CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1			
The C/OH Instruction	Guide explains how to comp	blete this form.	1 Filer ID (Ethics Commis 00090199		2 Total pages f	iled: 7
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Kathryne		MI		USE ONLY
NAME		. tottin jiro			Date Received	
	NICKNAME	LAST		SUFFIX	06/23/2021	
		Tovo		30111X		
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	809 West 32nd Street				Receipt #	Amount
Change of Address	austin, TX 78705				Data Drassand	
					Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	_	
NAME		Joseph				
	NICKNAME	LAST		SUFFIX		
		Pinnelli				
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	PO Box 50038					
(Residence or Business)	Austin, TX 78763					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(512) 478-5958					
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after ca	ampaign treasurer
					appointment (off	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TL	IROUGH	Month Day 06/30/202	Year	
	01/01/2021	IF	IKOUGH	06/30/202	T	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
		G	seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	Council Member, District	9 Place 9 Distric	t 9 Travis	Council Member	, District 9 Place	e 9 District 9
	GO TO PAGE 2					
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Ve	ersion V2.1.38b92f26

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 7

					2 of 7
13 C / OH NAME	Tovo, Kathryne		Filer ID 00090199	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the of d officeholders are required to report this information on	candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	N PLEDGES,	\$	0.00
TOTALS	2. TOTAL POLITIC	ARANTEES OF LOANS), UNLESS ITEMIZED ALCONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	```	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	1,698.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST RIOD	DAY OF THE	\$	499.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	\$	161,807.06
17 AFFADAVIT					
		I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.			
		Kath	ryne Tovo		
		Signature of Car	ndidate or Officehol	lder	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administeri	ng oath
- orms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version '	V2.1.38b92f26

SUBTOTALS - C/OH		
	C	OVER SHEET PG 3 3 of 7
18 FILER NAME Tovo, Kathryne	19 Filer ID 00090199	(Ethics Commission Filers)
20 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. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 42.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 828.00
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
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 TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/	V/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 F1: Sch: 1/2 Rpt: 4/7	The Instruction Guide explains how to complete 2 FILER NAME Tovo, Kathryne	3 Filer ID (Ethics Commission Filers) 00090199		
4 Date 05/24/2021	5 Payee name Wells Fargo			
6 Amount (\$) \$7.00	 Payee address; City; State; Zip Code 1601 West 35th AUSTIN, TX 78703 			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		
Date 04/22/2021 Amount (\$) \$7.00	Payee name Wells Fargo Payee address; City; State; Zip Code 1601 West 35th			
PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		
Date 03/22/2021 Amount (\$) \$7.00	Payee name Wells Fargo Payee address; City; State; Zip Code 1601 West 35th			
PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1				
		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	1		
	Sch: 2/2 Rpt: 5/7	Tovo, Kathryne 00090199			
4	Date 02/23/2021	5 Payee name Wells Fargo			
6	Amount (\$) \$7.00	 7 Payee address; City; State; Zip Code 1601 West 35th AUSTIN, TX 78703 			
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly fee 			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name	_		
	01/26/2021	Wells Fargo			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$7.00	1601 West 35th AUSTIN, TX 78703			
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
⊨	Date	Payee name	—		
	06/22/2021	Wells Fargo			
	Amount (\$) \$7.00	Payee address; City; State; Zip Code 1601 West 35th			
		AUSTIN, TX 78703			
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly fee 			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE	ES MADE	BY CREDIT	CARD		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Committee	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Loan Rey Office Ov Polling E se Printing E Salaries/	bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	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: Sch: 1/1 Rpt: 6/7	2 FILER NAM Tovo, Kath				3 Filer ID (Ethics Commission Filers) 00090199
⁴ TOTAL OF UNITEMI	ZED EXPENI	DITURES CHARGE	D TO A CRE	EDIT CARD	\$
5 Date 03/21/2021	6 Payee name NationBuil				
7 Amount (\$) \$828.00	8 Payee addr P.O. 81142 Los Angele		State; Zip C	ode	
9 TYPE OF EXPENDITURE	X	Political	Non-Po	litical	
10 PURPOSE OF EXPENDITURE	(a) Category (a) Fees	See Categories listed at the top o	of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ial fee
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office held

Γ	POLITICAL EXPENDITURES FROM PERSONAL FUNDS				
	SCHEDULE G				
F	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E g- Gift/Awards/Memorials Expense Printing	epayment/Reimbursement iverhead/Rental Expense Expense /Wages/Contract Labor 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: Sch: 1/1 Rpt: 7/7	2 FILER NAME Tovo, Kathryne		3 Filer ID (Ethics Commission Filers) 00090199	
	Date	5 Payee name		00030133	
4	06/10/2021	Southwest Rapid Rewards Chase Visa			
6	Amount (\$) \$828.00	7 Payee address; City; State; Zip C P.O. Box 94014	Code		
	Reimbursement from political contributions intended	Palatine, IL 60094			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Credit Card Payment	l payment for Nat	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	