# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIGIVE	MANUL NEPONT		OUVER ORE	EI FG I
The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00005000	2 PAGE# 1 of 76	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MS. Kathryne	MI	OFFICE US	E ONFA
NAME	NICKNAME LAST Kathie Tovo	SUFFIX	Date Received	AUSTIN RE(
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CIT 809 W 32nd Street Austin, TX 78705	IY; STATE; ZIP CODE	Date Hand-delivered o	CEIVED CEIVED OF Date Postmarked CEIVED
5 CAMPAIGN	MS/MRS/MR FIRST	мі	Receipt #	Amount 7
5 CAMPAIGN   TREASURER   NAME	Mr. Joseph		Date Processed	
I NAME	NICKNAME LAST Pinnelli	SUFFIX	Date Imaged	No. 40-11-11-11-11-11-11-11-11-11-11-11-11-11
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE P.O. Box 50038 Austin, TX 78763	E#: CITY; STATE;	ZIP CODÉ	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 478-5958	EXTENSION		
8 REPORT TYPE	July 15 X 8th day before election		15th day after can appointment (office Final report (Attac	
9 PERIOD COVERED	Month Day Year THROUG 04/05/2011	Month Day GH 05/04/20	Year 11	
10 ELECTION	Month Day Year ELECTION TYPE  05/14/2011 ELECTION TYPE	Runoff	General 2	X Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Council Place 3		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exper Candidates are required to disclose this information onl  Name			approval.
additional pages	Address/PO Box; Apt. / Suite #; City; State; Zip	o Code		
	GO TO PA	AGE 2	***	

## FORM C/OH COVER SHEET PG 2

SUPPORT &	TOTALS		COVER	R SHEET PG Z	
14 C/OH NAME Tovo	, Kathryne (Ms.)		15 ACCOUNT # 00005000	(Ethics Commission filers)	
16 NOTICE FROM	This box is for notice of political expenditures 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				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	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	\$	731.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,171.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00	
	4. TOTAL I	POLITICAL EXPENDITURES	\$	96,626.57	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE BY OF THE REPORTING PERIOD	\$	25,454.80	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	53,000.00	
18 AFFIDAVIT					
		I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code	ili information requ		
TANNER EDELMAN  Notary Public, State of Texas  My Commission Expires  JULY 17, 2013  Athure B  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribe		tify which, witness my hand and seal of office.	, this the	<u>6</u> day	
Signature of officer admir	John State	Tanner Edelman  Print name of officer administering cath	Notary	public	
C.gragaro or ompor udinir		· ore name of omeor commistering pain	Fitle of officer adm	ilistering oath	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5	57 Report: 3/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  uut-of-state PAC (ID Abbot, Stephen (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/17/2011	6 Contributor address; City; State; Zip Code 2703 Bonnie Rd Austin, TX 78703		\$100.00	1 1 1
			(if travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  uut-of-state PAC (ID: Aguirre, Guadalupe (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 2210 White Dove Pass Austin, TX 78734		\$350.00	1 { }
			(If travel outside of	Texas, complete Schedule T)
Principal occi Store Mana	upation / Job title (See Instructions) ger	Employer (See In Bealls	structions)	
Date	Full name of contributor  ut-of-state PAC (ID: Akers, Robert (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 2311 Ridgeview Austin, TX 78704		\$25.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2011	Contributor address; City; State; Zip Code 1511 Chelsea Ln Austin, TX 78704		\$250.00     	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Owner	pation / Job title (See Instructions)	Employer (See Ins Albomoz & Asso		
Date	Full name of contributor  ut-of-state PAC (ID# Anderson, Jamie (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 1213 West 12th Austin, TX 78703		\$350.00     	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Retail	pation / Job title (See Instructions)	Employer (See Ins Anderson's Coff		

The Instructi	ON GUIDE explains how to complete this form.	1 PAGE# Schedule: 2/	57 Report: 4/76			
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor  ut-of-state PAC (ID: Anderson, Tyler (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/19/2011	6 Contributor address; City; State; Zip Code 4804 Balcones Dr. Austin, TX 78731		\$350.00	   		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Retired Austi	pation / Job title (See Instructions) in Fire Dept.	10 Employer (See In N/A	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/01/2011	Contributor address; City; State; Zip Code 1012 Rio Grande Austin, TX 78704		\$200.00	 		
			,	Texas, complete Schedule T)		
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Se <b>lf</b>	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Arnold, Mary (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/16/2011	Contributor address; City; State; Zip Code 3404 Southill Cir Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occur	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxas, complete concess ()		
Date	Full name of contributor	<i>†</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/03/2011	Contributor address; City; State; Zip Code 5904 Mountainclimb Dr. Apt 1 Austin, TX 78731		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Engineer	oation / Job title (See Instructions)	Employer (See In: Baer Engineerin				
<del> </del>		,				
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/03/2011	Contributor address; City; State; Zip Code 1801 West 10th St Austin, TX 78703		\$100.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5	57 Report: 5/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Bailey, Donna (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/02/2011	6 Contributor address; City; State; Zip Code 2003 Forest Trail Austin, TX 78703		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In: N/A	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2011	Contributor address; City; State; Zip Code 2301 Windsor Rd. Austin, TX 78703		\$100.00	[   
				<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
			<del></del>		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Code 1303 Brentwood Rd. Austin, TX 78722		\$100.00	† 
	-	1		(If travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	Toxag complete concern,
	,	·	, , ,	,	•
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2011	Contributor address; City; State; Zip Code 1800 W 34th St Austin, TX 78703		\$50.00	   
					Texas, complete Schedule T)
	Principal occupa Software Deve	ation / Job title (See Instructions) eloper	Employer (See Ins IBM	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2011	Contributor address; City; State; Zip Code 6601 Auburndale St. Austin, TX 78723		\$50.00   	] ] [
				/If traval outside of	Texas, complete Schedule T)
_	Principal occupy	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete schedule 1)
	т плограг оссира	ALIGNET OUR THIRD (CCC TRIBLIA CHOTIC)	Limployer (Occ ins	xitaciionay	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/5	57 Report: 6/76		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Barbaro, Nick (Mr.)	f)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	04/30/2011	6 Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751		\$350.00	)   		
	!		!	(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Publisher	pation / Job title (See Instructions)	10 Employer (See In Austin Chronicle				
	Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/25/2011	Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705		\$350.00	 		
				1 '	Texas, complete Schedule T)		
	Principal occup Real Estate In	pation / Job title (See Instructions) nvestments	Employer (See Ins Self	structions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/02/2011	Contributor address; City; State; Zip Code 7452 Pusch Ridge Loop Austin, TX 78749	••,•••	\$25.00	]   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins		Tokto, complete concerns .,		
				•			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/17/2011	Contributor address; City; State; Zip Code 1505 Brentwood Austin, TX 78757		\$25.00	 		
	ĺ	1		(If travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/30/2011	Contributor address; City; State; Zip Code 6713 Tulsa Cove Austin, TX 78723		\$100.00     	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)			
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	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/5	57 Report: 7/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Basciano, Joyce (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
 	04/05/2011	6 Contributor address; City; State; Zip Code 1907 W 34th St. Austin, TX 78703		\$75.00	   
			l	(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	04/16/2011	Contributor address; City; State; Zip Code 9803 Ravenwood Cove Austin, TX 78750	, , , , , , , , , , , , , , , , , , ,	\$50.00	 
			}	(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	1 '	<u> </u>
		!			
	Date	Full name of contributor  ut-of-state PAC (ID# Beall, Jon (Mr.)	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 2503 Flora Cove Austin, TX 78746		\$50.00	 
				/If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	J. '	Texas, complete scriedule 1)
	-			•	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 8522 Woodstone Dr, Austin, TX 78757		\$10.00	!   
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/19/2011	Contributor address; City; State; Zip Code 8522 Woodstone Dr, Austin, TX 78757		\$10.00     	
	1			(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(57 Report: 8/76 (Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Beers, Stephen (Mr.)	#)	7 Amount of contribution (\$)	8
	05/04/2011	6 Contributor address; City; State; Zip Code 107 A East 47th Street Austin, TX 78751		\$200.00	
		Ausun, 1776/31		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Writer/Editor	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 1111 Nueces Street		<b>\$1</b> 50.00	 
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
_					
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 1804 W 37th Austin, TX 78731		\$25.00	 
		Austill, 17,70701	)	(If travel outside of	Texas, complete Schedule T)
	Principal occupa	nation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Code 905 Robert E Lee Rd. Austin, TX 78704		\$40.00	 
		· · · · · · · · · · · · · · · · · · ·		(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Code 1411 Gracy Farms Ln #23		\$50.00	 
	1	Austin, TX 78758		 	l
_	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	i illicipal occupe	ALOUTY OUR LINE (COO INICIA descrito)	Employor (Goo me	w dottorio)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/5	57 Report: 9/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  uut-of-state PAC (ID# Bird, Sarah (Ms.)	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/02/2011	6 Contributor address; City; State; Zip Code 6102 Mountainclimb Dr. Austin, TX 78731		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 1808 Forestglade Dr. Austin, TX 78745		\$50.00	 
				J`	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 9206 Brigadoon Cove Austin, TX 78750		\$100.00	 
	Detection to a superior	Y ( ) - Law (O Instructions)	T along (Cools	'	Texas, complete Schedule T)
_	CPA	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/17/2011	Contributor address; City; State; Zip Code 7509 Stepdown Cove Austin, TX 78731		\$125.00	 
	}			(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u>'</u>	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/17/2011	Contributor address; City; State; Zip Code 7509 Stepdown Cove Austin, TX 78731		\$125.00	 
				//f. dama	Town
	Principal occup:	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	i iliopai occupe	Alon 7 bob tille (eee mandollens)	Employer (occ inc	structions,	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	57 Report: 10/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Bozeman, William (Mr.)	<del>/</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/16/2011	6 Contributor address; City; State; Zip Code 3115 Helms St #307 Austin, TX 78705		\$100.00	   
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Braun, Carl (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2011	Contributor address; City; State; Zip Code 2506 Douglas St Austin, TX 78741		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Code 1105 West Annie Street Austin, TX 78704		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	,	Texas, complete conducte 1)
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 1500 W. 9th St Austin, TX 78703		\$350.00	 
				(If traval autoida of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete schedule 1)
	Retired		N/A	·	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/09/2011	Contributor address; City; State; Zip Code 615 West 32nd Austin, TX 78705		\$50.00	  - 
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/5	57 Report: 11/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  uut-of-state PAC (ID# Brown, Sharon (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/03/2011	6 Contributor address; City; State; Zip Code 4213 Ave. F Austin, TX 78751	· · · · · · · · · · · · · · · · · · ·	\$20.00	   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Bryce, Lorin (Ms.)	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2011	Contributor address; City; State; Zip Code 2006 Homedale Austin, TX 78704		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	l '	
Date	Full name of contributor  ut-of-state PAC (ID# Bulla, Pat (Ms.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 7202 Foxtree Cove Austin, TX 78750		\$20.00	 
			·	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Burns, Julie (Ms.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 11412 Woodland Hills Tr Austin, TX 78732		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2011	Contributor address; City; State; Zip Code P.O. Box 9349 Austin, TX 78766		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	

P.O.Box 12070

	The Instruction	on Guide explains how to con	nplete this form.		1 PAGE# Schedule: 10	)/57 Report: 12/76	
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor Butler, Joy (Ms.)	ut-of-state PAC (ID#	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/30/2011	6 Contributor address; 4800 Mantle Dr. Austin, TX 78746	City; State; Zip Code		\$150.00	 	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instruction	15)	10 Employer (See In	structions)		
	Date	Full name of contributor Butler, Kent (Mr.)	ut-of-state PAC (ID#	<del></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/04/2011	Contributor address; 1605 Woodlawn Blvd Austin, TX 78703	City; State; Zip Code		\$50.00	<u>{</u>   	
					L '	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In:	structions)		
<u></u>	Date	Full name of contributor Cannatti, Mike (Mr.)	☐ out-of-state PAC (ID#	<i>t</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/03/2011	Contributor address; 2100 Stamford Ln. Austin, TX 78703	City; State; Zip Code	. , , ,	\$100.00	i ! !	
	J				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	pation / Job title (See Instruction	19)	Employer (See In	structions)		
	Date	Full name of contributor Carlton, Carl (Mr.)	out-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/16/2011	Contributor address; P.O. Box 444 Austin, TX 78655	City; State; Zip Code		\$25.00	] 	
	1	i I			(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instruction	is)	Employer (See Ins	structions)		
	Date	Full name of contributor Cartwright, Dorsey (Ms.)	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/30/2011	Contributor address; 1715 Norris Dr. Austin, TX 78704	City; State; Zip Code		\$100.00 i		
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	15)	Employer (See Ins	<u> </u>		
					, 		

	The Instruction	on Guide explains how to comp	plete this form.		1 PAGE# Schedule: 11	1/57 Report: 13/76
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor Chemet, Tsegaye (Mr.)	ut-of-state PAC (ID#	t)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/20/2011	6 Contributor address; (1915 Wells Branch #1614 Austin, TX 78728	City; State; Zíp Code		\$350.00	 
					<u> </u>	Texas, complete Schedule T)
9	Principal occup Taxi Driver	pation / Job title (See Instructions	s)	10 Employer (See Ins Lone Star Cab	structions)	
	Date	Full name of contributor Chimenti, Brian (Mr.)	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/19/2011	Contributor address; ( 66 Hallbrook Way Spring, TX 77389	City; State; Zip Code		\$350.00	 
				- 1 - 101	<u> </u>	Texas, complete Schedule T)
	*Orthopedic S	pation / Job title (See Instructions Burgeon	3)	Employer (See Ins Woodlands Spo	structions) orts Medicine Cent	tre
	Date	Full name of contributor Chimenti, Shirelle (Ms.)	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/19/2011	Contributor address; ( 66 Hallbrook Way Spring, TX 77389	City; State; Zip Code		\$350.00 <sub> </sub>	 
					<u> </u>	Texas, complete Schedule T)
	Principal occupa *Homemaker	pation / Job title (See Instructions	s)	Employer (See Ins N/A	structions)	
	Date	Full name of contributor Christianson, James (Mr.)	ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/24/2011	Contributor address; C 1520 Windsor Rd. Austin, TX 78703	City; State; Zip Code		\$100.00	 
					/If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions	s)	Employer (See Ins	-	TGAGG, COMPTON CONTINUES.
	Date	Full name of contributor	ut-of-state PAC (ID#	· ·	Amount of	In-kind contribution
		Clarkson, Judith (Ms.)	District of States ( 1.5 (1.5 ))	,	contribution (\$)	description (if applicable)
	04/28/2011	Contributor address; C 2102 New York Ave. Austin, TX 78702	City; State; Zip Code		\$50.00   	 
					. 44 traval outside of	Texas, complete Schedule T)
_	Principal occupa	ation / Job title (See Instructions	5)	Employer (See Ins		Texas, complete scriedule 1)
	, ,	, 			, 	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	267 Daniel 14720
2 FILER NAME	Tovo, Kathryne (Ms.)	<del></del>	3 ACCOUNT#	2/57 Report: 14/76 (Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID: Cleaves, Wilbur (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/24/2011	6 Contributor address; City; State; Zip Code 2206 Parkway Austin, TX 78703	•••••	\$25.00	
	Austin, 17.70700		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2011	Contributor address; City; State; Zip Code 5320 Krueger Ln Austin, TX 78723	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00	<i> </i> 
			<u>1_`</u>	Texas, complete Schedule T)
Principal occup Attorney	vation / Job title (See Instructions)	Employer (See In: Harkinson, Levi		
Date	Full name of contributor  ut-of-state PAC (IDa Coats, Mark (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2011	Contributor address; City; State; Zip Code 10601 Parkfield Austin, TX 78758		\$21.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See In	L`	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2011	Contributor address; City; State; Zip Code 710 W Gibson Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$25.00	† 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Contros, Tina (Ms.)	<del></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/2011	Contributor address; City; State; Zip Code 2213 E Windsor Rd. Austin, TX 78703		\$350.00   	 
			(If travel outside of	Texas, complete Schedule T)
Principal occupa CEO	ation / Job title (See Instructions)	Employer (See Ins Tina Contros De		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 13	3/57 Report: 15/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≠ Correa, Kathy (Ms.)	<i>‡</i> )	7 Amount of contribution (\$)	8
	04/25/2011	6 Contributor address; City; State; Zip Code 7809 Gault St Austin, TX 78757	· · · · · · · · · · · · · · · · · · ·	\$20.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/24/2011	Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705		\$50.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	····
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2011	Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Curry, Michael (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 211 E 7th St Suite 920 Austin, TX 78701		\$50.00	   
	}			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See in	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Code 2502 Harris Blvd. Austin, TX 78703		\$100.00	 
				(If travel outeids of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		rexas, complete schedule +)
			2p.0701 (000 ff)		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	1/57 Report: 16/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/04/2011	6 Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750		\$50.00	   
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750		\$50.00	!   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 5303 Woodview Austin, TX 78756		\$50.00	 
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Dileo, Michael (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/24/2011	Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$175.00	} { 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Teacher	ation / Job title (See Instructions)	Employer (See In: Waldorf School	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/24/2011	Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$175.00   	[ [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Partner	ation / Job title (See Instructions)	Employer (See Ins Killiam Oil Co.	structions)	

Austin, Texas 78711-2070

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

The Instr	истюм Guide explains how to complete this form.		1 PAGE# Schedule: 15	5/57 Report: 17/76		
2 FILER NA	ME Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Dittmar, Ronald (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/28/20	6 Contributor address; City; State; Zip Code 904 Ebony Austin, TX 78704		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal o	ccupation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Dodds, Ian (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/01/20	11 Contributor address; City; State; Zip Code 7900 East Oltorf St #719 Austin, TX 78741		\$25.00	 		
Dringing o	- Control (See 1912 (One leader of the Control	T		Texas, complete Schedule T)		
Principal o	ccupation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Doerr Gonzalez, Yvonne (Ms.)	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/25/20	Contributor address; City; State; Zip Code 411 Oak Ridge Dr. Austin, TX 78746		\$25.00	1 1 1		
	<u> </u>			Texas, complete Schedule T)		
Principal o	ccupation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Doggett, Robert (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/03/201	Contributor address; City; State; Zip Code 4308 Bellvue Ave Austin, TX 78756		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal o	ccupation / Job title (See Instructions)	Employer (See Ins	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Dulaney Smith, Karen (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/28/201	Contributor address; City; State; Zip Code 2120 Barton Hills Dr. Austin, TX 78704		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal oc	ccupation / Job title (See Instructions)	Employer (See Ins	·	Toxus, complete constant . ,		
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-	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 16	6/57 Report: 18/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Dunnington, Mary Jo (Ms.)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/02/2011	6 Contributor address; City; State; Zip Code 2058 Carriage Way Chapel Hill, NC 27517		\$100.00	   
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Echols, Catherine (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2011	Contributor address; City; State; Zip Code 508 Harris Ave. Austin, TX 78705		\$100.00	}   
				(if travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 1522 Thibodeaux Round Rock, TX 78664	***************************************	\$100.00	 
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Ellis, Mary Dale (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 1704 W Ave. Austin, TX 78701		\$100.00	I   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
•	Date	Full name of contributor  uut-of-state PAC (ID# Engdaw, Teferi (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 11700 Metric Blvd #402 Austin, TX 78758		\$100.00	(   
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See In		

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F	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 17	7/57 Report: 19/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Fanta, Anteneh (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/20/2011	6 Contributor address; City; State; Zip Code 615 East Wonsley Dr. #244 Austin, TX 78753		\$100.00	† †
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 1607 Poquonock Austin, TX 78703		\$150.00	 
		·		()f topical proteins of	Tauran aamadata Sahaduda To
	Dringlant conve	otion / Joh titis /Ooo Instructions	Employer (Cooking	1	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 821 E. 53rd St Austin, TX 78751		\$100.00	 
		Austill,   1 × 70751		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2011	Contributor address; City; State; Zip Code 3008 Pin Oak Ct. Austin, TX 78704	•••••	\$50.00	}   
	ĺ			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID: Finkbeiner, Ted (Mr.)	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 3008 Pin Oak Ct. Austin, TX 78704		\$50.00	1 } 
				(If traval outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		rexas, complete schedule ()

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	3/57 Report: 20/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Fivecoat, Sandra (Ms.)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/30/2011	6 Contributor address; City; State; Zip Code 2324 Tom Miller Street Austin, TX 78723		\$50.00	   
	!			(If travel outside of	i Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Flores, Maria (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 1300 Alta Vista Austin, TX 78704		\$350.00	1
			1	(If travel outside of	Texas, complete Schedule T)
	Principal occup	Dation / Job title (See Instructions)	Employer (See Ins		-
	Attorney		HendlerLaw	· 	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2011	Contributor address; City; State; Zip Code 7710 W. Rim Dr. Austin, TX 78731		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup	Dation / Job title (See Instructions)	Employer (See Ins	<u> </u>	, , <u> </u>
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2011	Contributor address; City; State; Zip Code 1615 Whitney Way Austin, TX 78741	, , , , , , , , , , , , , , , , , , , ,	\$25.00	 
		l		(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 414 Ridgewood Rd. Austin, TX 78746		\$100.00   	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	9/57 Report: 21/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID) Getahun, Firew (Mr.)	<b>#</b> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/20/2011	6 Contributor address; City; State; Zip Code 2722 Highpoint Dr. Round Rock, TX 78664		\$200.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Taxi Driver	pation / Job title (See Instructions)	10 Employer (See In Financial Freed		
Date	Full name of contributor  uut-of-state PAC (ID/ Gimson, Susana (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2011	Contributor address; City; State; Zip Code 610 Harthan St Austin, TX 78703		\$50.00	 
			<u></u>	Texas, complete Schedule 7)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Gimson, William (Mr.)	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2011	Contributor address; City; State; Zip Code 610 Harthan St		\$50.00	l 
	Austin, TX 78703		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Ginsberg, Michael (Mr.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 2901 Cityplace West Blvd #617 Dallas, TX 75204		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu Program Dire	pation / Job title (See Instructions) ector	Employer (See Ins Palmer Drug Ab	structions) use Program of A	ustin
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/17/2011	Contributor address; City; State; Zip Code 1404 Redbud Tr Austin, TX 78746		\$200.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	Dation / Job title (See Instructions)	Employer (See Ins		

## TDD 1-800-735-2989

SCHEDULE A

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	1/57 Report: 22/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDA Goodrich, Melissa (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/01/2011	6 Contributor address; City; State; Zip Code 1404 Redbud Tr Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$150.00	   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor  uut-of-state PAC (ID# Goodrich, Raymond (Mr.)	<del>,</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2011	Contributor address; City; State; Zip Code 1404 Redbud Tr Austin, TX 78746		\$150.00	}   
			(If travel outside of	Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In N/A		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2011	Contributor address; City; State; Zip Code 3302 Enfield Rd Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu PE	pation / Job title (See Instructions)	Employer (See In: King Engineerin		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2011	Contributor address; City; State; Zip Code 3302 Enfield Rd Austin, TX 78703		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Housewife	pation / Job title (See Instructions)	Employer (See Ins N/A	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2011	Contributor address; City; State; Zip Code 6103 Cary Dr. Austin, TX 78757		\$100.00	
			(If travel outside of	Fexas, complete Schedule T)
Principal occup Real Estate A	Dation / Job title (See Instructions) Appraiser	Employer (See Ins		
	* *			

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The Instruction Guide explains how to complete this form. Schedule: 21/57 Report: 23/76 Tovo, Kathryne (Ms.) 3 ACCOUNT# (Ethics Commission filers) 2 FILER NAME 00005000 4 ut-of-state PAC (ID# Date 5 Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Guerrero, Linda (Ms.) 05/02/2011 6 Contributor address; City; State; Zip Code \$25.00 3204 Fairfax Walk Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Consultant Full name of contributor ut-of-state PAC (ID#\_ In-kind contribution Date Amount of contribution (\$) description (if applicable) Guerrero, Linda (Ms.) Contributor address; City; State; Zip Code 05/04/2011 \$100.00 3204 Fairfax Walk Austin, TX 78705

			(If travel outside of	Texas, complete Schedule T)
Principal occup Consultant	oation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Hagert, Celia (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2011	Contributor address; City; State; Zip Code 2505 Side Cove Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2011	Contributor address; City; State; Zip Code 1207 Hillside Ave. #2 Austin, TX 78704		\$75.00     	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/11/2011	Contributor address; City; State; Zip Code 205 The Circle		\$350.00	
	Austin, TX 78704		1	
		<u></u>	(If travel outside of T	Texas, complete Schedule T)
Principal occup *Attorney	ation / Job title (See Instructions)	Employer (See Ins TxDOT	structions)	

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	2/57 Report: 24/76		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor  uut-of-state PAC (ID Harbeson, Dianne (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/11/2011	6 Contributor address; City; State; Zip Code 205 The Circle Austin, TX 78704		\$350.00	 		
			1	Texas, complete Schedule T)		
g Principal occup *Real Estate	pation / Job title (See Instructions)	10 Employer (See In Self	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/04/2011	Contributor address; City; State; Zip Code 9501 Rolling Oaks Tr Austin, TX 78750		\$35.00	 		
			<u> 1 '                                  </u>	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/28/2011	Contributor address; City; State; Zip Code 3404 A Grooms St Austin, TX 78705		\$100.00	 		
		!	Af travel outside of	Texas, complete Schedule T)		
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	rexas, complete Schedule 1)		
Fillicipal occup	alion / Job title (See Instructions)	Employer (See in.	structions)			
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/17/2011	Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751		\$350.00   	 		
	1		(If travel outside of	Texas, complete Schedule T)		
Principal occup Title Examine	pation / Job title (See Instructions)	Employer (See Ins Gracy Title	structions)			
Date	Full name of contributor	<i>†</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/30/2011	Contributor address; City; State; Zip Code 4116 Camacho Street Austin, TX 78723		\$50.00   	! <b>!</b>		
			(15 average autoide of	Towns and the Cale and the To		
Detroinal accum	23 Line 1212 (Constructions)	Caralayer (Specific	<u></u>	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)			

	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 23	8/57 Report: 25/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Harte, Christopher (Mr.)	<i>t</i> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/19/2011	6 Contributor address; City; State; Zip Code 327 Congress Ave. Suite 2 Austin, TX 78701		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Businessman	pation / Job title (See Instructions)	10 Employer (See Ins Self	L	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 614 South First St #201 Austin, TX 78704		\$10.00	 
					Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code P.O. Box 160336 Austin, TX 78716		\$75.00	 
	1			/If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete conceder 1,
	•			<i>,</i>	'
	Date	Full name of contributor  ut-of-state PAC (ID# Hendler, Scott (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 1300 Alta Vista Austin, TX 78704		\$350.00	  - 
	]			(If travel outside of	Texas, complete Schedule T)
	Principal occupa Attorney	ation / Job title (See Instructions)	Employer (See Ins HendlerLaw		
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution
		Herczeg, Laszlo (Mr.)	,	contribution (\$)	description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 5003 Spicewood Springs Rd Austin, TX 78759		\$199.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
					:

The Instructi	ON GUIDE explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE # Schedule: 24/57 Report: 26/76			
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor  ut-of-state PAC (ID) Hersh, Matt (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/16/2011	6 Contributor address; City; State; Zip Code 3201 Duval Rd. #1134 Austin, TX 78759		\$300.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Statistician	pation / Job title (See Instructions)	10 Employer (See In University of Te				
Date	Full name of contributor  ut-of-state PAC (ID# Holderness, Earl (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/17/2011	Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr. Austin, TX 78746		\$100.00	! 		
			(If travel outside of	Texas, complete Schedule T)		
· · · · · · · · · · · · · · · · · · ·	pation / Job title (See Instructions)	Employer (See In	structions)			
Retired		N/A				
Date	Full name of contributor  ut-of-state PAC (ID# Holderness, Earl (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/01/2011	Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr. Austin, TX 78746		\$200.00	<b> </b> 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxas, complete concaste 1,		
Retired		N/A				
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/17/2011	Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr. Austin, TX 78746		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Retired	eation / Job title (See Instructions)	Employer (See In: N/A	structions)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/30/2011	Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr. Austin, TX 78746		\$100.00     			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Ins N/A				

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 25	/57 Report: 27/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID: Holloway, Marcy (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2011	6 Contributor address; City; State; Zip Code 1817 Kerr Avenue Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$25.00	  -  -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID: Houghton, Dudley (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 3219 Bridle Path Austin, TX 78703		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal coour	Intion / Joh title /Con Instructions)	Employer (See In	'	rexas, complete scriedule 1)
Principal occuş	pation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 3219 Bridle Path Austin, TX 78703		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	L pation / Job title (See Instructions)	Employer (See In		
			,	
Date	f Full name of contributor ☐ out-of-state PAC (ID# Houston, Ora (Ms.)	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 2207 East 22nd St Austin, TX 78722	:	\$50.00   	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2011	Contributor address; City; State; Zip Code P.O. Box 162452 Austin, TX 78716		\$300.00     	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup Engineer	ation / Job title (See Instructions)	Employer (See Ins Texas Water De		issue, complete constant 1)

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 26	6/57 Report: 28/76		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor  ut-of-state PAC (ID: Jack, Jeff (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/30/2011	6 Contributor address; City; State; Zip Code 2008 B Rabb Glen Austin, TX 78704		\$200.00	] 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Architect	pation / Job title (See Instructions)	10 Employer (See In Self	istructions)			
Date	Full name of contributor  ut-of-state PAC (ID)  Johns, Norman (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/16/2011	Contributor address; City; State; Zip Code 4701 Avenue G Austin, TX 78751		\$100.00	1		
			(If travel outside of	Texas, complete Schedule T)		
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	<u></u>	,		
· · · · · · · · · · · · · · · · · · ·		-··				
Date	Full name of contributor  ut-of-state PAC (1Da Jones, George (Mr.)	#}	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/02/2011	Contributor address; City; State; Zip Code 6102 Mountainclimb Dr Austin, TX 78731	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	·		
Date	Full name of contributor  ut-of-state PAC (ID#	# \	Amount of	I In kind contribution		
Date	Full name of contributor  ut-of-state PAC (ID# Kallerman, Dick (Mr.)	<u>'</u> ,	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/23/2011	Contributor address; City; State; Zip Code 2510 Cedarview Dr. Austin, TX 78704		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	oation / Job title (See Instructions)	Employer (See Ins	structions)			
Date	Full name of contributor	<del>,)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/16/2011	Contributor address; City; State; Zip Code 2213 E Windsor Rd. Austin, TX 78703	, , , , , , , , , , , , , , , , , , , ,	\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup CFO	pation / Job title (See Instructions)	Employer (See Ins Tina Contros De				

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 27	7/57 Report: 29/76			
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID: Keil, Philip (Mr.)	#)	7 Amount of contribution (\$)	8   In-kind contribution description (if applicable)			
	05/02/2011	6 Contributor address; City; State; Zip Code 912 Christopher Street Austin, TX 78704		\$150.00	   			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Architect	ation / Job title (See Instructions)	10 Employer (See In Furman & Keil /					
	Date	Full name of contributor	<del>"</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/04/2011	Contributor address; City; State; Zip Code 1502 Marshall Ln Austin, TX 78703		\$100.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	Leation / Job title (See Instructions)	Employer (See In	loyer (See Instructions)				
			li					
	Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/02/2011	Contributor address; City; State; Zip Code 2006 La Casa Dr. Austin, TX 78704		\$25.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete seriodale 17			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	04/21/2011	Contributor address; City; State; Zip Code 801 W. Gibson Austin, TX 78704		\$25.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	***			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	04/16/2011	Contributor address; City; State; Zip Code 1409 West 9th St Austin, TX 78703		\$300.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occupa Retired Attorn	ation / Job title (See Instructions) ey	Employer (See Ins N/A	structions)				

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	3/57 Report: 30/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Kerber, Lisa (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/01/2011	6 Contributor address; City; State; Zip Code 2513 Mountainview Dr. Austin, TX 78704		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2011	Contributor address; City; State; Zip Code 304 Eanes School Rd. Austin, TX 78746		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Director		Killam Compan		
	Date	Full name of contributor	<del> </del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 2310 Cannons Pt Dr Sugarland, TX 77478		\$350.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Financial Adv	ation / Job title (See Instructions) isor	Employer (See In: ING Financial P		1111
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 1010 Gaston Ave. Austin, TX 78703		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Kjallbring, Deborah (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2011	Contributor address; City; State; Zip Code 2106 A Glendale Austin, TX 78704		\$60.00 <sub> </sub>	
	}			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, <u> </u>

	The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 29	9/57 Report: 31/76		
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor Kleinman, David (Mr.)	out-of-state PAC (ID#	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	04/25/2011	6 Contributor address; 0 203 El Paso Street Austin, TX 78704	City; State; Zip Code		\$50.00	 		
	l				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	J pation / Job title (See Instructions	3)	10 Employer (See In:	,			
	Date	Full name of contributor Kravitz, Bruce (Mr.)	out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/25/2011	Contributor address; C 5810 Westmont Dr. Austin, TX 78731	City; State; Zip Code		\$10.00	 		
					<u> </u>	Texas, complete Schedule T)		
	Principal occup Director	oation / Job title (See Instructions	;}	Employer (See Ins Austin Group fo				
Mark.	Date	Full name of contributor 【 Larosa, Michael (Mr.)	ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/05/2011	Contributor address; C 1123 Reagan Terrace Austin, TX 78704	City; State; Zip Code		\$10.00	 		
	}				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	Pation / Job title (See Instructions	;)	Employer (See Ins	,			
	Date	Full name of contributor 【 Larsen, David (Mr.)	out-of-state PAC (ID#	1	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/02/2011	Contributor address; C 11714 Drayton Dr Austin, TX 78758	City; State; Zip Code		\$50.00	 		
					`	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions	.)	Employer (See Ins	structions)			
	Date	Full name of contributor 【 Lawrence, Daniel (Mr.)	ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/16/2011	Contributor address; C 8230 Research Blvd #256 Austin, TX 78758	City; State; Zip Code		\$100.00     	  - 		
	1				(if travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	)	Employer (See Ins	structions)			

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 30	0/57 Report: 32/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Leach, Elaine (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/18/2011	6 Contributor address; City; State; Zip Code 4901 Avenue IF Austin, TX 78751	• • • • • • • • • • • • • • • • • • • •	\$25.00	i i
			<u> </u>	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 1914 Larchmont Dr. Austin, TX 78704		\$350.00	] [
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In		-
Real Estate A	Appraiser	The Christophe	r Lehman Co.	
Date	Full name of contributor	<u>')</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2011	Contributor address; City; State; Zip Code 2511 Del Curto Rd. Austin, TX 78704		\$50.00	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		Texas, complete schedule 1)
	·	. , .	•	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 1313 Bonham Terrace Austin, TX 78704		\$25.00	 
D. Control of the Con	artes ( lab little (Open Instructions)			Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2011	Contributor address; City; State; Zip Code 205 Park Ln Austin, TX 78704		\$100.00	(   
				Texas, complete Schedule T)
Principal occup *	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 31	/57 Report: 33/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID: Lowerre, Richard (Mr.)	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
05/03/2011	6 Contributor address; City; State; Zip Code 725 Patterson Austin, TX 78703		\$250.00	    -
<del></del>			<u> </u>	Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	10 Employer (See In Lowerre, Frede	structions) rick, Perales, Allm	on & Rockwell
Date	Full name of contributor  ut-of-state PAC (ID# Marler, Susan (Ms.)	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/2011	Contributor address; City; State; Zip Code 3111 Grandview St		\$100.00	<u> </u> 
	Austin, TX 78705			I
			<u> </u>	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Martin, Sam (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 1901 Travis Hts Blvd Austin, TX 78704		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In		Toxas, complete concease 17
Date	Full name of contributor  uut-of-state PAC (ID# Maxberry, Mary (Ms.)	(	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 6827 Cliffbrook Dr. Dallas, TX 75254		\$20.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/2011	Contributor address; City; State; Zip Code 4212 Avenue F Austin, TX 78751		\$50.00	
			(If tenual autoida = 4.1	Toyon nomplete Cabadula W.
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	<u>-:</u>	Texas, complete Schedule T)
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The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 32/57 Report: 34/76				
2 FILER NAME T	ovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)			
1	Full name of contributor  ut-of-state PAC (ID#axwell, Mary Gay (Ms.)	<u></u> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
11	Contributor address; City; State; Zip Code 1 Laurel Ln estin, TX 78705		\$150.00	 			
<u> </u>			(If travel outside of	Texas, complete Schedule T)			
Principal occupatio     Retired	n / Job title (See Instructions)	10 Employer (See In: N/A	structions)				
Date Mo	Full name of contributor  ut-of-state PAC (ID#cCall, John (Mr.)	<i>‡</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)			
04/21/2011 60 Au	Contributor address; City; State; Zip Code 0 Harthan St stin, TX 78703		\$350.00	 			
ļ			(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Owner			Employer (See Instructions) Armstrong-McCall Cosmetics				
Date Mo	Full name of contributor  ut-of-state PAC (ID#cCollom, Leslie (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
04/19/2011 50: Au	Contributor address; City; State; Zip Code 7 Kingfisher Creek Dr. stin, TX 78748		\$50.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employ			structions)				
Date Mo	Full name of contributor  ut-of-state PAC (ID# Daniel, Marc (Mr.)	_)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code I W 31st stin, TX 78705		\$100.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal occupation Retired	n / Job title (See Instructions)	Employer (See Ins N/A	structions)				
Date Mo	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code 01 Silverleat Dr. stin, TX 78757		\$50.00   				
			(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Ins	structions)				

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The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 33/57 Report: 35/76				
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor  uut-of-state PAC (ID# McKnight, Kimberly (Ms.)	¥}	7 Amount of contribution (\$)	8		
	04/16/2011	6 Contributor address; City; State; Zip Code 1801 Anita Dr Austin, TX 78704		\$50.00	 		
				(If travel outside of	f Texas, complete Schedule T)		
9	Principal occup	oation / Job title (See Instructions)	10 Employer (See In:	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# McMurtry, Alan (Mr.)	<i>t</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/16/2011	Contributor address; City; State; Zip Code 2412 Greenlawn Pkwy Austin, TX 78757	, , , , , , , , , , , , , , , , , , , ,	\$350.00	 		
	Principal ageur	- V / 3-L MH / / - 11	Frankrier (Soo In	L .	Texas, complete Schedule T)		
	Wholesaler	pation / Job title (See Instructions)	Employer (See Ins AMC Company				
<u></u>	Date	Full name of contributor	<i>f</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/16/2011	Contributor address; City; State; Zip Code 2412 Greenlawn Pkwy Austin, TX 78757		\$350.00	 		
	J		l	(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Retired		Employer (See Ins N/A	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/02/2011	Contributor address; City; State; Zip Code 5605 Palisade Ct Austin, TX 78731		\$50.00	   		
		ı		(If travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/04/2011	Contributor address; City; State; Zip Code 6305 Amberly Pt Austin, TX 78759		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins				
		·		,			

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 34/57 Report: 36/76		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Mehdy, Mona (Ms.)	f)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/03/2011	6 Contributor address; City; State; Zip Code 5004 Smokey Mountain Dr. Austin, TX 78727		\$40.00	 	
	1			(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Mekonnen, Mekedas (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/20/2011	Contributor address; City; State; Zip Code 2015 Cedar Bend #224 Austin, TX 78758		\$200.00	   	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup Taxi Driver	pation / Job title (See Instructions)	Employer (See In: Hospira	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Merriam, Rosemary (Ms.)	·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/21/2011	Contributor address; City; State; Zip Code 800 West Lynn Street Austin, TX 78703		\$50.00		
_	Szincinal occur	postion / Joh title (Con Instructions)	Employer (See In		Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer			Employer (See Ins	Structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/20/2011	Contributor address; City; State; Zip Code 5506 Pleasant Valley Rd Austin, TX 78744		\$100.00	 	
	I	l		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
<del>                                      </del>	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
ı	04/20/2011	Contributor address; City; State; Zip Code 4501 E Riverside Dr. #2032 Austin, TX 78741		\$350.00 		
	Ī	1		(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Ins Lone Star Cab				

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 35	/57 Report: 37/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Messier, Linda (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/16/2011	6 Contributor address; City; State; Zip Code 11610 Bittern Holw Austin, TX 78758		\$25.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Michel, Lorri (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 917 West Lynn Street Austin, TX 78703		\$350.00	 
10			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Michel Law Firn		
Date	Full name of contributor  ut-of-state PAC (ID# Mick, Dennis (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 4305 Scales St Austin, TX 78723		\$50.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2011	Contributor address; City; State; Zip Code 908 W Monroe Austin, TX 78704		\$50.00     	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 300 Crockett St. #328		\$300.00   	
	Austin, TX 78704	,	(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Sauc, complete ouriedure 1/
Political Cons		Self	•	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 36	6/57 Report: 38/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Moffat, Susan (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/30/2011	6 Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751	•••••	\$350.00	
					Texas, complete Schedule T)
9	Principal occup Writer	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 9006 Scotland Well Cove Austin, TX 78750		\$100.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 400 North Lowell Ln Austin, TX 78733	• • • • • • • • • • • • • • • • • • • •	\$350.00	 
		Austiii, 17/0/00		(If travel outside of	Texas, complete Schedule T)
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In: King Engineerin		
	Date	Full name of contributor	<del></del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 4205 Ramsey Avenue Austin, TX 78756		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins Morrison & Asso		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2011	Contributor address; City; State; Zip Code 1824 S. IH35 #126 Austin, TX 78704	. , , , , , , , , , , , , , , , , , , ,	\$20.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<del></del>	, ,

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 37	7/57 Report: 39/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID- Notzon, Robert (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/03/2011	6 Contributor address; City; State; Zip Code 509 West 16th St Austin, TX 78701	• • • • • • • • • • • • • • • • • • • •	\$200.00	 
			L	Texas, complete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Law Office of R		
Date	Full name of contributor  ut-of-state PAC (ID# O'Connor, Deirdre (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2011	Contributor address; City; State; Zip Code 1213 Newning Ave. Austin, TX 78704		\$100.00	 
				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Ogren, Jonathan (Mr.)	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2011	Contributor address; City; State; Zip Code 2315 Willow St		\$50.00	 
	Austin, TX 78702		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# O'Hanlon, Lou (Ms.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2011	Contributor address; City; State; Zip Code 7212 Marywood Cir Austin, TX 78723		\$200.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Case Manage	ation / Job title (See Instructions)	Employer (See Ins Germer & Gertz		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2011	Contributor address; City; State; Zip Code P.O. Box 342708 Austin, TX 78734		\$100.00   	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 38	3/57 Report: 40/76
2 FILER NAME	Tovo, Kathryne (Ms.)	-	3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID# O'Hara, William (Mr.)	<i>‡</i> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/28/2011	6 Contributor address; City; State; Zip Code P.O. Box 342708 Austin, TX 78734	,	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2011	Contributor address; City; State; Zip Code 1906 Raleigh Ave. Austin, TX 78703		\$350.00	   
Delegated ones		F(Coo.lp.	1	Texas, complete Schedule T)
Principal occup IT Consultant	pation / Job title (See Instructions) t	Employer (See Ins AGOIbert IT Co		
Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 1906 Raleigh Ave. Austin, TX 78703	, , , , , , , , , , , , , , , , , , , ,	\$350.00	)   
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ins N/A	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 2811 Inridge Drive Austin, TX 78745		\$100.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 2811 Inridge Drive Austin, TX 78745		\$100.00   	; 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	อง Guide explains how to complete this form.	<u></u>	1 PAGE# Schedule: 39	)/57 Report: 41/76		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor  ut-of-state PAC (ID: Orshalick, David (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/19/2011	6 Contributor address; City; State; Zip Code 2710 West 49th 1/2 Street Austin, TX 78731		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Remodeler	pation / Job title (See Instructions)	10 Employer (See In Self	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/21/2011	Contributor address; City; State; Zip Code 801 West Gibson St Austin, TX 78704		\$25.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Overton, Roscoe (Mr.)	<del>'</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/03/2011	Contributor address; City; State; Zip Code 1701 East 21st St Austin, TX 78722		\$25.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	<u>;                                    </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/01/2011	Contributor address; City; State; Zip Code 1202 Shelley Ave Austin, TX 78703		\$250.00	]   		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Customer Ser	ation / Job title (See Instructions) vice Rep	Employer (See Ins Home Depot	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Patterson, Marsha (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/30/2011	Contributor address; City; State; Zip Code 3013 Rochelle Dr. Austin, TX 78748		\$25.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	-		

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 40	0/57 Report: 42/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Penn, Beverly (Ms.)	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/22/2011	6 Contributor address; City; State; Zip Code 811 W 31st St Austin, TX 78705		\$100.00	   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur Artist/Homen	pation / Job title (See Instructions) naker	10 Employer (See In Self	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 4128 Lawless St. Austin, TX 78723		\$100.00	(    -
	}		(If traval quitaids at	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 4128 Lawless St. Austin, TX 78723		\$25.00	 
	,			' 
Principal occur	pation / Job title (See Instructions)	Employer (See In	·	Texas, complete Schedule T)
7 Tinoipai occup	anon 7 dob title (dee matractions)	Employer (See in	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2011	Contributor address; City; State; Zip Code 5100 Verde Valley #170 Dallas, TX 75240		\$350.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup *System Adm	ation / Job title (See Instructions) inistrator	Employer (See In Systemware	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2011	Contributor address; City; State; Zip Code 5100 Verde Valley #170 Dallas, TX 75240		\$350.00	
			(If traval autoida -4)	Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See In:	structions)	rexas, complete schedule 1)
*Teacher		St. Alcuin Monte	essori School	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 41	/57 Report: 43/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Piche, Stephen (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/28/2011	6 Contributor address; City; State; Zip Code 508 Harris Ave. Austin, TX 78705		\$250.00	i i !
_		(1) (2) (2) (3)		1	Texas, complete Schedule T)
9	Principal occup Writer	eation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Code 3901 Glasgow Dr. Austin, TX 78749		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In		· · · · · · · · · · · · · · · · · · ·
	Professor		Southwestern U	Iniversity	
•	Date	Full name of contributor  ut-of-state PAC (ID# Prather, Steve (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 708 A Ramble Ln Austin, TX 78745	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00	 
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Prewitt, Kerza (Mr.)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 9315 Old Lampasas Trail Austin, TX 78750		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 13915 Lone Rider Austin, TX 78738		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 42	2/57 Report: 44/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Reed, James (Mr.)	t)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/04/2011	6 Contributor address; City; State; Zip Code 9451 Singing Quail Dr. Austin, TX 78758		\$25.00	 
	!			(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Reed, Phil (Mr.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2011	Contributor address; City; State; Zip Code 1313 Bonham Terrace Austin, TX 78704		\$25.00	 
_				1 <u></u>	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Code 1009 Daniel Dr. Austin, TX 78704		\$25.00   	 
				1 -	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731		\$125.00 	 
		<u> </u>		l .'	Texas, complete Schedule T)
	Principal occupa President/Owi	vation / Job title (See Instructions) vner	Employer (See Ins C Squared R Inc		
<del>-</del>	Date	Full name of contributor		Amount of   contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731		\$125.00     	 
	District comm	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Texas, complete Schedule T)
	Principal occupa Director/Secre	ation / Job title (See Instructions) etary	Employer (See Ins C Squared R Inc		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 43	3/57 Report: 45/76		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Rick, Russell (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	04/28/2011	6 Contributor address; City; State; Zip Code 1519 Murray Ln. Austin, TX 78703		\$125.00	{ {		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/19/2011	Contributor address; City; State; Zip Code 1000 Glen Oaks Ct. Austin, TX 78702	• • • • • • • • • • • • • • • • • • • •	\$50.00	! !		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>		
	,	· ·		·			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/16/2011	Contributor address; City; State; Zip Code 2006 S, 2nd St Austin, TX 78704		\$100.00	1		
				(WA)	· · · · · · · · · · · · · · · · · · ·		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)		
	Management		Self				
	Date	Full name of contributor  uut-of-state PAC (ID#Roalson, Shay (Ms.)	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/16/2011	Contributor address; City; State; Zip Code 2006 S, 2nd St Austin, TX 78704		\$100.00	I I I		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occupa Engineer	ation / Job title (See Instructions)	Employer (See In: HDR Engineerir				
	Date	Full name of contributor  ut-of-state PAC (ID# Rohlich, Mary (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/02/2011	Contributor address; City; State; Zip Code 2101 Pecos St Austin, TX 78703		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)			
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	The INSTRUCTION	אס Guide explains how to complete this form.	<del></del> -	1 PAGE#	<del></del>
				Schedule: 44	/57 Report: 46/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	<del></del>	7 Amount of	8 In-kind contribution
		Rohlich, Virginia (Ms.)		contribution (\$)	description (if applicable)
	05/02/2011	6 Contributor address; City; State; Zip Code 2101 Pecos St Austin, TX 78703		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	<del> </del>
	Date	Full name of contributor  ut-of-state PAC (ID#	!)	Amount of	In-kind contribution
		Romanczak, Marlene (Ms.)		contribution (\$)	description (if applicable)
	04/24/2011	Contributor address; City; State; Zip Code		\$300.00	1
	04/24/2011	11 Niles Rd.		\$300.00	l
		Austin, TX 78703			
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In	structions)	
	Homemaker		N/A		
	Date	Full name of contributor  ut-of-state PAC (ID#		Amount of	In-kind contribution
		Ross, Lauren (Ms.)		contribution (\$)	description (if applicable)
					1
	05/01/2011	Contributor address; City; State; Zip Code 1405 Hillmont St.		\$350.00	
		Austin, TX 78704			
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In		
	Owner		Glenrose Engin	eering	
	Date	Full name of contributor	)	Amount of	In-kind contribution
		Russell, Tom (Mr.)		contribution (\$)	description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 7873 East 8th Place		\$100.00	
		Denver, CO 80230			ļ
	·			(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In:		
	Professor		Univeristy of De	enver	
	Date	Full name of contributor  ut-of-state PAC (ID#	_)	Amount of	In-kind contribution
		Sabo, Jason (Mr.)	<del>_</del> ,	contribution (\$)	description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Code 2513 Mountainview Dr.		\$50.00	
		Austin, TX 78704			
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	·	roxus, complete scriedule 1)
	· · · · · Is an a sample.	/	, , , . , , , , , , , , , , , , , , , ,	,	

	The Instruction	ON GUIDE explains how to com	plete this form.	<u></u>	1 PAGE#	6/57 Report: 47/76
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor Sanchez, Charles (Mr.)	out-of-state PAC (ID:	<u>"</u> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/28/2011	6 Contributor address; 2608 West 49th Street Austin, TX 78731	City; State; Zip Code		\$40.00	!   
		<u> </u>				Texas, complete Schedule T)
9	Principal occur	eation / Job title (See Instruction	(S)	10 Employer (See In	structions)	
	Date	Full name of contributor Scallon, Susan (Ms.)	out-of-state PAC (ID	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; 13504 Overland Pass Bee Cave, TX 78738	City; State; Zip Code		\$50.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	structions)	
	Date	Full name of contributor Scantan, Nancy (Ms.)	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/17/2011	Contributor address; 4513 Balcones Dr. Austin, TX 78731	City; State; Zip Code		\$250.00	   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instruction	s)	Employer (See In	l	
	Date	Full name of contributor Schmidli, Lisette (Ms.)	☐ out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2011	Contributor address; 3656 Ranch Creek Dr. Austin, TX 78730	City; State; Zip Code		\$100.00	]   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction:	s)	Employer (See In:	structions)	
	Date	Full name of contributor Schneider, Robin (Ms.)	☐ out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; 2609 Sherwood Ln. Austin, TX 78704	City; State; Zip Code		\$350.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions	s) I	Employer (See Ins		, ,
	Political Organ		-,		n for the Environn	nent

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 46	5/57 Report: 48/76
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Schwitters, Karen (Ms.)	<del>*</del> )	7 Amount of contribution (\$)	8   In-kind contribution description (if applicable)
04/25/2011	6 Contributor address; City; State; Zip Code 1115 West 7th St #300 Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$125.00	{   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2011	Contributor address; City; State; Zip Code 1115 West 7th St #300 Austin, TX 78703		\$125.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Professor	pation / Job title (See Instructions)	Employer (See In UT Austin	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Seeger, Patricia (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2011	Contributor address; City; State; Zip Code 6705 Winterberry Dr. Austin, TX 78750		\$150.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup Real Estate B	pation / Job title (See Instructions) Broker	Employer (See In Self	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011	Contributor address; City; State; Zip Code 1015 Yager Ln, #92 Austin, TX 78753		\$100.00	]   
and the state of t			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2011	Contributor address; City; State; Zip Code 2604 Geraghty Austin, TX 78757		\$25.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occurs	ation / Job title (See Instructions)	Employer (See In:		Toxas, complete solledule 1)
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The Instruc	стюм Guide explains how to complete this form.	<del></del>	1 PAGE# Schedule: 47	7/57_Report: 49/76
2 FILER NAM	E Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor  uut-of-state PAC (ID Shipley, Donna (Ms.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/201	6 Contributor address; City; State; Zip Code 2102 Mountainview Rd. Austin, TX 78703		\$250.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ Homemake	cupation / Job title (See Instructions) er	10 Employer (See In N/A	structions)	
Date	Full name of contributor  ut-of-state PAC (ID: Shipley, George (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2013	Contributor address; City; State; Zip Code 2102 Mountainview Rd. Austin, TX 78703		\$250.00	 
		,		Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See In Shipley & Asso		
Date	Full name of contributor  ut-of-state PAC (ID: Sibley, Jane (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 2210 Windsor Rd Austin, TX 78703	,	\$100.00	 
			(If traval autoido of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule 1)
77indipar occ	upanon / 300 title (See instructions)	Limpioyer (3ee in	su ucuons)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/18/2011	Contributor address; City; State; Zip Code 9451 Singing Quail Dr. Austin, TX 78758		\$25.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Simpler, Gail (Ms.)	<del>(</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 9451 Singing Quail Dr. Austin, TX 78758		\$25.00     	} 
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In:		, <del></del>

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 48	3/57 Report: 50/76		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sirhal, Colette (Ms.)	<del>/</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	04/07/2011	6 Contributor address; City; State; Zip Code 1000 Liberty Park Dr. #304 Austin, TX 78746		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# Sirhal, John (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/07/2011	Contributor address; City; State; Zip Code 1000 Liberty Park Dr. #304 Austin, TX 78746		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	1 `	, , , , , , , , , , , , , , , , , , , ,		
	Retired	·	N/Å	·			
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution		
		Sittler, Wolf (Mr.)	,	contribution (\$)	description (if applicable)		
	05/03/2011	Contributor address; City; State; Zip Code 1403 Kenwood Ave		\$50.00	! 		
		Austin, TX 78704		// A	7		
	Principal occur	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
	1 meipar occup	ation 7 day title (dee mail actions)	Litiployer (See iti	siruciions)			
	Date	Full name of contributor  uut-of-state PAC (ID# Smith, Kathleen (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/28/2011	Contributor address; City; State; Zip Code		\$125.00	  -		
		1519 Murray Ln. Austin,TX 78703			! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/02/2011	Contributor address; City; State; Zip Code 805 Cardinal Ln Austin, TX 78704		\$100.00			
				(If traval outside of	Texas, complete Schedule T)		
	Principal occurs	ation / Job title (See Instructions)	Employer (See Ins		Toxas, complete scriedule 1)		
			2,,5,5,0, (555) 114				

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 49	/57 Report: 51/76
2	FILER NAME	Tovo, Kathryne (Ms.)	•••	3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(	04/19/2011	6 Contributor address; City; State; Zip Code 2200 Forest Tr. Austin, TX 78703		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	05/02/2011	Contributor address; City; State; Zip Code 1225 Corona Austin, TX 78723		\$20.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Emptoyer (See In:		Toxac, complete contactor 17
	r morpai occup		2.115.0)01 (000 11.1		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	04/19/2011	Contributor address; City; State; Zip Code 42434 Circulo Cavinara Murrieta, CA 92562		\$350.00	 
				[ ]	Texas, complete Schedule T)
	Principal occup *Regional VP	ation / Job title (See Instructions)	Employer (See In: BBVA Compass		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
C	)4/19/2011	Contributor address; City; State; Zip Code 42434 Circulo Cavinara Murrieta, CA 92562		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup *Technician	ation / Job title (See Instructions)	Employer (See Ins Aircraft Avionics		
	Date	Full name of contributor  ut-of-state PAC (ID# Springer, Andrew (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
C	)4/16/2011	Contributor address; City; State; Zip Code 3408 Robinson Austin, TX 78722		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Researcher	ation / Job title (See Instructions)	Employer (See Ins UT School of Pu	structions)	, , , , , , , , , , , , , , , , , , , ,

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 50	0/57 Report: 52/76		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Sprinkle, Patricia (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
O	04/19/2011	6 Contributor address; City; State; Zip Code 1114 Fieldcrest Dr. Austin, TX 78704		\$75.00	i   		
				(If travel outside of	Texas, complete Schedule T)		
•	Principal occup Midwife	pation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	#>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
0	)5/01/2011	Contributor address; City; State; Zip Code 5109 Turnabout Ln. Austin, TX 78731		\$350.00	 		
	Distinct popular	(	Carlavar (Coo In	<u> </u>	Texas, complete Schedule T)		
	Principal occup MD	pation / Job title (See Instructions)	Employer (See In: Austin Academi	istructions) ic Family Medicine	ə		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
0	05/04/2011	Contributor address; City; State; Zip Code 316 West 12th St #402 Austin, TX 78701		\$25.00	   		
			İ	(If travel outside of	Texas, complete Schedule T)		
F	rincipal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
0	4/05/2011	Contributor address; City; State; Zip Code 1619 W 14th St Austin, TX 78703		\$40.00	 		
	Time the place of	e ( to halilla (One leaderstions)	Caratavas (Opp. Inc.		Texas, complete Schedule T)		
ļ-	'rincipal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04	4/28/2011	Contributor address; City; State; Zip Code 1710 Northwood Rd. Austin, TX 78703		\$25.00   	] 		
				(If travel outside of	Texas, complete Schedule T)		
P	rincipal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)			

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	The Instruction	on Guide explains how to complete this form.		1 PAGE#	/57 Report: 53/76	
2	FILER NAME	Tovo, Kathryne (Ms.)	***	3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/02/2011	6 Contributor address; City; State; Zip Code 2308 Village Way Dr. Austin, TX 78745		\$20.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/01/2011	Contributor address; City; State; Zip Code 1402 East 2nd Austin, TX 78702		\$25.00	} 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID#	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/21/2011	Contributor address; City; State; Zip Code 3310-A Doolin Dr.		\$250.00	 	
		Austin, TX 78704		(If travel outside of	Texas, complete Schedule T)	
	Principal occup Physicist and	ation / Job title (See Instructions) Rancher	Employer (See In Self	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/23/2011	Contributor address; City; State; Zip Code 3203 French Place Austin, TX 78722		\$50.00	 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	_ 22222222222222222	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/04/2011	Contributor address; City; State; Zip Code 3203 French Place Austin, TX 78722		\$50.00   		
	}			(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See In	structions)		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 52	2/57 Report: 54/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC Tollett, Blake (Mr.)	(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/17/2011	<b>6</b> Contributor address; City; State; Zip C 3701 Bonnie Rd Austin, TX 78703	ode	\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
	Date	Full name of contributor	; (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Co 6104 Maury's Trail Austin, TX 78730	ode	\$350.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See Ir	<u></u>	Texas, complete ochedale 1)
	Retired	ation 7 year title (eee instituctions)	N/A		
	Date	Full name of contributor	; (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Co 6104 Maury's Trail Austin, TX 78730	ode	\$350.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principał occup Retired	ation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)	·
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/2011	Contributor address; City; State; Zip Co 5504 Lakemoore Dr. Austin, TX 78731	ode	\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2011	Contributor address; City; State; Zip Co 1612 Meghan Ln Austin, TX 78704	ode	\$50.00	
				(if traval autoida -4)	Toyan complete Cabadula To
	Principal occupa	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)

The Instruction Guide explains how to complete this form.			· <u>······</u>	1 PAGE#	0/57 Danat: 55 0/6		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	//////////////////////////////////////		
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	<del>*</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/01/2011	6 Contributor address; City; State; Zip Code 2630 Barton Hills Dr. Austin, TX 78704		\$350.00	] 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup IT Manager	pation / Job title (See Instructions)	10 Employer (See In Austin Energy	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/28/2011	Contributor address; City; State; Zip Code 1704 Kerr Austin, TX 78704		\$50.00	{ 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/02/2011	Contributor address; City; State; Zip Code 2210 White Dove Pass Austin, TX 78734		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Senior Accou	ation / Job title (See Instructions) nt Executive	Employer (See In: RMM Online	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/03/2011	Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704		\$25.00	   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Marketing Co	ation / Job title (See Instructions) mmunications	Employer (See Ins Emerson Proces	structions) ss Management			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/02/2011	Contributor address; City; State; Zip Code 905 East 55th 1/2 St Austin, TX 78751		\$50.00	[   		
		,		fill turning and aids - 4	Toyon complete Calculate The T		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	Texas, complete Schedule T)		
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 54	4/57 Report: 56/76	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Warmingham, George (Mr.)	<i>t</i> )	7 Amount of contribution (\$)	8	
	04/21/2011	6 Contributor address; City; State; Zip Code 800 West Lynn St. Austin, TX 78703	, , , , , , , , , , , , , , , , , , , ,	\$50.00	 	
	1	1		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/16/2011	Contributor address; City; State; Zip Code 608 Harthan St Austin, TX 78703		\$25.00	   	
				1 '	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/01/2011	Contributor address; City; State; Zip Code P.O. Box 684383 Austin, TX 78768		\$25.00	 	
				,	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/04/2011	Contributor address; City; State; Zip Code 907 E 37th St Austin, TX 78705		\$25.00	[ [ ]	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/28/2011	Contributor address; City; State; Zip Code 2604 West 49th Street Austin, TX 78731		\$50.00     	· 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
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The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE#			
THE MOTION			Schedule: 55	/57 Report: 57/76		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/23/2011	6 Contributor address; City; State; Zip Code 7901 Spicewood Springs Rd. Austin, TX 78759		\$50.00	   		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/02/2011	Contributor address; City; State; Zip Code 3312 B Doolin Dr Austin, TX 78704		\$50.00	} }		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	Dation / Job title (See Instructions)	Employer (See In	1,			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/04/2011	Contributor address; City; State; Zip Code 1904 Kenwood Ave Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$100.00	   		
			(If travel outside of	Texas, complete Schedule T)		
	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
Attorney		Self				
Date	Full name of contributor	<del></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/28/2011	Contributor address; City; State; Zip Code 2307 Barton Hills Dr. Austin, TX 78704	· · · · · · · · · · · · · · · · · · ·	\$100.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Wicce, Kunda (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/02/2011	Contributor address; City; State; Zip Code 6607 Willamette Dr. Austin, TX 78723		\$100.00   			
İ			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 56	6/57 Report: 58/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  uut-of-state PAC (ID# Wiederspahn, Susan (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/03/2011	6 Contributor address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Medical Tech	pation / Job title (See Instructions) inician	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Willenzik, Bruce (Mr.)	<i>‡</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2011	Contributor address; City; State; Zip Code 4428 Gillis St Austin, TX 78745		\$200.00	 
				1 "	Texas, complete Schedule T)
	Principal occup Executive Pro	pation / Job title (See Instructions) oducer	Employer (See Inc Self/Armadillo C	structions) Christmas Bazaar	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/19/2011	Contributor address; City; State; Zip Code 7500 Greenhaven Dr. Austin, TX 78757		\$100.00	 
	J	1		(If travel outside of	Texas, complete Schedule T)
	Principal occupa Web Develope	pation / Job title (See Instructions) er	Employer (See Ins IBM	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2011	Contributor address; City; State; Zip Code 1211 West 22nd 1/2 St Austin, TX 78705		\$25.00	]   
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 12118 Walnut Park Cir Apt 123 Austin, TX 78753		\$100.00   	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup:	ation / Job title (See Instructions)	Employer (See Ins		
			, , ,	·	

Austin, Texas 78711-2070

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

	The Instruction	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 57	7/57 Report: 59/76
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Yevich, Elizabeth (Ms.)	)	7 Amount of contribution (\$)	8   In-kind contribution description (if applicable)
	05/01/2011	6 Contributor address; City; State; Zip Code 2105 B Ann Arbor Ave. Austin, TX 78704		\$100.00	 
i	1	1	!	(If travel outside of	f Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 13608 Mereseyside Dr. Pflugerwille, TX 78660	, , , , , , , , , , , , , , , , , ,	\$100.00	 
		1	!	(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	1	Tonday administration by
	Date	Full name of contributor  ut-of-state PAC (ID#_Zent, Shelley (Ms.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 5507 Lemonwood Dr. Austin, TX 78731	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	L	rexas, complete scriedale ()
	,	,	F - 7		
	Date	Full name of contributor  out-of-state PAC (ID#_Zewdie, Tesfaye (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 9036 North Lamar #240 Austin, TX 78753	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$200.00	}   
_		<u> </u>		<u> </u>	Texas, complete Schedule T)
	Principal occupa Taxi Driver	pation / Job title (See Instructions)	Employer (See Ins Hospira	structions)	

Texas Ethics Commission

LOANS				SCHEDULE E	
The Instruction Gu	IDE explains how to complete this form.		1 PAGE# Schedule: 1/	1 Report: 60/76	
2 FILER NAME TO	ovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
TOTAL OF UN	ITEMIZED LOANS:	\$			
5 Date of loan 04/23/2011	7 Name of lender out-of-state PAC (ID#) Tovo, Kathryne (Ms.)				
6 Is lender a financial Institution?		Zip Code		10 Interest rate N/A	
No				11 Maturity date 05/14/2011	
12 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instruct	ions)		
14 Description of Colla	teral				
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)	
X not applicable	17 Guarantor address; City; State;	Zip Code			
19 Principal Occupation	1	20 Employer			
Date of loan 05/02/2011	Name of lender  ut-	of-state PAC (ID#	)	Loan Amount (\$) \$10,000.00	
Is lender a financial Institution?	Lender address; City; State; 809 W 32nd Street Austin, TX 78705	Zip Code		Interest rate N/A	
No	Austin, TA 76705			Maturity date 05/14/2011	
Principal occupation	/ Job title (See Instructions)	Employer (See Instructi	ions)		
Description of Collat	eral	·			
none					
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
X not applicable	Guarantor address; City; State;	Zip Code	•		
Principal Occupation	1	Employer			
	<del>.</del>	<u> </u>			

Austin, Texas 78711-2070

### **POLITICAL EXPENDITURES**

SCHEDULE F

(512)463-5800 TDD 1-800-735-2989

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

rees	The Instruction Guide explains how	•	calegory not listed above)		
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 1/14 F	T (2.46.)		00005000		
4 Date	5 Payee name				
04/11/2011	Atex Printing				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$267.38	7801 N Lamar A-132				
, , , , ,	Austin, TX 78752				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		f Texas, complete Schedule T)		
OF	Printing Expense	Envelope printing			
EXPENDITURE					
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure	Canadato / Cinocholos Itanic	Omoo oodgat.	Omoo noid.		
to benefit C/OH					
Date	Payee name				
04/19/2011	Austin Chronicle		·		
Amount (\$)	Payee address City; State; Zip Code				
\$1,118.00	P.O. Box 49066 Austin, TX 78765				
ı	Hadin, TA For oc				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside o	f Texas, complete Schedule T)		
PURPOSE	Advertising Expense	Political Advertising	Toxas, complete scribable 1)		
OF EXPENDITURE	3 = 4 = 11 = 1				
EXPENDITORE					
Complete ONLY if					
direct expenditure to benefit C/OH					
Date	Payee name				
04/26/2011	Austin Chronicle				
Amount (\$)	Payee address City; State; Zip Code				
\$749.00	P.O. Box 49066				
<b>4</b>	Austin, TX 78765				
PURPOSE	Category (See Categories listed at the top of this schedule)		Texas, complete Schedule T)		
OF	Advertising Expense	Political Advertising			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office hold:		
direct expenditure	Candidate / Officendidel Hairie	Office sought:	Office held:		
to benefit C/OH					
Date	Payee name		·· ·· · · · · · · · · · · · · · · · ·		
05/03/2011	Austin Chronicle				
Amount (\$)	Payee address City; State; Zip Code				
\$749.00	P.O. Box 49066 Austin, TX 78765				
]	Additis, TA 10100		Ì		
	Catagory (See Catagories listed at the tag of this school de	Description // hours and its	Toyon complete Cabadata To		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Political Advertising	Texas, complete Schedule T)		
OF	Automoning Expondo	1 United Advertising			
EXPENDITURE			ļ		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH		<del>-</del>			
10 DOMON O/OTT			1		

direct expenditure to benefit C/OH

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Legal Services Food/Beverage Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Consulting Expense Travel Out Of District Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) Schedule: 2/14 Report: 62/76 00005000 5 Payee name 04/05/2011 Capitol Rubber Stamp Payee address 6 Amount (\$) City; State; Zip Code 3314 S. Congress Ave Austin, TX 78704 \$41.14 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Office Overhead/Rental Expense Name badge OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name CheckMark Typesetting 04/05/2011 Payee address City; State; Zip Code Amount (\$) 3217 N. IH 35 \$3,480.15 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political Advertising **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/15/2011 CheckMark Typesetting Payee address Amount (\$) City; State; Zip Code 3217 N. IH 35 Austin, TX 78722 \$1,961.35 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political Advertising OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/11/2011 City of Austin Payee address City; State; Zip Code Amount (\$) 301 W Second St \$37.89 Austin, TX 78701 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Voter Maps OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held:

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

rees	The Instruction Guide explains how		a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/14 F	Taura (/ Adam)		00005000
4 Date	5 Payee name		···
05/02/2011	Costco		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$875.00	10401 Research Blvd.		
	Austin, TX 78759		
		1425	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description (If travel outside Postage	of Texas, complete Schedule T)
OF	Advertising Expense	rostage	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
04/21/2011	Delwin, Goss (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	6410 Ponca Street		I
<b>4.200.00</b>	Austin, TX 78741		
PURPOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	Contract Labor	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	•
Date	Payee name		
04/21/2011	Delwin, Goss (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$900.00	6410 Ponca Street		
<b>4</b> 000.00	Austin, TX 78741		
PURPOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	Contract Labor	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		Ç	
	Payaganama		
Date 05/04/2011	Payee name Guerrero, Linda (Ms.)		
Amount (\$)	Payee address City; State; Zip Code	<del></del>	
\$25.00	3204 Fairfax Walk		
Ψ20.00	Austin, TX 78705		
BHBBOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE   OF	Accounting/Banking	Donation Refund	
EXPENDITURE		1	
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	p produced to the control of the control	emos sought.	Onioo noid.
to benefit C/OH		<u> </u>	Cleatronia Filing Varsion 2.4.1

# POLITICAL EXPENDITURES

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

OF EXPENDITURE

direct expenditure to benefit C/OH Candidate / Officeholder name

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME 2 Tovo, Kathryne (Ms.) 00005000 Schedule: 4/14 Report: 64/76 Date 5 Payee name 04/15/2011 I.T. Copy 6 Amount (\$) City: State: Payee address Zip Code 512 West M.L.K. Blvd \$324.75 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Printing Expense Fiver Printing OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/22/2011 I.T. Copy Amount (\$) Payee address City; State; Zip Code 512 West M.L.K. Blvd \$866.00 Austin, TX 78701 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE Printing Expense** Flier Printing OF **EXPENDITURE** Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name I.T. Copy 04/27/2011 Amount (\$) Payee address City: State; Zip Code 512 West M.L.K. Blvd \$229.15 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Flyer Printing **EXPENDITURE** Complete ONLY it Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Ingle, Mary (Ms.) 04/06/2011 Amount (\$) Payee address City; State; Zip Code 3406 Duval St \$2,000.00 Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Salary

Office held:

Office sought:

# **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

	The Instruction Guide explains ho	ow to complete this form.	,		
1 PAGE#	2 FILER NAME	·	3 ACCOUNT # (TEC filers)		
Schedule: 5/14	Report: 65/76 Tovo, Kathryne (Ms.)		00005000		
4 Date	5 Payee name				
05/01/2011	Ingle, Mary (Ms.)				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$2,000.00	3406 Duval St Austin, TX 78705				
İ	, , , , , , , , , , , , , , , , , , ,				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outsid	e of Texas, complete Schedule T)		
PURPOSE OF	Salaries/Wages/Contract Labor	Salary	_		
EXPENDITURE					
- 0	Condidate / Office holder name	Office squabt	Office hold:		
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:		
to benefit C/OH					
Date	Payee name		· ···		
05/02/2011	La Voz				
Amount (\$)	Payee address City; State; Zip Code				
\$300.00	P.O. Box 19457 Austin, TX 78760				
1					
	Category (See Categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)		
PURPOSE OF	Advertising Expense	Politcal Advertising	_		
EXPENDITURE					
	Candidate / Officeholder name	0#5-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	Office held:		
Complete ONLY if direct expenditure					
to benefit C/OH			<del></del>		
Date	Payee name				
05/04/2011	LULAC				
Amount (\$)	Payee address City; State; Zip Code 2908 Overdale				
\$25.00	Austin, TX 78723				
	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)		
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Sponsorship			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure		omoo oougin.	Omos noid.		
to benefit C/OH					
Date	Payee name Maxwell, Colby (Mr.)				
05/04/2011 Amount (\$)	Payee address City; State; Zip Code				
	2810 Pearl St Unit A				
\$250.00	#328				
	Austin, TX 78705				
BUSSOS	Category (See Categories listed at the top of this schedule)	The state of the s	e of Texas, complete Schedule T)		
PURPOSE OF	Salaries/Wages/Contract Labor	Salary			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH	Sallanato i Omostiolosi nama	Omoc sought.	Onice held.		

#### **POLITICAL EXPENDITURES**

SCHEDULE F

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how	w to complete this form.				
1 PAGE#	2 FILER NAME 3 ACCOUNT # (TE					
Schedule: 6/14			00005000			
4 Date	5 Payee name					
05/01/2011	Miller, Steven (Mr.)					
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$2,500.00	300 Crockett St #328					
}	Austin, TX 78704					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)			
PURPOSE OF	Salaries/Wages/Contract Labor	Salary	_			
EXPENDITURE						
A 0	Condidate / Office helder name	Office pought:	Office held:			
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:			
to benefit C/OH			<u> </u>			
Date	Payee name					
04/11/2011	Miller Blueprint Company		· · · · · · · · · · · · · · · · · · ·			
Amount (\$)	Payee address City; State; Zip Code					
\$18.73 501 West Sixth St Austin, TX 78701						
	Category (See Categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Sci					
PURPOSE OF	Office Overhead/Rental Expense	Copies				
EXPENDITURE						
	Candidate / Office holder name Office sought: Office held:					
Complete ONLY if direct expenditure	Candidate / Officeholder name Office sought: Office h					
to benefit C/OH						
Date	Payee name					
04/05/2011	Net Victories					
Amount (\$)	Payee address City; State; Zip Code					
\$1,932.56	P.O. Box 5013 Austin, TX 78763					
	,,					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)			
PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor for website	_			
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:			
direct expenditure	Oundado / Omognologi Hame	Office sought.	Office field.			
to benefit C/OH						
Date	Payee name Net Victories					
04/21/2011 Amount (\$)	Payee address City; State; Zip Code					
	P.O. Box 5013					
\$500.00	Austin, TX 78763					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)			
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor for Website	e Maintenance			
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:			
direct expenditure	Candidate / Ontentituel Hallie	Onice sought.	Onice neiti;			
to benefit C/OH						

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Advertising Expense Accounting/Banking Legal Services Food/Beverage Expense Travel In District Consulting Expense Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 7/14 Report: 67/76 5 Payee name Date 05/02/2011 Nokoa 6 Amount (\$) Payee address City; State; Zip Code P.O. Box 1131 \$300.00 Austin, TX 78767 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Advertising Expense Political Advertising OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name OfficeMax 04/09/2011 Payee address City: State: Zip Code Amount (\$) The Triangle \$33.36 Austin, TX 78756 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Payee name Date OfficeMax 04/19/2011 Amount (\$) Payee address City; State; Zip Code 907 West Fifth Street \$149.02 Austin, TX 78703 Category (See Categories listed at the top of this schedule) (if travel outside of Texas, complete Schedule T) Description **PURPOSE** Printing Expense Flier Printing OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 04/22/2011 OfficeMax Payee address City; State; Zip Code Amount (\$) \$10.81 The Triangle Austin, TX 78756 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies - folders OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

# Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) 2 Tovo, Kathryne (Ms.) 00005000 Schedule: 8/14 Report: 68/76 5 Payee name Date OfficeMax 04/27/2011 6 Amount (\$) Payee address City; State; Zip Code The Triangle \$44.86 Austin, TX 78756 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Office Overhead/Rental Expense Office Supplies - letter seals OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH Payee name 04/28/2011 OfficeMax Payee address City; State; Zip Code Amount (\$) The Triangle \$33.29 Austin, TX 78756 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Folding services OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name OfficeMax 04/28/2011 Payee address City; State; Zip Code Amount (\$) The Triangle Austin, TX 78756 \$106.55 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies - Paper, seals **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/30/2011 OfficeMax Amount (\$) Payee address City; State; Zip Code The Triangle Austin, TX 78756 \$163.43 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies - printer toner, paper OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/R	
-	The Instruction Guide explains how	•
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers
Schedule: 9/14 F	eport: 69/76 Tovo, Kathryne (Ms.)	00005000
4 Date	5 Payee name	
05/02/2011	OfficeMax	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$102.78	907 West Fifth Street Austin, TX 78703	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Office Supplies - printer toner, paper
EXPENDITURE		
	Condidate (Office holder ways	Office country of the last
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
05/04/2011	OfficeMax  City: State: 7in Code	
Amount (\$)	Payee address City; State; Zip Code	
\$46.84	907 W 5th Street Austin, TX 78703	
BURDOCE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Campaign Office Supplies
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/06/2011	Opinion Analysts, Inc	
Amount (\$)	Payee address City; State; Zip Code	
\$4,000.00	906 Rio Grande St Austin, TX 78701	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Polling Expense	Polling
EXPENDITURE		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
05/04/2011	Paypal	
Amount (\$)	Payee address City; State; Zip Code	
\$363.39	2145 Hamilton Avenue San Jose, CA 95125	
DUDDOOT	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Fees	Cumulative processing fees for reporting period
EXPENDITURE		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
<del> </del>		

#### P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Advertising Expense

Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT# (TEC filers) Tovo, Kathryne (Ms.) 00005000 Schedule: 10/14 Report: 70/76 Date Payee name 04/20/2011 Ranallo Plumbing, LLC 6 Amount (\$) Payee address City; State; Zip Code P.O. Box 500266 \$294.81 Austin, TX 78750 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Office Overhead/Rental Expense Repair Services OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Rindy & Associates, Inc. 04/25/2011 Amount (\$) Payee address State: Zip Code 2401 East 6th Street #1003 \$21,000.00 Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Political Advertising OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/25/2011 Rindy & Associates, Inc. Payee address Amount (\$) City; State; Zip Code 2401 East 6th Street #1003 \$3,500.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Political Advertising Advertising Expense **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rindy & Associates, Inc. 04/28/2011 Amount (\$) Payee address State; Zip Code 2401 East 6th Street #1003 \$11,713.66 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political Advertising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held:

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

2 FILER NAME	-	3 ACCOUNT # (TEC filers)
Report: 71/76 Tovo, Kathryne (Ms.)		1
Treport. 7 1770		00005000
1 -		
2401 East 6th Street #1003 Austin, TX 78702		
(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside Political Advertising	de of Texas, complete Schedule T)
Candidate / Officeholder name	Office sought:	Office held:
Payee name		
Rindy & Associates, Inc.		
Payee address City; State; Zip Code		<del></del>
2401 East 6th Street #1003 Austin, TX 78702		
Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
Advertising Expense	Political Advertising	
Candidate / Officeholder name	Office sought:	Office held:
Payee name		
T&J Building Limited		
Payee address City; State; Zip Code		
11130 Jollyville Rd		!
		!
Austin, 1X 78759		
Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
Office Overhead/Rental Expense	Security Deposit	
Candidate / Officeholder name	Office sought:	Office held:
Davisa nama	***	
rayee name T&J Building Limited		
Payee address City; State; Zip Code		
11130 Jollyville Rd		
Suite #303 Austin, TX 78759		
Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outsic	de of Texas, complete Schedule T)
Candidate / Officeholder name	Office sought:	Office held:
	5 Payee name Rindy & Associates, Inc. 7 Payee address City: State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate / Officeholder name  Payee name Rindy & Associates, Inc. Payee address City: State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702  Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate / Officeholder name  Payee name T&J Building Limited Payee address City: State; Zip Code 11130 Jollyville Rd Suite #303 Austin, TX 78759  Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate / Officeholder name  Payee name T&J Building Limited Payee address City: State; Zip Code 11130 Jollyville Rd Suite #303 Austin, TX 78759  Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate / Officeholder name  Candidate / Officeholder name  Payee name T&J Building Limited  Payee address City; State; Zip Code 11130 Jollyville Rd Suite #303 Austin, TX 78759  Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	5 Payee name

# POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate//Officeholder/Political Committee
OTHER (enter a catagory political above)

Fees	Printing Expense Office Overhead.  The Instruction Guide explains ho	The state of the s	er a category not listed above)		
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 12/14	Y 1/ . 1/		00005000		
4 Date	5 Payee name				
04/26/2011	The Villager Newspaper				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$369.00	1223-A Rosewood Avenue				
	Austin, TX 78702				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	te of Texas, complete Schedule T)		
PURPOSE	Advertising Expense	Political Advertising	o or rollad, sompliste colleges 1,7 🔲		
OF EXPENDITURE					
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:		
to benefit C/OH					
Date	Payee name				
05/03/2011	Thomas, David (Mr.)				
Amount (\$)	Payee address City; State; Zip Code				
\$100.00	2004 B East 9th Street Austin, TX 78702				
	Austin, 1270702				
	Category (See Categories listed at the top of this schedule)	Description (If travel outsid	le of Texas, complete Schedule T)		
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor	o or reside, complete contours ty		
OF EXPENDITURE					
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:		
to benefit C/OH					
Date	Payee name				
05/03/2011	Threadgill's World Headquarters				
Amount (\$)	Payee address City; State; Zip Code				
\$691.15	301 West Riverside Dr Austin, TX 78704				
	7,43,11,17,73,3				
	Category (See Categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)		
PURPOSE OF	Event Expense	Early Vote Kickoff Party	_		
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure	Candidate / Office folder frame	Office Sought.	Office field.		
to benefit C/OH					
Date	Payee name				
04/09/2011	Time Warner Cable				
Amount (\$)	Payee address City; State; Zip Code				
\$602.20	12012 N Mopac Austin, TX 78759				
	,				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)		
PURPOSE OF	Office Overhead/Rental Expense	Cable Services	_		
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure	Candidate / Officerio/der name	Office sought.	Office fleta:		
to benefit C/OH					

#### **POLITICAL EXPENDITURES**

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) FILER NAME 1 PAGE# Tovo, Kathryne (Ms.) Schedule: 13/14 Report: 73/76 00005000 5 Payee name 4 Date Trujillo-Robnet, Arianna (Ms.) 05/01/2011 6 Amount (\$) Payee address City: State: Zip Code 3008 Kerbey Ln \$2,000.00 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name United Status Postal Service 04/27/2011 Payee address Amount (\$) City; State: Zip Code Central Park, West Station \$528.00 Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Postage Advertising Expense OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name United Status Postal Service 04/30/2011 Payee address Amount (\$) City; State; Zip Code Central Park, West Station \$324.72 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Yznaga, Mark (Mr.) 04/06/2011 Payee address Amount (\$) City; State; Zip Code 2401 Briargrove Austin, TX 78704 \$3,000.00 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

# **POLITICAL EXPENDITURES**

SCHEDULE F

EXPENDITURE CATEGORIES  Advertising Expense Accounting/Banking Consulting Expense Event Expense Event Expense Fees  Advertising Expense Food/Beverage Expe					ommittee						
1 S	PAGE # chedule: 14/14	Repor	t: 74/76	2 FILER NAM Tovo, Kath	E ryne (Ms.)				3	ACCOUNT # 00005000	(TEC filers)
_		5 Payee name Yznaga, Mark (Mr.)									
6		7 Payee address City; State; Zip Code									
8	PURPOSE OF EXPENDITURE	Sai	laries/Wa	e Categories listed ges/Contract Li	abor	his schedule)	(b) Description Salary		of Te	exas, complete So	chedule T)
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / O	fficeholder name			Office so	ught:		Office held:	

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** 

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	Ť	The Instruction Guide explains he	ow to complete this form.	
1 PAGE#	-	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/2 Re		Tovo, Kathryne (Ms.)		00005000
4 Date	5 Payee name			
04/12/201 <b>1</b>		s for Education and Youth		· · · · · ·
6 Amount (\$)	7 Payee addres			
\$150.00				
Reimbursement from political contributions intended	Augus, i.e.	0,23		
8		Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Contributions	s/Donations Made By	Event Donation	of fondo, dompied constant ./
OF EXPENDITURE	Candidate/O	fficeholder/Political Ćommittee		
<del></del>	1			
Date	Payee name	** 111*		· · · · · · · · · · · · · · · · · · ·
04/14/2011	Austin's Pizz	а		
Amount (\$)	Payee addres	city; State; Zip Code		
\$52.60	1600 W 35th			
Reimbursement from political	Austin, TX 7	8703		
contributions intended	Catagony (Soc	Categories listed at the top of this schedule)	Depositation (Masses autoide	of Tours complete Cabadula T)
PURPOSE	Food/Bevera	-	Description (If travel outside Staff Lunch	of Texas, complete Schedule T)
OF EXPENDITURE	, 000, 20, 0.	go Exponios	otan Editori	
EXPENDITORE				
				!
Date	Payee name			
04/16/2011	Black Austin	Democrats		
Amount (\$)	Payee address	City; State; Zip Code		
\$100.00	P.O. Box 212			
Reimoursement from political	Austin, TX 7	8767		,
contributions intended	0-4		Dec. 3 de la constitución de la	
PURPOSE		Categories listed at the top of this schedule) //Donations Made By	Description (If travel outside Event Sponsorship	of Texas, complete Schedule T)
OF EVEN DITUE	Candidate/O	ficeholder/Political Committee	Event Sponsorship	
EXPENDITURE				
	i			
				:
Date	Payee name			
04/11/2011	LULAC			
Amount (\$)	Payee address	City; State; Zip Code		
\$100.00	2908 Overda			
Reimbursement from political contributions intended	Austin, TX 7	8723		
contributions intended				
PURPOSE	, , ,	Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF		/Donations Made By ficeholder/Political Committee	Event sponsorship	
EXPENDITURE				
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#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Printing	Expense Expense The Instruction (	Travel Out Of Distric Office Overhead/Re Guide explains how to	ental Expense	Candidate/Of OTHER (enter a erm.	fficeholde a category	r/Political C not listed a	ommittee above)
1 PAGE#		2 FILER NAME				3 ACC	OUNT #	(TEC filers)
Schedule: 2/2 Re	enort: 76/76	Tovo, Kathryne (Ms	s.)				05000	(120 11010)
4 Date	5 Payee name						00000	
04/12/2011	South Austir	n Civic Club						
6 Amount (\$)	7 Payee addres	ss City; State;	Zip Code					
\$18.00	P.O. Box 15	51295						
Reimbursement	Austin, TX	78715						
Reimbursement from political contributions intended		<del></del>						<del></del>
8 PURPOSE		e Categories listed at the top o	of this schedule)	(b) Description	(If travel outside of	of Texas,	complete S	chedule T)
OF	Food/Bevera	age Expense		SACC Lunck	neon			
EXPENDITURE				1				
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 $\begin{array}{l} \textbf{SCHEDULE V} \text{ - attach to form C/OH (C \& E)} \\ \text{Reference 2-2-22, Austin City Code} \end{array}$ 

#### PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Name of Candidate/Officeholder: <u>Kathryn Tovo</u>
Enter the name and address of any person who has solicited and obtained contributions on your behalf during the reporting period of \$200 per person from five or more individuals. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of person soliciting contributions	Address
Danette Chimenti *	200 The Circle, Austin, TX 78704

Reminder: This form is to identify bundlers, i.e. individuals who solicit and obtain contributions on your behalf. Remember there is a separate form to identify the *actual* donors (C/OH).

All Contributions shown on C/OH from "bundlers" are marked with asterisks as shown above in their respective employer/occupation information.