# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
The C/OH Instruction G	uide explains how to complete this form.	0000500	13	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE	USE ONLY
NAME	Kathryn	e B	Date Received	
	NICKNAME LAST	SUFFIX		۳ 1018
	Kathie Tovo			7
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	-	RI JAN
OFFICEHOLDER MAILING ADDRESS	809 West 32nd 2	St Austin Tx 78705	-	ECEIVED
Change of Address				Am /ED
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION		۲ ۲ ۲
PHONE	(512) 565 536		Date Hand-delivered	<sup>2</sup> دی
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
TREASURER NAME	MIR. Joseph		Date Processed	1
	NICKNAME LAST	SUFFIX	Date Imaged	
	Pinnelli		Dale Inaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UTE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	P.O. Box	50038		
(Residence or Business)	Austin, Tx			
	AUSTINI, IX	10100		
8 CAMPAIGN • TREASURER PHONE	AREA CODE PHONE NUMBER (512) 478-5958	EXTENSION		
9 REPORT TYPE				
	January 15 30th day before e	lection Runoff	15th day afte treasurer ap (Officeholder	pointment
	July 15 Sth day before ele	ction Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year	
	07/01/2017	тняоидн 12/	31 / 17	
11 ELECTION	ELECTION DATE			
	Month Day Year Primary	Runoff Other Description		
e e e e e e e e e e e e e e e e e e e	11/06/18 General	Special ,		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)	
	Council Member Distric		, ,	- 9
GO TO PAGE 2				

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	Kathnyne	BTOVO	<b>15</b> Filer ID (Ethics Commission Filers) 000500
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE V INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		:
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,050.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,580.62
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	1,473.09
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 161,807.06

#### 18 AFFIDAVIT

ROBERTO ACOSTA Notary Public, State of Texas Comm. Expires 04-21-2019 Notary ID 130198533	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.
Sworn to and subscribed before me, by the said KATHE day of <u>JANUARI</u> , 20 <u>15</u> , to certify which, with RAS A ROBER	WE B. TOV, this the 12TH ess my hand and seal of office. TO ACOSTA NOTARY PUBLIC of officer administering oath

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SUBTOTALS -	C/OH
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#### FORM C/OH COVER SHEET PG 3

L			
19	FILERNAME ZO FILE Kathryne B. Tovo	ler ID (Ethics Commiss 00005	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.		. <b>\$</b>	1,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	SCHEDULE E: LOANS	\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$	54.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	Ó
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	IBUTIONS \$	C
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	755.62
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	825.00
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		Ö
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		JTIONS \$	0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Kathryne B. Tovo		<b>3</b> Filer ID (Ethics Commission Filers) $000500$
4 Date	5 Full name of contributor Out-of-state PAC		7 Amount of contribution (\$)
12-9-17	6 Contributor address; City; State;	Zip Code	\$ 10G
	1701 Bouldin Avenue Aus	stin, Tx toto	
8 Principal occur		9 Employer (See Instruc	
	Communications specialist	Texas Health	and Human Dervices
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See instruc	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instr		

ΜΟΝΕΊ	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Kathryne B. Tovo		<b>3</b> Filer ID (Ethics Commission Filers) $000500$
4 Date 12-9-18	<ul> <li>5 Full name of contributor □ out-of-state PAC (I)</li> <li>William BurKhardt</li> <li>6 Contributor address; City; State;</li> </ul>	Zip Code	7 Amount of contribution (\$) 52200.00
	802 Christopher St. Austin 7	•	()
8 Principal occu	Pation / Job title (See Instructions) 9 Architect	Employer (See Instruct brKart studi	
Date	Full name of contributor 🗌 out-of-state PAC (I	D#:)	Amount of contribution (\$)
12-9-18	JeH Lowell Hanna Contributor address; City; State;	Zip Code	\$350,00
	6112 Highlandale DR. Austin	, Tx 78731-0000	
Principal occup Senio	R Vice President	Employer (See Instruct Texas Law	yers Insurance Extrange
Date		D#:)	Amount of contribution (\$)
12-9-18	Ann Den Kler Contributor address; City; State;	Zip Code	\$ 350.00
	6112 Highlandale Dr. Austin	Tx 78731-0000	,
	bation / Job title (See Instructions)	Employer (See Instruct	
Exec	utive assistant	Travis Col	unty
Date	Full name of contributor Dout-of-state PAC (1)	D#:)	Amount of contribution (\$)
12-9-18		Zip Code	\$ 50.06
	10507 Cooper Hill Dr. Austin Dation / Job title (See Instructions) Dolicy advisor / executive assistant	Employer (See Instruct	·
		-	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruc		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Of Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Jilling Expense Inting Expense Naries/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 ho	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Kathryne	B. Tovo	3 Filer 1D (Ethics Commission Filers) 00005000
4 Date	5 Payee name		
7-25-17 6 Amount (\$)	7 Payee address; City; State; Zip C	rarg 0	
	1601	West 35th St	
\$1 9	Austh	n Tx 7876	5
8	(a) Category (See Categories listed at the top of this sched		
PURPOSE OF			outside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE	0 Norther Ving		• •
	Accounting / banking		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-22-17	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip C		
\$ 9	1601 West 35H Austin, TX 7		
······.	Category (See Categories listed at the top of this sched		, baitat <b>Herem</b> ert <b>Bait</b> (Br
PURPOSE OF EXPENDITURE	Accounting /banking		utside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name t	Office sought	Office held
Date	Payee name		
9-25-17	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip C		<b>2</b> .
\$19	1601 West 35t Austin, Tr		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Accounting / banking	iule) Description Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office ( Food/Beverage Expense Polling y Gitt/Awards/Merrorials Expense Printing	epayment/Reimbursement Sverhead/Rental Expense Expense J Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		- ONG	<b>3</b> Filer ID (Ethics Commission Filers)
4 Date 10-24-17	5 Payee name Wells Fargo		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 9	1601 West Austin, -	35th St Tx 78705	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting / bankin	Check if Austi	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name t	Office sought	Office held
Date	Payee name	,	······································
11-22-17	Wells Fargo		:
Amount (\$)	Payee address; City; State; Zip Code		
\$9	1601 West 3 Austin, 7		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / banking		utside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-22-17	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code		
\$19	1601 West 35th Austin, Tx 785		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / ban King		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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EXPENDITU	RES MADE BY CREDIT CA	RD SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Reimbursement Solicitation/Fundraising Expense Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Kathryne B. Tovo	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDI	TCARD \$
5 Date 12-8-17 7 Amount (\$) \$ 38.62	6 Payee name <u>Office</u> Max 8 Payee address; City; State; Zip Code 907 West 5th St. Austin,	Tx 78703
9 TYPE OF EXPENDITURE	Political Non-Political	· · · · · · · · · · · · · · · · · · ·
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead / campaign Office supplies	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office :	sought Office held
Date 12 - 18 - 17	Payee name Central Park US Post Of	fice
Amount (\$)	Payee address; City; State; Zip Code	
. \$82.00	3507 North Lamar Blud	Austin Tx 78705-9997
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead / post office box rental	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office :	sought Office held
Forms provided by Texas Ethics	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED Revised 9/8/2015

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EXPENDITU	RES MADE BY CREDIT CARD	SCHEDULE F4	
	EXPENDITURE CATEGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILEBNAME Kathnyne B Tovo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b> ()	
5 Date <u> </u>	6 Payee name <u>Capital Area Progressive Dema</u> 8 Payee address; City; State; ZipCode PO Box HI3	ocrats	
\$100	Austin, TX 78767		
9 TYPE OF EXPENDITURE	Political Non-Political		
10 PURPOSE OF EXPENDITURE		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Of	11 Complete ONLY if direct         Candidate / Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held		
Date 9-9-17 Amount (\$)	Payee name <u>Committee for Austin's Children PA(</u> Payee address; City; State; Zip Code	1 	
\$250	PO Box 301074 Austin Tx 78703		
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE		n Iravel outside of Texas. Complete Schedule T. I Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED	

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EXPENDITU	RES MADE BY CREDIT CARD	SCHEDULE F4	
	EXPENDITURE CATEGORIES FOR BOX 10	D(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokder/Politica	al Committee Legal Services Salaries/Wages/Contract I	xpense Transportation Equipment & Related Expense Travel In District Travel Out Of District Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to complete this		
1 Total pages Schedule F4:	2 FILER NAME Kathryne B Tovo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CAR	RD <b>\$</b>	
5 Date	6 Payee name		
10-11-17	Capital Area Democratic	Women	
7 Amount (\$)	8 Payee address; City; State; Zip Code	$\sim$	
st 150	P.O. Box 1296	1	
0	Capitol City, Ti	$x + 8 \pm (1)$	
TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories fisted at the top of this schedule) (b) D	escription	
PURPOSE OF EXPENDITURE	Event expense /sponsorship	Check if travel outside of Texas. Complete Schedule T.	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	11 Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held		
Date	Payee name		
12-16-17	Black Austin Democrat	ts	
Amount (\$)	Payee address; City; State; Zip Code		
\$ 30	Austin, Tx 78767		
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule) D	lescription	
PURPOSE OF		Check il travel outside of Texas. Complete Schedule T.	
EXPENDITURE	other / membership L	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
·	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED	

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EXPENDITU	RES MADE BY CREDIT CA	RD SCHEDULE F4			
EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhead Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense	e Travel Out Of District			
	The Instruction Guide explains how to comp				
Total pages Schedule F4:	Total pages Schedule F4:2 FILER NAME3 Filer ID (Ethics Commission Filers)HKathryne BTOVO00005000				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	IT CARD \$			
5 Date 10-3-17	6 Payee name South Austin Democrats				
7 Ámount (\$)	8 Payee address; City; State; Zip Code P.O. Box 152592				
¢105	Austin, Tx 78715-2592				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT expense / Sponsorship				
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held					
Date	Payee name				
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Politica	2			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office ( Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Kathryne B. Tovo		3 Filer ID (Ethics Commission Filers) 0000500		
4 Date 11-19-17	5 Payee name St. David's Episcopal (	Church			
· · · · · · · · · · · · · · · · · · ·					
6 Amount (\$) \$200.00 ☐ Reimbursement from political contributions intended 7 Payee address; City; State; Zip Code 301 East 8th Street Austin, Tx 78701					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		le ol Texas. Complete Schedule T. X., officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
Date 10-10-17	Payee name AFSCME Vote PAC				
Arnount (\$) \$ 20.00 Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other /t-Shirt		le of Texas. Complete Schedule T. X. officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Office held					
Date 10-17-17 Arnount (\$) \$1250 Reimbursement from political contributions intended PURPOSE	Payee name Southwest Rapid Rewards ( Payee address; City; State; ZIP Code PO BOX 94014 Palatine IL 60094 Category (See Categories listed at the top of this schedule) Contributions / donations	(	le of Texas, Complete Schedule T,		
	made by candidate	Check if Austin, T	X, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Andors & Control	EXPENDITURE CATEGORIES FOR BOX 8(a)					
1       Total pages Schedule G       2       Filer ID (Ethics Commission Filere)         1       0 Date       3       Filer ID (Ethics Commission Filere)         4       Date       3       Filer ID (Ethics Commission Filere)         1       0.117 - 17       Southwest Rapid Rewards (hase Visa         6       Amount (s)       7       Payee anne         1       0.117 - 17       Southwest Rapid Rewards (hase Visa         1       0.000300       PO Box 9H014         1       Batefunction filero)       Payee address:       City: State: Zip Code         1       0.0004       Pol Box 9H014       Constituent code of hase Organization filero)         10       0.0005       Code of Automistic filero       Poleconstruction         10       0.0004       Category (Bee Categories lated at the top of the schedule)       (P) Description         10       Complete ORX 11 direct       Candidate / Officoholder name       Office sought       Office hald         100       Payee name       Control Ethics Complete Schedule       (P) Description       Office hald         100       Payee name       Control Ethics Complete Schedule       (P) Description       Office hald         100       Payee name       Control Ethics Complete Schedule       (P) Descripti	Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	ffice Overhead/Rental Expense olling Expense rinting Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District		
2       Kathnync BTovo       0000500         4 Date       5 Payee name       Southwest Rapid Rewords (hase Visa         6 Anour (8)       7 Payee address:       City: Same, Zp Code         9 I 105       PO Box 94014         Putroose       Palatnie, IL 60094-4014         Putroose       (9) Catogory (see Catogories lated at the top of the schedule         9 Complete CML 11 direct       (9) Catogory (see Catogories lated at the top of the schedule         9 Complete CML 11 direct       Candidate / Officeholder name       Office acught         Date       Payee name       Catogory (see Catogories lated at the top of the schedule)         Poteorea       Catogory (see Catogories lated at the top of the schedule)         Date       Payee name       Catogory (see Catogory (see Catogories lated at the top of the schedule)         Poteorea       Payee name       City: State; Zp Code         Anour (5)       Payee name       City: State; Zp Code         9 Complete CML 11 diffice       Payee name       City: State; Zp Code         9 Complete CML 11 diffice       Payee address;       City: State; Zp Code         9 Complete CML 11 diffice       Catogory (see Catogories listed at the top of the schedule)         Catogory (see Catogories listed at the top of the schedule)       City: State; Zp Code         PUHOOSE	Credit Card Payment	The Instruction Guide explains h	ow to complete this form.			
4 Date       5 Payee name         10-17-17       Southwest Rapid Rewards (hase Visa)         6 Amount (s)       7 Payee address:         9 DBox 9H014       Bertsansmintering         9 Depose       (4) Category (see Categories Isted at the two of the schedule)         9 Depose       (4) Category (see Categories Isted at the two of the schedule)         9 Complete CMLY II direct       Sponsortship         9 Complete CMLY II direct       Candidate / Officeholder name         9 Complete CMLY II direct       Candidate / Officeholder name         9 Complete CMLY II direct       Southwest Rapid Rewards Chase Visa         9 Complete CMLY II direct       Candidate / Officeholder name         9 Complete CMLY II direct       Southwest Rapid Rewards Chase Visa         9 Complete CMLY II direct       Category (see Categories Isted at the two of the schedule)         10 Date       Payee name         9 Category (see Categories Isted at the two of the schedule)       (b) Description         10 Date       Payee address:       City: State; Zp Code         9 LineOSE       Category (see Categories Isted at the two of the schedule)         10 Date       Category (see Categories Isted at the two of the schedule)         10 Date       Category (see Categories Isted at the two of the schedule)         11 - 3 - 17       Payee name <th>1 Total pages Schedule G:</th> <th></th> <th>)</th> <th>, , , , , , , , , , , , , , , , , , , ,</th>	1 Total pages Schedule G:		)	, , , , , , , , , , , , , , , , , , , ,		
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Forms provided by Texas Ethics Commission www.ethics.state.ty.us Deviced 9/9/2015	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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