City; State; Zip Code
505 E. 40th St
Austin, TX 78751

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

10/13/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Perkins, Karen (Ms.)

Contributor address; City; State; Zip Code
10600 McFarlie Cove
Austin, TX 78750

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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pohlman, Joyce (Ms.)

Contributor address; City; State; Zip Code
611 Fletcher St.
Austin, TX 78704

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)

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Read-Orr, Bookie (Ms.)

Contributor address; City; State; Zip Code
908 B Post Oak St.
Austin, TX 78704

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Accountant

Employer (See Instructions)
Texas Dept of Agriculture, AAOTB

Date

10/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reed, Cyrus (Mr.)

Contributor address; City; State; Zip Code
4205 Avenue F
Austin, TX 78751

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: 24/35 Report: 28/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/16/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Retherford, James (Mr.)

6 Contributor address; City; State; Zip Code
1009 Daniel Dr.
Austin, TX 78704

7 Amount of
contribution (\$)

\$10.00

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

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reynolds, Julia (Ms.)

Contributor address; City; State; Zip Code
3903 Duval St
Austin, TX 78751

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)

Date

10/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Richards, Joanne (Ms.)

Contributor address; City; State; Zip Code
7102 Coachwhip Ho
Austin, TX 78750

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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rivera, Jane (Ms.)

Contributor address; City; State; Zip Code
1000 Glen Oaks Ct.
Austin, TX 78702

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Roa, Ruby (Ms.)

Contributor address; City; State; Zip Code
611 Terrell Hill Dr.
Austin, TX 78704

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 25/35 Report: 29/56

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Roa, Ruby (Ms.)6 Contributor address; City; State; Zip Code
611 Terrell Hill Dr.
Austin, TX 787047 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)
Retired10 Employer (See Instructions)
N/A

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Roddy, Alan (Mr.)Contributor address; City; State; Zip Code
3127 Hedgewater Dr.
Austin, TX 78733Amount 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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rogoff, Regina (Ms.)Contributor address; City; State; Zip Code
1705 Schieffer
Austin, TX 78722Amount 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)

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Russell, James (Mr.)Contributor address; City; State; Zip Code
1210 E M Franklin
Austin, TX 78721Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ryan, Alison (Ms.)Contributor address; City; State; Zip Code
1305 West 9 1/2 St #101
Austin, TX 78703Amount of
contribution (\$)

\$25.00

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: 26/35 Report: 30/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/13/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sanchez, Charles (Mr.)6 Contributor address; City; State; Zip Code
2608 West 49th Street
Austin, TX 787317 Amount of
contribution (\$)

\$25.00

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

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sanders, Robin (Ms.)Contributor address; City; State; Zip Code
1508 Newning Ave.
Austin, TX 78704Amount 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)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Schmidli, Lisette (Ms.)Contributor address; City; State; Zip Code
3656 Ranch Creek Dr.
Austin, TX 78730Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Schwitters, Karen (Ms.)Contributor address; City; State; Zip Code
1115 West 7th St #300
Austin, TX 78703Amount 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)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Searcy, Judith (Ms.)Contributor address; City; State; Zip Code
821 Harris Avenue
Austin, TX 78705Amount 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: 27/35 Report: 31/56	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seeger, Gary (Mr.) 6 Contributor address; City; State; Zip Code 6705 Winterberry Dr Austin, TX 78750	7 Amount of contribution (\$) \$100.00	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)		10 Employer (See Instructions)	
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Brigid (Ms.) Contributor address; City; State; Zip Code 2604 Geraghty Austin, TX 78757	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) Self-employed	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Mike (Mr.) Contributor address; City; State; Zip Code 40801 Broken Bow Pass Austin, TX 78745	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) Executive Director		Employer (See Instructions) South By Southwest	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheff, Gregory (Mr.) Contributor address; City; State; Zip Code 902 W 31st St Austin, TX 78705	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Physician/Executive		Employer (See Instructions) Seton	
Date 10/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, David (Mr.) Contributor address; City; State; Zip Code 611 Oakland Ave Austin, TX 78703	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 28/35 Report: 32/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Smolen, Paul (Mr.)6 Contributor address; City; State; Zip Code
3812 Cherrywood Rd
Austin, TX 787227 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

10/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Speights, Sara (Ms.)Contributor address; City; State; Zip Code
2701 West 49 1/2 St
Austin, TX 78731Amount 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)

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Speir, Stephen (Mr.)Contributor address; City; State; Zip Code
1225 Corona
Austin, TX 78723Amount of
contribution (\$)

\$250.00

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

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stanley, Alfred (Mr.)Contributor address; City; State; Zip Code
P.O. Box 5674
Austin, TX 78763Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Firewatch Texas

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stone, Chris (Mr.)Contributor address; City; State; Zip Code
2812 Brookview Rd
Austin, TX 78722Amount 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: 29/35 Report: 33/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Stone, Traci (Ms.)

6 Contributor address; City; State; Zip Code
2812 Brookview Rd
Austin, TX 78722

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

09/29/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stringer, Beverly (Ms.)

Contributor address; City; State; Zip Code
1916 David St
Austin, TX 78705

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)
Attorney

Employer (See Instructions)
Self-Employed

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Swasdee, Rommanee (Ms.)

Contributor address; City; State; Zip Code
201 South Tumbleweed Tr
Austin, TX 78733

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)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Swenson, Roland (Mr.)

Contributor address; City; State; Zip Code
400 Bowie Street
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)
Managing Director

Employer (See Instructions)
South By Southwest

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Taniguchi, Evan (Mr.)

Contributor address; City; State; Zip Code
1609 West 6th St
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)
Architect

Employer (See Instructions)
Taniguchi Architects

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 30/35 Report: 34/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Team, Linda (Ms.)

6 Contributor address; City; State; Zip Code
600 Bellevue Place
Austin, TX 78705

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

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Teich, Ann (Ms.)

Contributor address; City; State; Zip Code
9201 Quail Hill Cir
Austin, TX 78758

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)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Teich, Randy (Mr.)

Contributor address; City; State; Zip Code
9201 Quail Hill Cir
Austin, TX 78758

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)

Date

10/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Thomson, Phyllis (Ms.)

Contributor address; City; State; Zip Code
608 West Croslin St
Austin, TX 78752

Amount of
contribution (\$)

\$190.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2014

Full name of contributor ☐ 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)

(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: 31/35 Report: 35/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Tipps, Lisa (Ms.)6 Contributor address; City; State; Zip Code
P.O. Box 300038
Austin, TX 787037 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

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tyler, Kathleen (Ms.)Contributor address; City; State; Zip Code
1811 West 38th St
Austin, TX 78731Amount 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)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tyler, Kathleen (Ms.)Contributor address; City; State; Zip Code
1811 West 38th St
Austin, TX 78731Amount 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)

Date

10/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Underwood, Ralph (Mr.)Contributor address; City; State; Zip Code
901 West 9th Street
#311
Austin, TX 78703Amount 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)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vale, Kathy (Ms.)Contributor address; City; State; Zip Code
2702 Dupont Cove
Austin, TX 78748Amount 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: 32/35 Report: 36/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/24/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Valek, Michele (Ms.)

6 Contributor address; City; State; Zip Code
2837 Pearl St
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

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vargas, Jesse (Mr.)

Contributor address; City; State; Zip Code
4305 Hollow Hill Dr.
San Antonio, TX 78217

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)
General Manager

Employer (See Instructions)
Ferrari World

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Walker, Scheleen (Ms.)

Contributor address; City; State; Zip Code
1202 San Antonio St
Austin, TX 78701

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Warner, Phyllis (Ms.)

Contributor address; City; State; Zip Code
5701 Trailridge Dr
Austin, TX 78731

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)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Watts, Carol (Ms.)

Contributor address; City; State; Zip Code
1308 S. 5th St
Austin, TX 78704

Amount of
contribution (\$)

\$20.00

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: 33/35 Report: 37/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/26/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Weatherford, Trudie (Ms.)

6 Contributor address; City; State; Zip Code
4820 Trail Crest Cir
Austin, TX 78735

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

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Weed, Betty (Ms.)

Contributor address; City; State; Zip Code
2218 Alta Vista Ave.
Austin, TX 78704

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)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
West, Vicki (Ms.)

Contributor address; City; State; Zip Code
2001 Coachlamp Dr
Cedar Park, TX 78613

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)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
White, Sage (Ms.)

Contributor address; City; State; Zip Code
1904 Kenwood Ave
Austin, TX 78704

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self-employed

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilcox, Scott (Mr.)

Contributor address; City; State; Zip Code
2501 Quarry Rd
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)

Director of Technology

Employer (See Instructions)

South By Southwest

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 34/35 Report: 38/56

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilcox, Toni (Ms.)

6 Contributor address; City; State; Zip Code
4801 Broken Bow Pass
Austin, TX 78745

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Homemaker

10 Employer (See Instructions)
N/A

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilkenson, Julia (Ms.)

Contributor address; City; State; Zip Code
407 W 32nd
Austin, TX 78705

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Artist

Employer (See Instructions)
Self-employed

Date

10/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Williams, Jonathan (Mr.)

Contributor address; City; State; Zip Code
3012 West Ave.
Austin, TX 78705

Amount of
contribution (\$)

\$225.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Tesoros Trading Co.

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Witte, Tracy (Ms.)

Contributor address; City; State; Zip Code
908 E. 14th Street
Austin, TX 78702

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)

Employer (See Instructions)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Womack, Delano (Mr.)

Contributor address; City; State; Zip Code
723 Sparks Ave
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: 35/35 Report: 39/56

2 FILER NAME Tovo, Kathrynne (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/06/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Young, Linda (Ms.)**6** Contributor address; City; State; Zip Code
7000 Timarou Terrace
Austin, TX 78754**7** Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)
Consultant**10** Employer (See Instructions)
Austin Community College District

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: 1/17 Report: 40/56		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/01/2014	5 Payee name Bouldin Creek Neighborhood Association				
6 Amount (\$) \$280.00	7 Payee address City: State: Zip Code 904 Ebony St Austin, TX 78704				
8 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				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/29/2014	Payee name Butts, David (Mr.)				
Amount (\$) \$800.00	Payee address City: State: Zip Code 1914 Patton Ln Austin, TX 78723				
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"/> Political consulting		
	<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 09/29/2014	Payee name Chez Zee				
Amount (\$) \$500.00	Payee address City: State: Zip Code 5406 Balcones Dr Austin, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign event venue rental		
	<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 10/17/2014	Payee name Chez Zee				
Amount (\$) \$1,200.20	Payee address City: State: Zip Code 5406 Balcones Dr Austin, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Women's Luncheon event food, beverage and 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.

1 PAGE # Schedule: 2/17 Report: 41/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/17/2014		5 Payee name Cricket Wireless			
6 Amount (\$) \$68.34		7 Payee address City: State: Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758			
8 PURPOSE OF EXPENDITURE		(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"/> Campaign phone services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/01/2014		Payee name Dahl-Stamnes, Erika (Ms.)			
Amount (\$) \$264.00		Payee address City: State: Zip Code 10900 Research Blvd #1600 Austin, TX 78759			
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"/> 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:	
Date 10/15/2014		Payee name Dahl-Stamnes, Erika (Ms.)			
Amount (\$) \$288.00		Payee address City: State: Zip Code 10900 Research Blvd #1600 Austin, TX 78759			
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"/> 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:	
Date 10/01/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$1,250.00		Payee address City: State: Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
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.

1 PAGE # Schedule: 3/17 Report: 42/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 10/15/2014	5 Payee name De Los Santos, Drew (Ms.)			
6 Amount (\$) \$1,450.00	7 Payee address City: State: Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
8 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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/07/2014	Payee name DeMayo Cellular			
Amount (\$) \$164.92	Payee address City: State: Zip Code 3807 N I-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE	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 phones <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 09/30/2014	Payee name Facebook, Inc.			
Amount (\$) \$14.98	Payee address City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	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:
Date 10/16/2014	Payee name Facebook, Inc.			
Amount (\$) \$24.97	Payee address City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	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:

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: 4/17 Report: 43/56		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/01/2014		5 Payee name Forsythe, Chandler (Mr.)			
6 Amount (\$) \$88.00		7 Payee address City: State: Zip Code 201 E. 21st W0305 Austin, TX 78705			
8 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"/> Contract Labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/15/2014		Payee name Forsythe, Chandler (Mr.)			
Amount (\$) \$88.00		Payee address City: State: Zip Code 201 E. 21st W0305 Austin, TX 78705			
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"/> 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:	
Date 10/01/2014		Payee name Griffith Descendants, LLC			
Amount (\$) \$2,780.00		Payee address City: State: Zip Code 3536 Bee Caves Rd #310 Austin, TX 78746			
PURPOSE OF EXPENDITURE		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/01/2014		Payee name Haule, Margaret (Ms.)			
Amount (\$) \$231.00		Payee address City: State: Zip Code 3405 Texas Topaz Dr. Austin, TX 78728			
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"/> Contact 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.

1 PAGE # Schedule: 5/17 Report: 44/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/15/2014	5 Payee name Haule, Margaret (Ms.)				
6 Amount (\$) \$360.00	7 Payee address City: State: Zip Code 3405 Texas Topaz Dr. Austin, TX 78728				
8 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"/> Contact labor for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/01/2014	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 10/15/2014	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 10/01/2014	Payee name Kiobassa, Jolene (Ms.)				
Amount (\$) \$1,250.00	Payee address City: State: Zip Code 3007 West Ave Austin, TX 78705				
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.

1 PAGE # Schedule: 6/17 Report: 45/56		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/15/2014		5 Payee name Kiobassa, Jolene (Ms.)			
6 Amount (\$) \$1,250.00		7 Payee address City: State: Zip Code 3007 West Ave Austin, TX 78705			
8 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"/> Contact Labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/15/2014		Payee name Lines, Travis (Mr.)			
Amount (\$) \$412.50		Payee address City: State: Zip Code 3701 Turtlecreek Blvd Apt 9F Dallas, TX 75219			
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"/> 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:	
Date 10/01/2014		Payee name Minguell, Tomas (Mr.)			
Amount (\$) \$253.00		Payee address City: State: Zip Code 2614 Canterbury Austin, TX 78759			
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"/> 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:	
Date 10/15/2014		Payee name Minguell, Tomas (Mr.)			
Amount (\$) \$216.00		Payee address City: State: Zip Code 2614 Canterbury Austin, TX 78759			
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"/> Contact 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.

1 PAGE # Schedule: 7/17 Report: 46/56		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/22/2014	5 Payee name Net Victories				
6 Amount (\$) \$48.00	7 Payee address City: State: Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006				
8 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"/> Campaign email services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/24/2014	Payee name Net Victories				
Amount (\$) \$58.80	Payee address City: State: Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign 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:
Date 09/30/2014	Payee name Office Max				
Amount (\$) \$97.41	Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	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 - toner		
	<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 10/09/2014	Payee name Office Max				
Amount (\$) \$13.52	Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	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 - 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.

1 PAGE # Schedule: 8/17 Report: 47/56		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/10/2014	5 Payee name Office Max				
6 Amount (\$) \$197.52	7 Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
8 PURPOSE OF EXPENDITURE	(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"/> Campaign office supplies - toner, paper		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/12/2014	Payee name Office Max				
Amount (\$) \$181.84	Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	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 - toner, 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:
Date 10/15/2014	Payee name Office Max				
Amount (\$) \$184.00	Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	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"/> Color toner 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:
Date 10/18/2014	Payee name Office Max				
Amount (\$) \$95.25	Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	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 - toner, labels		
	<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.

1 PAGE # Schedule: 9/17 Report: 48/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/20/2014		5 Payee name Office Max			
6 Amount (\$) \$110.39		7 Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
8 PURPOSE OF EXPENDITURE		(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"/> Campaign office supplies - toner, pins, seals <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 10/20/2014		Payee name Office Max			
Amount (\$) \$9.74		Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
PURPOSE OF EXPENDITURE		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 copy 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 10/25/2014		Payee name Pirya, Inc.			
Amount (\$) \$471.41		Payee address City: State: Zip Code 144 2nd St. 1st floor San Francisco, CA 94105			
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"/> Cumulative donation processing fees for reporting period <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 09/26/2014		Payee name Rindy & Associates, Inc.			
Amount (\$) \$8,744.23		Payee address City: State: Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
PURPOSE OF EXPENDITURE		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:	

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: 10/17 Report: 49/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/02/2014	5 Payee name Rindy & Associates, Inc.				
6 Amount (\$) \$1,519.46	7 Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702				
8 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				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2014	Payee name Rindy & Associates, Inc.				
Amount (\$) \$1,898.00	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702				
PURPOSE OF EXPENDITURE	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:
Date 10/15/2014	Payee name Rindy & Associates, Inc.				
Amount (\$) \$2,398.00	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702				
PURPOSE OF EXPENDITURE	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:
Date 10/20/2014	Payee name Rindy & Associates, Inc.				
Amount (\$) \$17,928.00	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702				
PURPOSE OF EXPENDITURE	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:

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: 11/17 Report: 50/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 10/20/2014	5 Payee name San Antonio Garage			
6 Amount (\$) \$15.00	7 Payee address City: State: Zip Code 2420 San Antonio Street Austin, TX 78705			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/13/2014	Payee name South Austin Democrats			
Amount (\$) \$55.00	Payee address City: State: Zip Code P.O. Box 152592 Austin, TX 78715			
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 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:
Date 10/03/2014	Payee name Staples			
Amount (\$) \$259.77	Payee address City: State: Zip Code 1201 Barbara Jordan Blvd. Suite 700 Austin, TX 78723			
PURPOSE OF EXPENDITURE	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 - toner <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 10/07/2014	Payee name Staples			
Amount (\$) \$93.08	Payee address City: State: Zip Code 1201 Barbara Jordan Blvd. Suite 700 Austin, TX 78723			
PURPOSE OF EXPENDITURE	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 - toner <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.

1 PAGE # Schedule: 12/17 Report: 51/56		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 09/27/2014		5 Payee name Taco Shack			
6 Amount (\$) \$21.31		7 Payee address City: State: Zip Code 2825 Guadalupe St Austin, TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/04/2014		Payee name Taco Shack			
Amount (\$) \$44.57		Payee address City: State: Zip Code 2825 Guadalupe St Austin, TX 78705			
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:	
Date 10/04/2014		Payee name Taco Shack			
Amount (\$) \$27.13		Payee address City: State: Zip Code 4002 N. Lamar Austin, TX 78757			
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:	
Date 10/11/2014		Payee name Taco Shack			
Amount (\$) \$58.13		Payee address City: State: Zip Code 2825 Guadalupe Austin, TX 78705			
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.

1 PAGE # Schedule: 13/17 Report: 52/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 10/18/2014	5 Payee name Taco Shack			
6 Amount (\$) \$42.63	7 Payee address City: State: Zip Code 2825 Guadalupe Austin, TX 78705			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) 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			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/25/2014	Payee name Taco Shack			
Amount (\$) \$14.69	Payee address City: State: Zip Code 2825 Guadalupe St Austin, TX 78705			
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:
Date 10/16/2014	Payee name The Maids			
Amount (\$) \$94.18	Payee address City: State: Zip Code 8514 Cameron Rd Austin, TX 78754			
PURPOSE OF EXPENDITURE	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 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:
Date 09/26/2014	Payee name Thompson & Knight LLP			
Amount (\$) \$455.00	Payee address City: State: Zip Code 98 San Jacinto Blvd Ste 1900 Austin, TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Legal fees for campaign matters	
	<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.

1 PAGE # Schedule: 14/17 Report: 53/56		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/23/2014	5 Payee name Tom Hurt Architecture, Inc.				
6 Amount (\$) \$82.50	7 Payee address City; State; Zip Code 409 West 14th Street Austin, TX 78701				
8 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"/> Contract labor for graphic services <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/07/2014	Payee name United States Postal Service - North Austin Station				
Amount (\$) \$980.00	Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <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 10/08/2014	Payee name United States Postal Service - North Austin Station				
Amount (\$) \$490.00	Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <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 10/08/2014	Payee name United States Postal Service - North Austin Station				
Amount (\$) \$490.00	Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <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.

1 PAGE # Schedule: 15/17 Report: 54/56		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 10/09/2014	5 Payee name United States Postal Service - North Austin Station			
6 Amount (\$) \$980.00	7 Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705			
8 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"/> Postage	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/10/2014	Payee name United States Postal Service - North Austin Station			
Amount (\$) \$980.00	Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
	<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 10/14/2014	Payee name United States Postal Service - North Austin Station			
Amount (\$) \$980.00	Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
	<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 10/22/2014	Payee name Wells Fargo			
Amount (\$) \$12.00	Payee address City; State; Zip Code 501 S Congress Ave Austin, TX 78704			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank fee	
	<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.

1 PAGE # Schedule: 16/17 Report: 55/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 10/01/2014	5 Payee name Worley Printing Co, Inc.				
6 Amount (\$) \$126.65	7 Payee address City: State: Zip Code 3217 North IH 35 Austin, TX 78722				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign sticker printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2014	Payee name Worley Printing Co, Inc.				
Amount (\$) \$1,733.89	Payee address City: State: Zip Code 3217 North IH 35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign letter printing 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 10/17/2014	Payee name Worley Printing Co, Inc.				
Amount (\$) \$56.29	Payee address City: State: Zip Code 3217 North IH 35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	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"/> Design services for campaign mailing 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:
Date 10/20/2014	Payee name Worley Printing Co, Inc.				
Amount (\$) \$169.95	Payee address City: State: Zip Code 3217 North IH 35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign flyer printing		
	<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.

1 PAGE # Schedule: 17/17 Report: 56/56		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 10/22/2014	5 Payee name Worley Printing Co, Inc.			
6 Amount (\$) \$92.82	7 Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign letter printing services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held: