

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 Filer ID (Ethics Commission Filers)</b> 0000500	<b>2 Total pages filed:</b> 13
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <b>Kathryne</b> MI <b>B</b> NICKNAME <b>Kathie</b> LAST <b>Tovo</b> SUFFIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 West 32nd St Austin Tx 78705 <input type="checkbox"/> Change of Address		<b>OFFICE USE ONLY</b> Date Received 2018 JAN 12 AM 11:32 RECEIVED AUSTIN CITY CLERK
	AREA CODE <b>(512)</b> PHONE NUMBER <b>565 5361</b> EXTENSION MS / MRS / MR <b>Mr.</b> FIRST <b>Joseph</b> MI NICKNAME LAST <b>Pinnelli</b> SUFFIX		
<b>4 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr.</b> FIRST <b>Joseph</b> MI NICKNAME LAST <b>Pinnelli</b> SUFFIX		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
<b>5 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 50038 Austin, Tx 78763		
<b>6 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(512)</b> PHONE NUMBER <b>478-5958</b> EXTENSION		
<b>7 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>8 PERIOD COVERED</b>	Month Day Year    Month Day Year 07 / 01 / 2017    THROUGH    12 / 31 / 17		
<b>9 ELECTION</b>	ELECTION DATE Month Day Year 11 / 06 / 18 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>10 OFFICE</b>	OFFICE HELD (if any) Council Member District 9		
<b>11 OFFICE SOUGHT (if known)</b> Council Member District 9			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Kathryne B Tovo

15 Filer ID (Ethics Commission Filers)

0000500

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ .00

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

\$ 1,050.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,580.62

CONTRIBUTION  
BALANCE

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

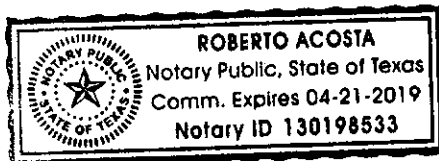
\$ 1,473.09

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



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Kathryne B Tovo*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said KATHRYNE B. TOVO, this the 12TH day of JANUARY, 20 18, to certify which, witness my hand and seal of office.

*Roberto Acosta*  
Signature of officer administering oath

ROBERTO ACOSTA  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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

<b>19 FILER NAME</b> Kathryne B. Tovo		<b>20 Filer ID (Ethics Commission Filers)</b> 0000500
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,050.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 54.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 755.62
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 825.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>Kathryne B. Tove</u>		3 Filer ID (Ethics Commission Filers) <u>0000500</u>
4 Date <u>12-9-17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles C. Watton</u> 6 Contributor address; City; State; Zip Code <u>1701 Bouldin Avenue Austin, Tx 78704-3419</u>	7 Amount of contribution (\$) <u>\$100</u>
8 Principal occupation / Job title (See Instructions) <u>Communications specialist</u>		9 Employer (See Instructions) <u>Texas Health and Human Services</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Kathryne B. Tovo		3 Filer ID (Ethics Commission Filers) 0000500
4 Date 12-9-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Burkhardt 6 Contributor address; City; State; Zip Code 802 Christopher St. Austin Tx 78704-1618	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) brKart studio
Date 12-9-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jett Lowell Hanna Contributor address; City; State; Zip Code 6112 Highlandale Dr. Austin, Tx 78731-0000	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Texas Lawyers' Insurance Exchange
Date 12-9-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann DenKlee Contributor address; City; State; Zip Code 6112 Highlandale Dr. Austin Tx 78731-0000	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Executive assistant		Employer (See Instructions) Travis County
Date 12-9-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joi B. Harden Contributor address; City; State; Zip Code 10507 Cooper Hill Dr. Austin Tx 78758	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior policy advisor / executive assistant		Employer (See Instructions) City of Austin

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Kathryne B. Tovo</b>	3 Filer ID (Ethics Commission Filers) <b>00005000</b>
4 Date <b>7-25-17</b>	5 Payee name <b>Wells Fargo</b>	
6 Amount (\$) <b>\$9</b>	7 Payee address; City; State; Zip Code <b>1601 West 35th St Austin Tx 78705</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <b>Accounting / banking</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>8-22-17</b>	Payee name <b>Wells Fargo</b>	
Amount (\$) <b>\$9</b>	Payee address; City; State; Zip Code <b>1601 West 35th St Austin, Tx 78705</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Accounting / banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>9-25-17</b>	Payee name <b>Wells Fargo</b>	
Amount (\$) <b>\$9</b>	Payee address; City; State; Zip Code <b>1601 West 35th St Austin, Tx 78705</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Accounting / banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Kathryne B Tove	<b>3</b> Filer ID (Ethics Commission Filers) 00005006
<b>4</b> Date 10-24-17	<b>5</b> Payee name Wells Fargo	
<b>6</b> Amount (\$) \$9	<b>7</b> Payee address; City; State; Zip Code 1601 West 35th St Austin, Tx 78705	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting / banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 11-22-17	Payee name Wells Fargo	
Amount (\$) \$9	Payee address; City; State; Zip Code 1601 West 35th St Austin, Tx 78705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting / banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 12-22-17	Payee name Wells Fargo	
Amount (\$) \$9	Payee address; City; State; Zip Code 1601 West 35th St Austin, Tx 78705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting / banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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**

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>4</b>	2 FILER NAME <b>Kathryne B. Tovo</b>	3 Filer ID (Ethics Commission Filers) <b>00005000</b>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>0</b>
5 Date <b>12-8-17</b>	6 Payee name <b>Office Max</b>	
7 Amount (\$) <b>\$38.62</b>	8 Payee address; City; State; Zip Code <b>907 West 5th St. Austin, Tx 78703</b>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Office overhead/campaign office supplies</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <b>12-18-17</b>	Payee name <b>Central Park US Post Office</b>	
Amount (\$) <b>\$82.00</b>	Payee address; City; State; Zip Code <b>3507 North Lamar Blvd Austin Tx 78705-9997</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office overhead / post office box rental</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>4</b>	2 FILER NAME <b>Kathryne B Tovo</b>	3 Filer ID (Ethics Commission Filers) <b>00005008</b>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>0</b>
5 Date <b>8-14-17</b>	6 Payee name <b>Capital Area Progressive Democrats</b>	
7 Amount (\$) <b>\$100</b>	8 Payee address; City; State; Zip Code <b>PO Box 413 Austin, Tx 78767</b>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expense / sponsorship</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>9-9-17</b>	Payee name <b>Committee for Austin's Children PAC</b>	
Amount (\$) <b>\$250</b>	Payee address; City; State; Zip Code <b>PO Box 301074 Austin Tx 78703</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions / donations made by candidate</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <div style="text-align: center; font-size: 1.2em;">4</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">Kathryne B Tovo</div>	<b>3</b> Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">00005000</div>
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <div style="text-align: center; font-size: 1.2em;">0</div>
<b>5</b> Date <div style="text-align: center; font-size: 1.2em;">10-11-17</div>	<b>6</b> Payee name <div style="text-align: center; font-size: 1.2em;">Capital Area Democratic Women</div>	
<b>7</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$150</div>	<b>8</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">P.O. Box 12962 Capitol City, Tx 78711</div>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Event expense / sponsorship</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date <div style="text-align: center; font-size: 1.2em;">12-16-17</div>	Payee name <div style="text-align: center; font-size: 1.2em;">Black Austin Democrats</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$30</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">PO Box 212 Austin, Tx 78767</div>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">other / membership</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <div style="text-align: center; font-size: 1.5em;">4</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">Kathryne B ToVO</div>	<b>3</b> Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">00005000</div>
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <div style="text-align: center; font-size: 1.5em;">0</div>
<b>5</b> Date <div style="text-align: center; font-size: 1.2em;">10-3-17</div>	<b>6</b> Payee name <div style="text-align: center; font-size: 1.2em;">South Austin Democrats</div>	
<b>7</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$105</div>	<b>8</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">P.O. Box 152592 Austin, Tx 78715-2592</div>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Event expense / sponsorship</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
TYPE OF EXPENDITURE	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="float: right;">                     Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                 </div>	
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**

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>		2 FILER NAME <b>Kathryne B. Tovo</b>		3 Filer ID (Ethics Commission Filers) <b>0000500</b>	
4 Date <b>11-19-17</b>		5 Payee name <b>St. David's Episcopal Church</b>			
6 Amount (\$) <b>\$200.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>301 East 8th Street Austin, Tx 78701</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Event expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10-10-17</b>		Payee name <b>AFSCME Vote PAC</b>			
Amount (\$) <b>\$20.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>7901 Cameron Road Bldg #2 Suite 300 Austin, Tx 78724</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>other / t-shirt</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10-17-17</b>		Payee name <b>Southwest Rapid Rewards Chase Visa</b>			
Amount (\$) <b>\$250</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>PO Box 94014 Palatine IL 60094-4014</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Contributions/donations made by candidate</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Kathryn B Tovo</b>	3 Filer ID (Ethics Commission Filers) <b>0000506</b>
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4 Date <b>10-17-17</b>	5 Payee name <b>Southwest Rapid Rewards Chase Visa</b>
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6 Amount (\$) <b>\$105</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>PO Box 94014 Palatine, IL 60094-4014</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expense / sponsorship</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-11-17</b>	Payee name <b>Southwest Rapid Rewards Chase Visa</b>
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Amount (\$) <b>\$100</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 94014 Palatine, IL 60094-4014</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense / sponsorship</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-3-17</b>	Payee name <b>Southwest Rapid Rewards Chase Visa</b>
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Amount (\$) <b>\$150</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 94014 Palatine, IL 60094-4014</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense / sponsorship</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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