CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)									
OFFICEHOLDER NAME Kathryne Kathryne NICKNAME LAST Tovo Tovo ADDRESS / PO BOX; APT / SUITE #; CITY; SOFFICEHOLDER MAILING ADDRESS Change of Address ADDRESS CAMPAIGN TREASURER NICKNAME LAST Tovo ADDRESS / PO BOX; APT / SUITE #; CITY; SOFFICEHOLDER MAILING ADDRESS Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged NICKNAME LAST Tovo ADDRESS / PO BOX; APT / SUITE #; CITY; Date Processed Date Imaged									
NAME NICKNAME LAST TOVO ADDRESS / PO BOX; APT / SUITE #; CITY; 809 West 32nd Street Change of Address Change of Address AMS / MRS / MR FIRST TOSO Date Received ELECTRONICALLY FILED 01/17/2022 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged Date Imaged	,								
NICKNAME LAST TOVO 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS Change of Address Austin, TX 78705 5 CAMPAIGN TREASURER NICKNAME LAST TOVO ADDRESS / PO BOX; APT / SUITE #; CITY; SUITE #; CITY; ADDRESS ADDRESS Bate Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged MI Insemb									
NICKNAME LAST TOVO 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS Change of Address Change of Address Boy West 32nd Street austin, TX 78705 Amount Date Processed Date Imaged MI TREASURER Date Imaged)								
Tovo 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS PO BOX; APT / SUITE #; CITY; Suite # Support									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; SUITE #; CITY; Suite # Support 809 West 32nd Street 800 West 32nd Street 800 West 32nd Stre									
OFFICEHOLDER MAILING ADDRESS Change of Address austin, TX 78705 TREASURER 809 West 32nd Street Receipt # Amount Date Processed Date Imaged MI TREASURER	a								
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Change of Address austin, TX 78705 Date Processed Date Imaged 5 CAMPAIGN TREASURER MS / MRS / MR FIRST MI Joseph									
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NAME Sosephi									
NICKNAME LAST SUFFIX	•••••								
Pinnelli									
	CODE								
TREASURER ADDRESS PO Box 50038									
(Residence or Business)									
Austin, TX 78763									
7 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION									
TREACHRED	AREA CODE PHONE NUMBER EXTENSION (512) 478-5958								
PHONE (312) 476-3936									
8 REPORT									
TYPE X January 15 30th day before election Runoff 15th day after campaign treasured appointment (officeholder only)	er								
July 15 Sth day before election Exceeded modified Final Report (Attach C/OH-FR)									
reporting limit									
9 PERIOD Month Day Year Month Day Year									
COVERED 07/01/2021 THROUGH 12/31/2021									
10 ELECTION ELECTION DATE ELECTION TYPE									
Month Day Year Primary Runoff Other									
General Special									
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)									
Council Member, District 9 Place 9 District 9 Travis Council Member, District 9 Place 9 District 9									
GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 7

13 C / OH NAME	Tovo, Kathryne			14 Filer ID 00090199	(Ethics Co	mmission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political experses may have been made with required to report this inform.	out the candidate's or off	ïceholder's k	nowledge or			
Additional Pages									
	COMMITTEE ADDRESS								
		COMMITTEE CA	MPAIGN TREASURER ADD	RESS					
16 CONTRIBUTION TOTALS			NS OF \$50 OR LESS (OTHI DANS), UNLESS ITEMIZED	ER THAN PLEDGES,	\$	0.00			
		AL CONTRIBUTION PLEDGES, LOANS	DNS 5, OR GUARANTEES OF LO	ANS)	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURE	ES OF \$100 OR LESS, UNLE	ESS ITEMIZED	\$	0.00			
	\$	437.67							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$	0.00						
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD						161,807.06			
17 AFFADAVIT	•								
			I swear, or affirm, under pe true and correct and include under Title 15, Election Cod	es all information required	accompanyir d to be repor	g report is ted by me			
				Kathryne Tovo					
	Signature of Candidate or Officeholder								
AFFIX NO	TARY STAMP / SEAL ABO	OVE							
Sworn to and subso		day							
of, 20, to certify which, witness my hand and seal of office.									
Signature of office	cer administering	Printed name	e of officer administering	Title of office	cer administe	ering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 7
_	ER NAN /o, Katl	(Eth	nics Commission Filers)		
	HEDULI ME OF :		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	\$	42.00		
6.		\$			
7.		\$			
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	263.78
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	131.89
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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 to complete this form.			
1	Total pages Schedule F1:	? FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/7	Tovo, Kathryne		00090199	
4	Date	Payee name	•		
	12/23/2021	Wells Fargo			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$7.00	1601 West 35th			
		AUSTIN, TX 78703			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if trav			plete Schedule T.
	EXI ENDITORE			officeholder living	expense
		monthly fee	е		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
9	expenditure to benefit C/O	Candidate/Oniceriolder name Onice sought		Office fie	au
	Date	Payee name			
	11/24/2021	Wells Fargo			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$7.00	1601 West 35th			
		AUSTIN, TX 78703			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	/ Cooding/Banking		de of Texas. Com officeholder living	plete Schedule T.
		monthly fee		omeenolder living	СХРСПОС
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	10/25/2021	Wells Fargo			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$7.00	1601 West 35th			
		AUSTIN, TX 78703			
	PURPOSE				
	OF	 a) Category (See Categories listed at the top of this schedule) Accounting/Banking 	vel outsic	de of Texas. Com	plete Schedule T.
	EXPENDITURE		stin, TX,	officeholder living	expense
		monthly fee	е		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/Ol				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	ift/Awards/Memorials Expense egal Services 'he Instruction Guide ex	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
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1	Total pages Schedule F1:		20				3	Filer ID	(Ethics Commission I	Filers)
L	Sch: 2/2 Rpt: 5/7	Tovo, Kathryi	<u></u>					00090199		
4	Date	5 Payee name								
	09/23/2021	Wells Fargo								
6	Amount (\$)	7 Payee address	; City;	State; Zip Co	nde					
ľ	\$7.00	1601 West 35		Otato, 2.p 00	<i>,</i> a c					
	Φ1.00	1001 MeSt 2	JUI							
		AUSTIN, TX	78703							
8	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description				
	OF	Accounting/B				_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	J	5			Check if Austin,	, TX,	officeholder living	expense	
						monthy fee				
9	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ıaht			Office he	eld	
ľ	expenditure to benefit C/OI				9					
⊨										
	Date	Payee name								
	08/23/2021	Wells Fargo								
	Amount (\$)	Payee address	; City;	State; Zip Co	ode					
	\$7.00	1601 West 35	ōth							
		AUSTIN, TX	70702							
	PURPOSE OF		Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Accounting/B	anking			=		de of Texas. Com officeholder living		
						_	, 17,	onicendider living	r expense	
	monthly fee									
L					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ight			Office he	eld	
	experialitate to benefit 6/01	1								
	Date	Payee name								
	07/23/2021	Wells Fargo								
H	Amount (\$)	Payee address	; City;	State: Zip Co	nde					
	\$7.00	1601 West 35			,					
	Ψ1.00	TOOT WEST S.	Ju 1							
		AUSTIN, TX	78703							
	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Accounting/B	anking					de of Texas. Com		
	LAFENDITORE					_	, TX,	officeholder living	expense	
						monthly fee				
L										
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	1								
H										

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 6/7 Tovo, Kathryne 00090199 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/14/2021 Austin Tejano Democrats Amount (\$) Payee address; City; State; Zip Code \$131.89 1805 Miles Avenue AUSTIN, TX 78745 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/26/2021 South Austin Democrats Amount (\$) Payee address; City; State; Zip Code \$131.89 4327 South 1st Street Austin, TX 78715 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 7/7 Tovo, Kathryne 00090199 Date Payee name 12/01/2021 Southwest Rapid Rewards Chase Visa 6 Amount (\$) Payee address; State; Zip Code City; \$131.89 P.O. Box 94014 Reimbursement from political contributions intended Palatine, IL 60094 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** for Capital Area Progressive Democrats Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH