CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	(MS)/MRS/MR FIRST Kathryne	μ ₁	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Tovo	00// 00	AU 2017
4 CANIDIDATE /		CITY; STATE; ZIP CODE	AUSTIN CI' RECE 117 JAN 17
4 CANDIDATE / OFFICEHOLDER			REC N 1
MAILING ADDRESS	809 West 32nd S-	t. Austin, Tx 78705	OFFI 7
Change of Address			TIN CITY CL RECEIVED AN 17 AM
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	im ئىر
PHONE	(512) 565.5361		Date Hand-delivered or Dat Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Joseph		Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
<u>-</u> .	Pinnelli		
7 CAMPAIGN TREASURER ADDRESS	P.O. Box 500 38		ZIP CODE
(Residence or Business)	Austin, Tx 787	163	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 478-5958	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
		ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	M onth Day Year	Month	Day Year
COVERED	7/1/2016	THROUGH 12 /	31 /2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (a known)
	City Council District "	9 NIA	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Kathrync	B. Tovo	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	ĺ		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$ 場内は、00		\$
			* * 1414.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		* \$ 531.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 161,807.06		
18 AFFIDAVIT			, , , , , , , , , , , , , , , , , , , ,
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notory Public. State of Texas Comm. Expires 12-09-2018			
Notary ID 130047466 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE			
Sworn to and subscribed day of		to certify which, witness my hand and seal of office.	, this the <i>_</i> /
Odla	_0	- John Acosta	Notary Public
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILERNAME Kathryne B. Tovo	3 Filer ID (Ethics Commission Filers) 0000,5000	
4 Date 7/25/16	5 Payee name Wells Fargo		
6 Amount (\$)	7 Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx 78703		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Accounting / banking	(b) Description (See instructions regarding type of information required.) Monthly Service fee	
Date 8/22/16	Payee name Wells Fargo	1 monthing service tec	
Amount (\$)	Payee address; City; State; Zip Code 1601 West 35th St Austin, Tx 78703		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting /banking	Description (See instructions regarding type of information required.) Monthly Service Fee	
Date 9/23/16	Payee name Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx, 78703		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting /banking	Description (See instructions regarding type of information required.) monthly Service Fee	
Date 10/25/16	Payee name Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx., 78703	_	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting / banking	Description (See instructions regarding type of information required.) monthly service fee	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedute I	2 FILERNAME Kathryne B Tovo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Wells Fargo	
6 Amount (\$)	7 Payee address; City: State; Zip Code 1601 West 35th St Austin, Tx 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Accounting / banking	(b) Description (See instructions regarding type of information required.) monthly Service fee
Date 12/22/16	Payee name Wells Fargo	171011111
Amount (\$)	Payee address; City; State; Zip Code 1601 West 35th St Austin, Tx 78703	<u>.</u>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting / banking	Description (See instructions regarding type of information required.) monthly Service fee
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME Kathryne B. Tovo		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/16	5 Payee name NAACP Austin	n Branch	
6 Amount (\$) # 75 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1709 E. 12th St Austin, Tx, 78		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	1 🗂	le of Texas. Complete Schedule T. X, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
Date: 11/29/16	Payee name NAACP Austin Br	anch	
Amount (\$) 150 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1709 E. 12th Street Austin, Tx, 78702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Check if Austin, T.	ie of Texas. Complete Schedule T. X., officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date 8/11/16	Payee name Our City, Our Safe	ty , Our Ch	oice
Amount (\$)	Payee address; City; State; Zip Code P.O. Box 6193		
Reinfoursement from political contributions intended	Austin, Tx 78763	<u> </u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions / donations	1 🗖	le of Texas. Complete Schedule T. X, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credi Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polting Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME Kathryne B. Tovo	3 Filer ID (Ethics Commission Filers)	
4 Date 9-20-16	5 Payee name Capital Area Progre	ssive Democrats	
6 Amount (\$) \$ (_()	7 Payee address; City; State; Zip Code P.G. Box 413	•	
Reimbursement from political contributions intended	Austin, Tx 7876		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought Office held	
Date	Payee name		
1014/16	South Austin Dem		
Amount (\$)	Payee address; City; State; Zip Code		
\$75	P.O. Box 152592		
Reimbursement from political contributions intended	Austin, Tx 78715-2592		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	•	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
	Kathryne B. Tovo	00005000
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	. \$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	vos \$ 1,360
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	entributions \$ 54.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	ions \$