

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> ACCOUNT #	00005000	<b>2</b> PAGE #	1 of 107
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<b>3</b> CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kathryne	MI	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged
	NICKNAME Kathie	LAST Tovo	SUFFIX	
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report		
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year		
	05/05/2011	THROUGH	06/08/2011	

2011 JUN 28 PM 3 59  
 RECEIVED  
 AUSTIN CITY CLERK

**6** EXPLANATION OF CORRECTION

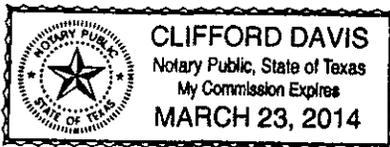
1) Inadvertently did not include employer/occupation information for two contributors with contributions totaling \$200 or more. This information was added for Susan Williams and Carolyn Hadnot. 2) Corrected misspelling of contributor name (Jett Hanna). 3) Expenditures to match in-kind contributions inadvertently left out. Expenditures were added to match the in-kind contributions.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Kathryne Tovo

*Kathryne Tovo*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Kathryne Tovo this the 27th day of June, 2011.

*Clifford Davis*  
Signature of officer administering oath

Clifford Davis  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00005000	2 PAGE # 2 of 107
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kathryne	MI
	NICKNAME Kathie	LAST Tovo	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 W 32nd Street Austin, TX 78705		
	OFFICE USE ONLY Date Received		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joseph	MI
	NICKNAME	LAST Pinnelli	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)			Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER PHONE			Receipt #      Amount
8 REPORT TYPE			Date Processed
9 PERIOD COVERED			Date Imaged
10 ELECTION			
11 OFFICE		12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Tovo, Kathrynne (Ms.)

15 ACCOUNT # (Ethics Commission filers)  
00005000

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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. ..

COMMITTEE TYPE

COMMITTEE NAME  
Better Austin Today PAC

GENERAL

COMMITTEE ADDRESS  
P.O. Box 91041  
Austin, TX 78709

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME  
Ogunro, Sunny (Mr.)

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS  
P.O. Box 91041  
Austin, TX 78709

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	130.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	64,091.57
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	128,425.34
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CONTRIBUTION BALANCE

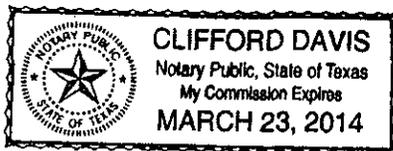
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	25,918.48
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,000.00
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18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Kathryne Tovo

*Kathryne Tovo*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candidate: Kathrynne Tovo, this the 27th day of June, 2011, to certify which, witness my hand and seal of office.

*Clifford Davis*  
Signature of officer administering oath

Clifford Davis  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH  
ADDENDUM**

Page 4 of 107

C/OH NAME Tovo, Kathyne (Ms.)	ACCOUNT # (Ethics Commission filers) 00005000
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<p><b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b></p>	<p>.. 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. ..</p>	
	<p>COMMITTEE TYPE</p>	<p>COMMITTEE NAME Sierra Club Political Committee of Texas</p>
	<p><input checked="" type="checkbox"/> GENERAL</p>	<p>COMMITTEE ADDRESS 615 Willow San Antonio, TX 78202</p>
	<p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE CAMPAIGN TREASURER NAME Gonzalez, Hector (Mr.)</p> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS 615 Willow San Antonio, TX 78202</p>

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 1/77 Report: 5/107

**2** FILER NAME Tovo, Kathryn (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00005000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Abbott, Robin (Ms.)

05/31/2011

**6** Contributor address; City; State; Zip Code  
5601 Blueridge Ct.  
Austin, TX 78731

**7** Amount of  
contribution (\$)

\$100.00

**8** In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Acherman, Jill (Ms.)

05/07/2011

Contributor address; City; State; Zip Code  
9109 Edwardson Ln.  
Austin, TX 78749

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Anderson, Jamie (Ms.)

06/08/2011

Contributor address; City; State; Zip Code  
1213 West 12th  
Austin, TX 78703

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retail

Employer (See Instructions)  
Anderson's Coffee Company

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Anderson, Maurice (Mr.)

06/03/2011

Contributor address; City; State; Zip Code  
3005 Whiteway Dr  
Austin, TX 78757

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Self

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Anderson, Tyler (Mr.)

06/03/2011

Contributor address; City; State; Zip Code  
4804 Balcones Dr.  
Austin, TX 78731

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired Austin Fire Dept.

Employer (See Instructions)  
N/A

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 2/77 Report: 6/107

**2** FILER NAME Tovo, Kathryn (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00005000

**4** Date  
  
05/17/2011

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Anderson-Ewing, Kristy (Ms.)

**6** Contributor address; City; State; Zip Code  
1008 S. 5th St.  
Austin, TX 78704

**7** Amount of contribution (\$)  
  
\$40.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Antrobus, Sally (Ms.)

06/08/2011

Contributor address; City; State; Zip Code  
526 Surf Oaks Dr.  
Seabrook, TX 77586

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
\*Book Author/Editor

Employer (See Instructions)  
Self

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Arce, Alegria (Ms.)

05/14/2011

Contributor address; City; State; Zip Code  
110 West 33rd St  
Austin, TX 78705

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Baer, Therese (Ms.)

05/24/2011

Contributor address; City; State; Zip Code  
5904 Mountainclimb Dr. Apt 1  
Austin, TX 78731

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)  
Baer Engineering

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Bailey, Brooke (Ms.)

05/17/2011

Contributor address; City; State; Zip Code  
1801 West 10th St  
Austin, TX 78703

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/77 Report: 7/107

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00005000

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Bailey, Kris (Mr.)

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

06/06/2011

6 Contributor address; City; State; Zip Code  
8418 Spring Valley Dr  
Austin, TX 78736

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Insurance Adjuster

10 Employer (See Instructions)  
Self

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Balaka, Gerald (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/26/2011

Contributor address; City; State; Zip Code  
1800 W 34th St  
Austin, TX 78703

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Software Developer

Employer (See Instructions)  
IBM

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Barbaro, Nick (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/25/2011

Contributor address; City; State; Zip Code  
4112 Speedway  
Austin, TX 78751

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Publisher

Employer (See Instructions)  
Austin Chronicle

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Barkley, John (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

06/07/2011

Contributor address; City; State; Zip Code  
3118 Wheeler  
Austin, TX 78705

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Real Estate Investments

Employer (See Instructions)  
Self

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Barnes, Elizabeth (Ms.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/11/2011

Contributor address; City; State; Zip Code  
2730 Tether Trail  
Austin, TX 78704

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 4/77 Report: 8/107

**2** FILER NAME Tovo, Kathryn (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00005000

**4** Date

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Barnes, Jay (Mr.)

**7** Amount of  
contribution (\$)

**8** In-kind contribution  
description (if applicable)

06/08/2011

**6** Contributor address; City; State; Zip Code  
1108 West 7th Street  
Austin, TX 78703

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Barry, Clare (Ms.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

06/07/2011

Contributor address; City; State; Zip Code  
1505 Brentwood  
Austin, TX 78757

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Basciano, Joyce (Ms.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

06/08/2011

Contributor address; City; State; Zip Code  
1907 W 34th St.  
Austin, TX 78703

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Batson, Amanda (Ms.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/17/2011

Contributor address; City; State; Zip Code  
9803 Ravenwood Cove  
Austin, TX 78750

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Becker, Al (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/21/2011

Contributor address; City; State; Zip Code  
3656 Ranch Creek Dr.  
Austin, TX 78730

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)  
National Instruments

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/77 Report: 9/107	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/01/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beers, Stephen (Mr.)  6 Contributor address; City; State; Zip Code 107 A East 47th Street Austin, TX 78751	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Writer/Editor		10 Employer (See Instructions) Self	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beinecke, Bridgette (Ms.)  Contributor address; City; State; Zip Code 1111 Nueces Street Austin, TX 78701	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architectural Project Manager		Employer (See Instructions) Beinecke Preservation Planning and Project Management	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betancourt, Carl (Mr.)  Contributor address; City; State; Zip Code 1505 Travis Hts Blvd Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Union Steel Worker		Employer (See Instructions) OSI	
Date  05/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bettis, Berkley (Mr.)  Contributor address; City; State; Zip Code 5607 Montview St. Austin, TX 78756	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biedrzycki, Carol (Ms.)  Contributor address; City; State; Zip Code 1411 Gracy Farms Ln #23 Austin, TX 78758	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/77 Report: 10/107	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bird, Sarah (Ms.)  6 Contributor address; City; State; Zip Code 6102 Mountainclimb Dr. Austin, TX 78731	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Black, Vincent (Mr.)  Contributor address; City; State; Zip Code 10912 Enchanted Rock Cove Austin, TX 78726	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blake, Mark (Mr.)  Contributor address; City; State; Zip Code 2006 South Oak Canyon Rd. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bledsoe, Missy (Ms.)  Contributor address; City; State; Zip Code 1808 Forestglade Dr. Austin, TX 78745	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blythe, Sharon (Ms.)  Contributor address; City; State; Zip Code 9206 Brigadoon Cove Austin, TX 78750	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CPA		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/77 Report: 11/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/18/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bope, Flannery (Mr.)  6 Contributor address; City; State; Zip Code 3200 S. 1st St #815 Austin, TX 78704	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bornstein, Sue (Ms.)  Contributor address; City; State; Zip Code 909 Post Oak St. Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boulton, Monica (Ms.)  Contributor address; City; State; Zip Code 3802 B Byron Dr Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowman, Lanier (Mr.)  Contributor address; City; State; Zip Code 12041 Dessau Rd #508 Austin, TX 78754	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowman, Maxcine (Ms.)  Contributor address; City; State; Zip Code 12041 Dessau Rd #508 Austin, TX 78754	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/77 Report: 12/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/31/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braun, Carl (Mr.)  6 Contributor address; City; State; Zip Code 2506 Douglas St Austin, TX 78741	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brewer, Galen (Mr.)  Contributor address; City; State; Zip Code 1406 Newning Austin, TX 78704	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brewer, Galen (Mr.)  Contributor address; City; State; Zip Code 1406 Newning Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buffington, Dan (Mr.)  Contributor address; City; State; Zip Code 5306 Guadalupe Ave Austin, TX 78701	Amount of contribution (\$)  \$36.81	In-kind contribution description (if applicable) Ink Pad and Stamp purchased from Capitol Rubber Stamp
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bunch, William (Mr.)  Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Save Our Springs Alliance			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/77 Report: 13/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnham, Joan (Ms.)  6 Contributor address; City; State; Zip Code 108 W 33rd St Austin, TX 78705	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burstyn, Ramon (Mr.)  Contributor address; City; State; Zip Code P.O. Box 9349 Austin, TX 78766	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burton, Amon (Mr.)  Contributor address; City; State; Zip Code 1306 Guadalupe St Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buttrely, Sarah (Ms.)  Contributor address; City; State; Zip Code 902 W 31st Austin, TX 78705	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Family Practitioner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlson, Michelle (Ms.)  Contributor address; City; State; Zip Code 903 W 31st Austin, TX 78705	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/77 Report: 14/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/08/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlton, Carl (Mr.)  6 Contributor address; City; State; Zip Code P.O. Box 444 Austin, TX 78655	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carpenter, Sue (Ms.)  Contributor address; City; State; Zip Code 3028 Sunland Austin, TX 78748	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, Patrick (Mr.)  Contributor address; City; State; Zip Code P.O. Box 141514 Austin, TX 78714	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Carter and Juarez Contracting LLC	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartlidge, Ron (Mr.)  Contributor address; City; State; Zip Code 1802 Woodland Ave Austin, TX 78741	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartwright, Dorsey (Ms.)  Contributor address; City; State; Zip Code 1715 Norris Dr. Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/77 Report: 15/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathcart, Mark (Mr.)  6 Contributor address; City; State; Zip Code 605 W Johanna St. Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) Dell Inc.	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chaussonnet, Valerie (Ms.)  Contributor address; City; State; Zip Code 2008 Arthur Lane Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chemet, Tsegaye (Mr.)  Contributor address; City; State; Zip Code 1915 Wells Branch #1614 Austin, TX 78728	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Lone Star Cab	
Date  05/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chimenti, Danette (Ms.)  Contributor address; City; State; Zip Code 200 The Circle Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Consultant		Employer (See Instructions) Self	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chimenti, Edward (Mr.)  Contributor address; City; State; Zip Code 4531 Cedar Ridge Tr. Houston, TX 77059	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Retired		Employer (See Instructions) N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/77 Report: 16/107	
2 FILER NAME Tovo, Kathyne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/08/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chimenti, Katie (Ms.)  6 Contributor address; City; State; Zip Code 4531 Cedar Ridge Tr. Houston, TX 77059	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) *Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christian, George (Mr.)  Contributor address; City; State; Zip Code 807 West 16th St Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Colin (Mr.)  Contributor address; City; State; Zip Code 302 W Johanna Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Environmental Activist		Employer (See Instructions) Save Our Springs	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, E. W. (Mr.)  Contributor address; City; State; Zip Code 3011 West Ave. Austin, TX 78705	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton, Billy (Mr.)  Contributor address; City; State; Zip Code 2909 Oak Lane Dr. Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/77 Report: 17/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/18/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton, Billy (Mr.)  6 Contributor address; City; State; Zip Code 2909 Oak Lane Dr. Austin, TX 78704	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton, Billy (Mr.)  Contributor address; City; State; Zip Code 2909 Oak Lane Dr. Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coldiron, Ron (Mr.)  Contributor address; City; State; Zip Code 6509 Marblewood Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cole, Kevin (Mr.)  Contributor address; City; State; Zip Code 4101 Wildwood Rd. Austin, TX 78722	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Cole Law Firm	
Date  05/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins, Clifford (Mr.)  Contributor address; City; State; Zip Code 4019 Tealwood Austin, TX 78731	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/77 Report: 18/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, R. Scott (Mr.)  6 Contributor address; City; State; Zip Code 1300 Karen Ave., Austin, TX 78757	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date  05/06/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooke, Thomas (Mr.)  Contributor address; City; State; Zip Code 1304 Alta Vista Avenue Austin, TX 78704	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable) Email List - 1 time use         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crossley, Cecilia (Ms.)  Contributor address; City; State; Zip Code 3100 Catalina Dr. Austin, TX 78741	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Dan (Mr.)  Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Lindsey (Ms.)  Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/09/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Steven (Mr.)  6 Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) MD		10 Employer (See Instructions) David Powell Clinic	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Steven (Mr.)  Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) David Powell Clinic	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cubillos, Ruben (Mr.)  Contributor address; City; State; Zip Code 3816 S. Lamar #2113 Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Brisa Communications	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Michael (Mr.)  Contributor address; City; State; Zip Code 211 E 7th St Suite 920 Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dailey, Denise (Ms.)  Contributor address; City; State; Zip Code 1415 Dwyce Dr. Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/21/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel, Harold (Mr.)  6 Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Systems Analyst		10 Employer (See Instructions) Optimization Alternatives	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Dick (Mr.)  Contributor address; City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Janet (Ms.)  Contributor address; City; State; Zip Code 2602 Twin Oaks Dr. Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deaderick, Suzanne (Ms.)  Contributor address; City; State; Zip Code 2502 Harris Blvd. Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dealey, Amanda (Ms.)  Contributor address; City; State; Zip Code 5401 Ridge Oak Dr. Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 17/77 Report: 21/107

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dealey, Christopher (Mr.)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

06/07/2011

6 Contributor address; City; State; Zip Code

5401 Ridge Oak Dr.  
Austin, TX 78731

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Rancher

10 Employer (See Instructions)

Mayhew Ranch

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

DeLuna, Megan (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/20/2011

Contributor address; City; State; Zip Code

323 Congress #250  
Austin, TX 78701

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Associate

Employer (See Instructions)

Brisa Communications

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Denkler, Ann (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/18/2011

Contributor address; City; State; Zip Code

6112 Highlandale Dr.  
Austin, TX 78731

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Accounting

Employer (See Instructions)

Travis County

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Depmore, David (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/14/2011

Contributor address; City; State; Zip Code

1801 Broken Shoe Cove  
Round Rock, TX 78681

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate Manager

Employer (See Instructions)

Reagan National Advertising

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Depmore, Sharon (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/14/2011

Contributor address; City; State; Zip Code

1801 Broken Shoe Cove  
Round Rock, TX 78681

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LVN

Employer (See Instructions)

Texas Orthopedics

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/77 Report: 22/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/18/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dettman, Greg (Mr.)  6 Contributor address; City; State; Zip Code 9113 Old Lampasas Tr. Austin, TX 78750	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Sport Court of Austin	
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deuser, Larry (Mr.)  Contributor address; City; State; Zip Code 111 Rudder Dr. Austin, TX 78738	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deyoung, Claire (Ms.)  Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dileo, Michael (Mr.)  Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Waldorf School	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dileo, Tracy (Ms.)  Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Killam Oil Co	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/77 Report: 24/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ejigu, Daniel (Mr.)  6 Contributor address; City; State; Zip Code 1522 Thibodeaux Round Rock, TX 78664	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Mary Dale (Ms.)  Contributor address; City; State; Zip Code 1704 W Ave. Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellison, Christopher (Mr.)  Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT San Antonio	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellison, Christopher (Mr.)  Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT San Antonio	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emnetu, Rebecca (Ms.)  Contributor address; City; State; Zip Code 2958 Donnell Dr. Round Rock, TX 78664	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) 7-Eleven	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/77 Report: 25/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engdaw, Teferi (Mr.)  6 Contributor address; City; State; Zip Code 11700 Metric Blvd #402 Austin, TX 78758	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Taxi Driver		10 Employer (See Instructions) Lone Star Cab	
Date  06/06/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enochs, Linda (Ms.)  Contributor address; City; State; Zip Code 5308 Raincreek Pkwy Austin, TX 78759	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Retired		Employer (See Instructions) N/A	
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Epps, O. Carey (Mr.)  Contributor address; City; State; Zip Code 8205 Aloe Cove Austin, TX 78750	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, J.P. (Mr.)  Contributor address; City; State; Zip Code 2604 Lynnbrook Dr. Austin, TX 78748	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fanta, Anteneh (Mr.)  Contributor address; City; State; Zip Code 615 East Wonsley Dr. #244 Austin, TX 78753	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Laz Company	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/77 Report: 26/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farabee, Mary (Ms.)  6 Contributor address; City; State; Zip Code 2702 Rockingham Dr. Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Faris, Mary (Ms.)  Contributor address; City; State; Zip Code 2400 Elm Glen Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farrell, Jay (Mr.)  Contributor address; City; State; Zip Code 616 West 31 1/2 St Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Faust, Sarah (Ms.)  Contributor address; City; State; Zip Code 821 E. 53rd St Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fear, Mary (Ms.)  Contributor address; City; State; Zip Code 2021 Amur Dr. Austin, TX 78745	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/77 Report: 27/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Finkbeiner, Ted (Mr.)  6 Contributor address; City; State; Zip Code 3008 Pin Oak Ct. Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  05/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Finkbeiner, Ted (Mr.)  Contributor address; City; State; Zip Code 3008 Pin Oak Ct. Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flynn, Charlotte (Ms.)  Contributor address; City; State; Zip Code 7710 W. Rim Dr. Austin, TX 78731	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gentle, James (Mr.)  Contributor address; City; State; Zip Code P.O. Box 1026 Austin, TX 78767	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getahun, Firew (Mr.)  Contributor address; City; State; Zip Code 2722 Highpoint Dr. Round Rock, TX 78664	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Financial Freedom Bank			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/77 Report: 28/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/08/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Carol (Ms.)  6 Contributor address; City; State; Zip Code 1602 Roberts Ave Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Neighborhood Advisor		10 Employer (See Instructions) City of Austin	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Joan (Ms.)  Contributor address; City; State; Zip Code 4209 Ave G Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillette, Leann (Ms.)  Contributor address; City; State; Zip Code 3207 Rivercrest Dr. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillette, Michael (Mr.)  Contributor address; City; State; Zip Code 3207 Rivercrest Dr. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goeken, Gregory (Mr.)  Contributor address; City; State; Zip Code 2601 East 19th St Austin, TX 78702	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/77 Report: 29/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goetzmann, Mewes (Mr.)  6 Contributor address; City; State; Zip Code 4802 Timberline Dr. Austin, TX 78746	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzales, Rueben (Mr.)  Contributor address; City; State; Zip Code 3804 Ave H Austin, TX 78751	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodman, David (Mr.)  Contributor address; City; State; Zip Code 4300 Tallowood Dr. Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodman, Kim (Ms.)  Contributor address; City; State; Zip Code 4416 Sam Bass Rd. Round Rock, TX 78681	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodrich, Melissa (Ms.)  Contributor address; City; State; Zip Code 1404 Redbud Tr Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Petroleum Consultant/Investor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/77 Report: 30/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodrich, Raymond (Mr.)  6 Contributor address; City; State; Zip Code 1404 Redbud Tr Austin, TX 78746	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Petroleum Consultant/Investor		10 Employer (See Instructions) Self	
Date  05/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham-Moore, Brian (Mr.)  Contributor address; City; State; Zip Code 1817 East 40th St Austin, TX 78722	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Robert (Mr.)  Contributor address; City; State; Zip Code 3001 Gilbert St Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Leigh Anne (Ms.)  Contributor address; City; State; Zip Code 1522 South Congress Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) **Student		Employer (See Instructions) N/A	
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Sean (Mr.)  Contributor address; City; State; Zip Code 330 Eanes School Rd. Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) **Retail Manager		Employer (See Instructions) Allen's Boots	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/77 Report: 31/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/27/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffith, Balie (Mr.)  6 Contributor address; City; State; Zip Code 3711 Taylors Dr. Austin, TX 78703	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  05/27/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffith, Beverly (Ms.)  Contributor address; City; State; Zip Code 3711 Taylors Dr. Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  06/06/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.)  Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  06/06/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.)  Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	Amount of contribution (\$)  \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  06/06/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.)  Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	Amount of contribution (\$)  \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/77 Report: 32/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/18/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hack, Beth (Ms.)  6 Contributor address; City; State; Zip Code 3602 Kellywood Dr. Austin, TX 78739	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self	
Date  05/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hadnot, Carolyn (Ms.)  Contributor address; City; State; Zip Code 8204 Brettonwoods Ln. Austin, TX 78753	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hadnot, Carolyn (Ms.)  Contributor address; City; State; Zip Code 8204 Brettonwoods Ln. Austin, TX 78753	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hale, Bryan (Mr.)  Contributor address; City; State; Zip Code 1300 Windsor Rd Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chemist		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) Sachem Inc.	
Date  06/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanna, Jett (Mr.)  Contributor address; City; State; Zip Code 6112 Highlandale Dr Austin, TX 78731	Amount of contribution (\$)  \$47.52	In-kind contribution description (if applicable) Stamps
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/77 Report: 33/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/06/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanna, Jett (Mr.)  6 Contributor address; City; State; Zip Code 6112 Highlandale Dr. Austin, TX 78731	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harding, Rebecca (Ms.)  Contributor address; City; State; Zip Code 3907 Burr Oak Ln Austin, TX 78727	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harms, John (Mr.)  Contributor address; City; State; Zip Code 2312 B Riverside Farms Rd Austin, TX 78741	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harper, Jeffrey (Mr.)  Contributor address; City; State; Zip Code 805 W 16th Street Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Elizabeth (Ms.)  Contributor address; City; State; Zip Code 4100 Jackson Ave. #314 Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/77 Report: 34/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Elizabeth (Ms.)  6 Contributor address; City; State; Zip Code 4100 Jackson Ave. #314 Austin, TX 78731	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Title Examiner		10 Employer (See Instructions) Gracy Title	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Lisa (Ms.)  Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harte, Christopher (Mr.)  Contributor address; City; State; Zip Code 327 Congress Ave. Suite 200 Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) SOS Alliance	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Andrew (Mr.)  Contributor address; City; State; Zip Code 1606 Treadwell St Austin, TX 78704	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) SOS Alliance	
Date  05/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Hale (Mr.)  Contributor address; City; State; Zip Code 3001 Hill Street Round Rock, TX 78664	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/77 Report: 35/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/06/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hersh, Matt (Mr.)  6 Contributor address; City; State; Zip Code 3201 Duval Rd. #1134 Austin, TX 78759	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Statistician		10 Employer (See Instructions) University of Texas	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heuberger, Ann (Ms.)  Contributor address; City; State; Zip Code 1805 Whitney Way Austin, TX 78741	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hibberd, Lucy (Ms.)  Contributor address; City; State; Zip Code 327 S 7th St Aspen, CO 81611	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hibbetts, Charles (Mr.)  Contributor address; City; State; Zip Code 110 West 33rd St Austin, TX 78705	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holderness, Macy (Ms.)  Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr. Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/77 Report: 36/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holland, Leon (Mr.)  6 Contributor address; City; State; Zip Code 10705 Leafwood Ln Austin, TX 78750	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  06/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holland, P.J. (Ms.)  Contributor address; City; State; Zip Code 10705 Leafwood Ln Austin, TX 78750	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holland, Peggy (Ms.)  Contributor address; City; State; Zip Code 10705 Leafwood Ln Austin, TX 78750	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hopkins, Bill (Mr.)  Contributor address; City; State; Zip Code 3324 Silkgrass Bend Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) **Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Brown McCarroll			
Date  06/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houghton, Dudley (Mr.)  Contributor address; City; State; Zip Code 3219 Bridle Path Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/77 Report: 38/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, John (Mr.)  6 Contributor address; City; State; Zip Code 4510 Avenue F Austin, TX 78751	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Store Owner		10 Employer (See Instructions) Accentric	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Jun (Ms.)  Contributor address; City; State; Zip Code 1209 Newning Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Texas	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Sam (Mr.)  Contributor address; City; State; Zip Code 1209 Newning Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Sam F. (Mr.)  Contributor address; City; State; Zip Code P.O. Box 1927 Abingdon, VA 24212	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date  05/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hyatt, Diane (Ms.)  Contributor address; City; State; Zip Code P.O. Box 162452 Austin, TX 78716	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Texas Water Development Board	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/77 Report: 40/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/08/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnston, Smith (Mr.)  6 Contributor address; City; State; Zip Code 1402 Redway Ln Houston, TX 77062	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) *Physician/Flight Surgeon		10 Employer (See Instructions) NASA	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jung, Richard (Mr.)  Contributor address; City; State; Zip Code 2530 Harris Blvd Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Principal Attorney		Employer (See Instructions) Jung and Associates PLLC	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jurgens, Kenneth (Mr.)  Contributor address; City; State; Zip Code 3209 Scenic Shore Dr. Seabrook, TX 77586	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Systems Control Engineer		Employer (See Instructions) Valero	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jurgens, Nancy (Ms.)  Contributor address; City; State; Zip Code 3209 Scenic Shore Dr. Seabrook, TX 77586	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Homemaker		Employer (See Instructions) N/A	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kebede, Denberwa (Mr.)  Contributor address; City; State; Zip Code 17205 Tobemory Dr. Pflugerville, TX 78660	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) DPS	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/77 Report: 42/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirkpatrick, Mark (Mr.)  6 Contributor address; City; State; Zip Code 718 Patterson Ave. Austin, TX 78703	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) UT Austin	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kitzmilller, George (Mr.)  Contributor address; City; State; Zip Code 4507 Crestway Dr. Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klingler, Anita (Ms.)  Contributor address; City; State; Zip Code 4118 Rimrock Dr Lago Vista, TX 78645	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Restaurant Owner		Employer (See Instructions) True Grits	
Date  05/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klingler, Etta (Ms.)  Contributor address; City; State; Zip Code 5904 Mountainclimb Dr Apt 1 Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klingler, John (Mr.)  Contributor address; City; State; Zip Code 4118 Rimrock Dr Lago Vista, TX 78645	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Restaurant Owner		Employer (See Instructions) True Grits	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/77 Report: 43/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kraft, J.D. (Mr.)  6 Contributor address; City; State; Zip Code 710 Colorado Street Unit 5C Austin, TX 78701	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kuykendall, Chris (Mr.)  Contributor address; City; State; Zip Code 4100 Avenue C, No 103 Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langenberg, Ray (Mr.)  Contributor address; City; State; Zip Code 1802 Vance Cir Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larsen, David (Mr.)  Contributor address; City; State; Zip Code 11714 Drayton Dr Austin, TX 78758	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larson, Dohn (Mr.)  Contributor address; City; State; Zip Code 1008 East 44th St Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) **Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) **Attorney		Employer (See Instructions) Texas Classroom Teacher's Association	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/77 Report: 44/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leach, Elaine (Ms.)  6 Contributor address; City; State; Zip Code 4901 Avenue F Austin, TX 78751	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Real Estate Appraiser		10 Employer (See Instructions) The Christopher Lehman Co.	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lehman, Chris (Mr.)  Contributor address; City; State; Zip Code 1914 Larchmont Dr. Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Appraiser		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired Attorney		Employer (See Instructions) N/A	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Fred (Mr.)  Contributor address; City; State; Zip Code 4509 Edgemont Dr, Austin, TX 78731	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable) Legal Services
Principal occupation / Job title (See Instructions) Retired Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Buyer		Employer (See Instructions) Whole Earth Provision Co.	
Date  06/06/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Kevin (Mr.)  Contributor address; City; State; Zip Code 1002 Bouldin Ave Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Buyer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Buyer		Employer (See Instructions) Whole Earth Provision Co.	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Llanes, Carmen (Ms.)  Contributor address; City; State; Zip Code 4609 Parkwood Rd. Austin, TX 78722	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/77 Report: 45/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/01/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Llanes, Daniel (Mr.)  6 Contributor address; City; State; Zip Code 4907 Red Bluff Rd Austin, TX 78702	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowerre, Richard (Mr.)  Contributor address; City; State; Zip Code 725 Patterson Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lowerre, Frederick, Perales, Allmon & Rockwell	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luckey, Alan (Mr.)  Contributor address; City; State; Zip Code P.O. Box 3332 Bellaire, TX 77402	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Creative Director		Employer (See Instructions) Gotham Image Works	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luckey, Mary (Ms.)  Contributor address; City; State; Zip Code P.O. Box 3332 Bellaire, TX 77402	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Government Employee		Employer (See Instructions) NASA	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maclaine, Nancy (Ms.)  Contributor address; City; State; Zip Code 2302 Del Curto Rd Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Programmer		Employer (See Instructions) Neon Enterprise Software	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/77 Report: 46/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/20/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacNeilage, Linda (Ms.)  6 Contributor address; City; State; Zip Code 606 Harthan St Austin, TX 78703	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Psychologist		10 Employer (See Instructions) Self	
Date  05/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maher, Mary Beth (Ms.)  Contributor address; City; State; Zip Code 2600 Lake Austin Blvd #6107 Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Narda (Ms.)  Contributor address; City; State; Zip Code 4510 Avenue F Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Store Owner		Employer (See Instructions) Avenue Gallery	
Date  06/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mather, Jean (Ms.)  Contributor address; City; State; Zip Code 1611 Alameda Dr. Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathews, Elloa (Ms.)  Contributor address; City; State; Zip Code 2610 Friar Tuck Ln. Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Writer/Tutor		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/77 Report: 47/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mayton, Emma Lea (Ms.)  6 Contributor address; City; State; Zip Code 7101 Daugherty St. Austin, TX 78757	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCollow, Leslie (Ms.)  Contributor address; City; State; Zip Code 507 Kingfisher Creek Dr. Austin, TX 78748	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCormick, Donna Beth (Ms.)  Contributor address; City; State; Zip Code 5703 Shoalwood Ave. Austin, TX 78756	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCormick, Donna Beth (Ms.)  Contributor address; City; State; Zip Code 5703 Shoalwood Ave. Austin, TX 78756	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDaniel, Marc (Mr.)  Contributor address; City; State; Zip Code 811 W 31st Austin, TX 78705	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/77 Report: 48/107	
2 FILER NAME Tovo, Kathyne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/31/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGray, Judith (Ms.)  6 Contributor address; City; State; Zip Code 5327 Western Hills Dr. Austin, TX 78731	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) McGray&McGray Land Surveyors	
Date  06/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKinney, Heather (Ms.)  Contributor address; City; State; Zip Code 800 West 5th #1206 Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McMurtry, Alan (Mr.)  Contributor address; City; State; Zip Code 2412 Greenlawn Pkwy Austin, TX 78757	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Wholesaler		Employer (See Instructions) AMC Company	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McMurtry, Nancy (Ms.)  Contributor address; City; State; Zip Code 2412 Greenlawn Pkwy Austin, TX 78757	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meadows, Donna (Ms.)  Contributor address; City; State; Zip Code 631 Amesbury Ln. Austin, TX 78752	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) ACC	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/77 Report: 50/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melesse, Genet (Ms.)  6 Contributor address; City; State; Zip Code 1522 Thibodeaux Round Rock, TX 78664	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meredith, Maureen (Ms.)  Contributor address; City; State; Zip Code 5309 Tower Trail Austin, TX 78723	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Genet (Mr.)  Contributor address; City; State; Zip Code 5506 Pleasant Valley Rd Austin, TX 78744	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Flextronics	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Zenaw (Mr.)  Contributor address; City; State; Zip Code 4501 E Riverside Dr. #2032 Austin, TX 78741	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Lone Star Cab	
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Middleton, Beatrice (Ms.)  Contributor address; City; State; Zip Code P.O. Box 3893 Victoria, TX 77903	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 48/77 Report: 52/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/25/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffat, Susan (Ms.)  6 Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Writer		10 Employer (See Instructions) Self	
Date  05/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Catherine (Ms.)  Contributor address; City; State; Zip Code 3802 Avenue H Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, John (Mr.)  Contributor address; City; State; Zip Code 3802 Avenue H Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, Janis (Ms.)  Contributor address; City; State; Zip Code 1009 Austin Highlands Blvd Austin, TX 78745	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, Natasha (Ms.)  Contributor address; City; State; Zip Code 2400 Forest Bend Dr. Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/77 Report: 53/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moriarty, William (Mr.)  6 Contributor address; City; State; Zip Code 400 North Lowell Ln Austin, TX 78733	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) King Engineering	
Date  05/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Philip (Mr.)  Contributor address; City; State; Zip Code 610 Baylor St Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrow, Donna (Ms.)  Contributor address; City; State; Zip Code 504 Terrace Dr. Austin, TX 78704	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mt. Joy, Greg (Mr.)  Contributor address; City; State; Zip Code 8000 Camden Dr. Austin, TX 78757	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nazor, Craig (Mr.)  Contributor address; City; State; Zip Code 11701 Barchetta Dr Austin, TX 78758	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Musician/Professor		Employer (See Instructions) ACC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50/77 Report: 54/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Connor, Deirdre (Ms.)  6 Contributor address; City; State; Zip Code 1213 Newning Ave. Austin, TX 78704	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogren, Jonathan (Mr.)  Contributor address; City; State; Zip Code 2315 Willow St Austin, TX 78702	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Kerriane (Ms.)  Contributor address; City; State; Zip Code 3119 Honey Tree Ln Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) **Unemployed		Employer (See Instructions) N/A	
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Vicki (Ms.)  Contributor address; City; State; Zip Code 3267 Bee Cave Rd. #107 #92 Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) **Unemployed		Employer (See Instructions) N/A	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pape, Brian (Mr.)  Contributor address; City; State; Zip Code 1202 Shelley Ave Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Customer Service Rep		Employer (See Instructions) Home Depot	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patterson, Bradford (Mr.)  6 Contributor address; City; State; Zip Code 1311 Newton St. Austin, TX 78704	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Penn, Beverly (Ms.)  Contributor address; City; State; Zip Code 811 W 31st St Austin, TX 78705	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Artist/Homemaker		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Artist/Homemaker		Employer (See Instructions) Self	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Janis (Ms.)  Contributor address; City; State; Zip Code 2001 Exposition Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J. Pinnelli Co.	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Joseph (Mr.)  Contributor address; City; State; Zip Code 2001 Exposition Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) General Contractor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) J. Pinnelli Co.	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Leslie (Ms.)  Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd. Austin, TX 78756	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/77 Report: 56/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prewitt, Kerza (Mr.)  6 Contributor address; City; State; Zip Code 9315 Old Lampasas Trail Austin, TX 78750	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prim, Phil (Mr.)  Contributor address; City; State; Zip Code 2609 Pembroke Trail Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired Reverend		Employer (See Instructions) Self	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Radjef, Eric (Mr.)  Contributor address; City; State; Zip Code 2311 S. 2nd St Austin, TX 78704	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renaud, Lynn (Ms.)  Contributor address; City; State; Zip Code 1708 Exposition Blvd Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renquist, Mike (Mr.)  Contributor address; City; State; Zip Code 6715 Windrift Way #29 Austin, TX 78745	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/31/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Caroline (Ms.)  6 Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President/Owner		10 Employer (See Instructions) C Squared R Inc.	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Joseph (Mr.)  Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director/Secretary		Employer (See Instructions) C Squared R Inc.	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rice, Kathleen (Ms.)  Contributor address; City; State; Zip Code 1006 Banister Ln #1407 Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richter, Dorothy (Ms.)  Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Julian (Mr.)  Contributor address; City; State; Zip Code 2404 Forest Bend Dr. Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brown McCarroll	

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2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rockwell, Brad (Mr.)  6 Contributor address; City; State; Zip Code 201 Lavaca #422 Austin, TX 78701	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian (Mr.)  Contributor address; City; State; Zip Code 1112 W 9th Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Developer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date  05/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogers, Wayne (Mr.)  Contributor address; City; State; Zip Code 4104 Deepwoods Dr. Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Romanczak, Marlene (Ms.)  Contributor address; City; State; Zip Code 11 Niles Rd. Austin, TX 78703	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) N/A			
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, Lauren (Ms.)  Contributor address; City; State; Zip Code 1405 Hillmont St. Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Glenrose Engineering			

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruskiewicz, John (Mr.)  6 Contributor address; City; State; Zip Code 6708 Beauford Dr. Austin, TX 78750	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) UT Austin	
Date  06/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruskiewicz, John (Mr.)  Contributor address; City; State; Zip Code 6708 Beauford Dr. Austin, TX 78750	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan, Brent (Mr.)  Contributor address; City; State; Zip Code 2101 Meadowbrook Drive Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McElroy, Sullivan & Miller, L.L.P.	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saldana, Janie (Ms.)  Contributor address; City; State; Zip Code 1102 Red Cliff Drive Austin, TX 78758	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saldana, Lisa (Ms.)  Contributor address; City; State; Zip Code 1612 Melissa Oaks Ln Austin, TX 78744	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/20/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saldana, Paul (Mr.)  6 Contributor address; City; State; Zip Code 1612 Melissa Oaks Ln Austin, TX 78744	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saldana, Phillip (Mr.)  Contributor address; City; State; Zip Code 1102 Red Cliff Drive Austin, TX 78758	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salinas, Carlos (Mr.)  Contributor address; City; State; Zip Code 3310 Bridle Path Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas Rio Grande Legal Aide	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, Charles (Mr.)  Contributor address; City; State; Zip Code 2608 West 49th Street Austin, TX 78731	Amount of contribution (\$)  \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez-Lozano, Marion (Ms.)  Contributor address; City; State; Zip Code 5934 Republic of Texas Blvd Austin, TX 78735	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandomirsky, Sharon (Ms.)  6 Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandomirsky, Sharon (Ms.)  Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary (Ms.)  Contributor address; City; State; Zip Code 704 Carolyn Ave. Austin, TX 78705	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Peter (Mr.)  Contributor address; City; State; Zip Code 3506 Far View Dr. Austin, TX 78730	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Product Developer		Employer (See Instructions) BMC Software	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schiebel, Cynthia (Ms.)  Contributor address; City; State; Zip Code 2313 S. 2nd Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/08/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schilz, Virginia (Ms.)  6 Contributor address; City; State; Zip Code 3616 Claburn Drive Austin, TX 78759	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schmidli, Lisette (Ms.)  Contributor address; City; State; Zip Code 3656 Ranch Creek Dr. Austin, TX 78730	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin (Ms.)  Contributor address; City; State; Zip Code 2609 Sherwood Ln. Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Political Organizer		Employer (See Instructions) Texas Campaign for the Environment	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schraad, Jacqui (Ms.)  Contributor address; City; State; Zip Code 1304 Kinney Ave Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwitters, Karen (Ms.)  Contributor address; City; State; Zip Code 1115 West 7th St #300 Austin, TX 78703	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

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2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwitters, Roy (Mr.)  6 Contributor address; City; State; Zip Code 1115 West 7th St #300 Austin, TX 78703	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) UT Austin	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scully, Michael (Mr.)  Contributor address; City; State; Zip Code 1208 Verdant Way Austin, TX 78746	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seeger, Mark (Mr.)  Contributor address; City; State; Zip Code 805 W. 16th St Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seeger, Patricia (Ms.)  Contributor address; City; State; Zip Code 6705 Winterberry Dr. Austin, TX 78750	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seifu, Yemane (Mr.)  Contributor address; City; State; Zip Code 1015 Yager Ln, #92 Austin, TX 78753	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Lone Star Cab	

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Selken, Diane (Ms.)  6 Contributor address; City; State; Zip Code 5912 Highland Hills Dr. Austin, TX 78731	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheff, Gregory (Mr.)  Contributor address; City; State; Zip Code 902 W 31st St Austin, TX 78705	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Family Medicine		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Austin Regional Clinic			
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheller, Becky (Ms.)  Contributor address; City; State; Zip Code 209 Krebs Lane Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shouba, Vince (Mr.)  Contributor address; City; State; Zip Code 7004 Windridge Cove Austin, TX 78759	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siyum, Ababa (Mr.)  Contributor address; City; State; Zip Code 13608 Mereseyside Dr Pflugerville, TX 78660	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sloan, Clay (Mr.)  6 Contributor address; City; State; Zip Code 4306 Ramsey Ave. Austin, TX 78756	7 Amount of contribution (\$)  \$175.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) VERA	
Date  05/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sloan, Clay (Mr.)  Contributor address; City; State; Zip Code 4306 Ramsey Ave. Austin, TX 78756	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) VERA	
Date  05/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Kirk (Mr.)  Contributor address; City; State; Zip Code 805 Cardinal Ln Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Mark (Mr.)  Contributor address; City; State; Zip Code 2200 Forest Tr. Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sosa, Guadalupe (Ms.)  Contributor address; City; State; Zip Code 4414 Mount Vernon Dr. Austin, TX 78745	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 62/77 Report: 66/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/09/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speck, Lawrence (Mr.)  6 Contributor address; City; State; Zip Code 800 West 5th St #1102 Austin, TX 78703	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) UT Austin	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speer, Jack (Mr.)  Contributor address; City; State; Zip Code 1704 Briar St Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen (Mr.)  Contributor address; City; State; Zip Code 1225 Corona Austin, TX 78723	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Springer, Andrew (Mr.)  Contributor address; City; State; Zip Code 3408 Robinson Austin, TX 78722	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) UT School of Public Health	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Springfield, Clayton (Mr.)  Contributor address; City; State; Zip Code 10706 Barnhill Dr Austin, TX 78758	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 63/77 Report: 67/107	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  06/08/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sprinkle, Patricia (Ms.)  6 Contributor address; City; State; Zip Code 1114 Fieldcrest Dr. Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Midwife		10 Employer (See Instructions) Self	
Date  06/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevens, Jean (Ms.)  Contributor address; City; State; Zip Code 1619 W 14th St Austin, TX 78703	Amount of contribution (\$)  \$64.25	In-kind contribution description (if applicable) Paper and Seals          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevens, Jean (Ms.)  Contributor address; City; State; Zip Code 1619 W 14th St Austin, TX 78703	Amount of contribution (\$)  \$132.99	In-kind contribution description (if applicable) Office Supplies          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stiles, Peter (Mr.)  Contributor address; City; State; Zip Code 1801 Anita Dr. Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strubel, John (Mr.)  Contributor address; City; State; Zip Code 10801 Plumewood Dr, Austin, TX 78750	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



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2 FILER NAME Tovo, Kathryne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Connie (Ms.)  6 Contributor address; City; State; Zip Code P.O. Box 9203 Austin, TX 78766	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Planner		10 Employer (See Instructions) City of Austin	
Date  05/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Amy (Ms.)  Contributor address; City; State; Zip Code 1402 East 2nd Austin, TX 78702	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician and Rancher		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Physician and Rancher		Employer (See Instructions) Self	
Date  05/27/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Bob (Mr.)  Contributor address; City; State; Zip Code 3310-A Doolin Dr. Austin, TX 78704	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Physician and Rancher		Employer (See Instructions) Self	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Dwight (Mr.)  Contributor address; City; State; Zip Code P.O. Box 5734 Austin, TX 78763	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	



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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Touchet, John (Mr.)  6 Contributor address; City; State; Zip Code 8805 Palace Parkway Austin, TX 78748	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trejo, Deborah (Ms.)  Contributor address; City; State; Zip Code 1717 Briar St Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kemp Smith LLP	
Date  05/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tulis, Jeffrey (Mr.)  Contributor address; City; State; Zip Code 7105 Running Rope Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Melba (Ms.)  Contributor address; City; State; Zip Code 7602 Silverplume Cir Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Viktorin, Richard (Mr.)  Contributor address; City; State; Zip Code 2005 Exposition Blvd Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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## SCHEDULE A

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Volz, Candace (Ms.)  6 Contributor address; City; State; Zip Code 1406 Preston Ave. Austin, TX 78703	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wade, Paul Dix (Mr.)  Contributor address; City; State; Zip Code 1801 Lavaca St. Austin, TX 78701	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wallace, Dalton (Mr.)  Contributor address; City; State; Zip Code 9505 Johnny Morris Rd. Austin, TX 78724	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walton, Cory (Mr.)  Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Communications		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Washington, Alivin (Ms.)  Contributor address; City; State; Zip Code P.O. Box 14872 Austin, TX 78761	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watts, Guy (Mr.)  6 Contributor address; City; State; Zip Code 1004 Daniel Dr. Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Watts Guerra Craft LLP	
4 Date  05/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waugh, Gene (Ms.)  6 Contributor address; City; State; Zip Code 608 Harthan St Austin, TX 78703	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  05/25/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weed, Betty (Ms.)  6 Contributor address; City; State; Zip Code 2218 Alta Vista Ave. Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) TEA	
4 Date  05/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weeks, Joelyn (Ms.)  6 Contributor address; City; State; Zip Code 6805 Moonmont Austin, TX 78745	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  05/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weigand, Ingrid (Ms.)  6 Contributor address; City; State; Zip Code 704 W Gibson Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Communications		Employer (See Instructions) Austin Energy	

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weinschel, Ira (Mr.)  6 Contributor address; City; State; Zip Code 802 Long Bow Ln. Austin, TX 78704	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Werbner, Stuart (Mr.)  Contributor address; City; State; Zip Code 2118 Glendale Place Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Werbner, Stuart (Mr.)  Contributor address; City; State; Zip Code 2118 Glendale Place Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wharry, Michelle (Ms.)  Contributor address; City; State; Zip Code 5202 Guadalupe St Austin, TX 78751	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, Bart (Mr.)  Contributor address; City; State; Zip Code 907 E 37th St Austin, TX 78705	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/18/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitlow, Elizabeth (Ms.)  6 Contributor address; City; State; Zip Code 1509 A Parkway Austin, TX 78703	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wicce, Kunda (Ms.)  Contributor address; City; State; Zip Code 6607 Willamette Dr. Austin, TX 78723	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilkenson, Justin (Mr.)  Contributor address; City; State; Zip Code 526 Surf Oaks Dr. Seabrook, TX 77586	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Earth Scientist		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Jacobs Engineering	
Date  05/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Calvin (Mr.)  Contributor address; City; State; Zip Code 6448 Highway 290 East #E107 Austin, TX 78723	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Clarence (Mr.)  Contributor address; City; State; Zip Code 6448 Highway 290 East #E107 Austin, TX 78723	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Jonathan (Mr.)  6 Contributor address; City; State; Zip Code 3012 West Ave. Austin, TX 78705	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Susan (Ms.)  Contributor address; City; State; Zip Code 4306 Ramsey Ave. Austin, TX 78756	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Solar Austin		Employer (See Instructions) Director	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Susan (Ms.)  Contributor address; City; State; Zip Code 4306 Ramsey Ave. Austin, TX 78756	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Solar Austin		Employer (See Instructions) Director	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Adam (Mr.)  Contributor address; City; State; Zip Code 4315 Ave G Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Jack (Mr.)  Contributor address; City; State; Zip Code 4803 Ave. H Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  05/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wogan, David (Mr.)  6 Contributor address; City; State; Zip Code 4421 Lost Oasis Hollow Austin, TX 78739	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wolfe, Chip (Mr.)  6 Contributor address; City; State; Zip Code 2208 West 11th St Austin, TX 78703	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woods, William (Mr.)  6 Contributor address; City; State; Zip Code 3211 Funston St Austin, TX 78703	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Worlds, Regina (Ms.)  6 Contributor address; City; State; Zip Code P.O. Box 81431 Austin, TX 78708	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Muriel (Ms.)  6 Contributor address; City; State; Zip Code 1211 West 22nd 1/2 St Austin, TX 78705	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00005000	
<b>4 Date</b>  05/26/2011	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Muriel (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 1211 West 22nd 1/2 St Austin, TX 78705	<b>7 Amount of contribution (\$)</b>  \$10.00	<b>8 In-kind contribution description (if applicable)</b>   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yedeme, Tigabu (Mr.)  Contributor address; City; State; Zip Code 12118 Walnut Park Cir Apt 123 Austin, TX 78753	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Laz Company	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yevich, Elizabeth (Ms.)  Contributor address; City; State; Zip Code 2105 B Ann Arbor Ave. Austin, TX 78704	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yosief, Abraham (Mr.)  Contributor address; City; State; Zip Code 13608 Mereseyside Dr. Pflugerville, TX 78660	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Cinemark	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yosief, Eyeyu (Ms.)  Contributor address; City; State; Zip Code 13608 Mereseyside Dr. Pflugerville, TX 78660	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) LAZ Company	

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<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  05/07/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Young, Doug (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2904 Kassarine Pass Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  06/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Young, Doug (Mr.)  Contributor address; City; State; Zip Code 2904 Kassarine Pass Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zelege, Mulugeta (Mr.)  Contributor address; City; State; Zip Code 17205 Tobermory Dr. Pflugerville, TX 78660	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Lone Star Cab	
Date  05/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zettner, Steven (Mr.)  Contributor address; City; State; Zip Code 6811 Daugherty Rd Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zewdie, Endale (Mr.)  Contributor address; City; State; Zip Code 1333 Tudorhouse Dr Pflugerville, TX 78660	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Taxi Driver		Employer (See Instructions) Austin Cab	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 77/77 Report: 81/107

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00005000

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
05/19/2011 Zewdie, Tesfaye (Mr.)

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$350.00

6 Contributor address; City; State; Zip Code  
9036 North Lamar #240  
Austin, TX 78753

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Taxi Driver

10 Employer (See Instructions)  
Hospira

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/23 Report: 82/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 05/05/2011	<b>5</b> Payee name Adjavon, Tsoke
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 916 Rochester Castle Way Pflugerville, TX 78660
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/17/2011	Payee name Adjavon, Tsoke
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Amount (\$) \$200.00	Payee address City; State; Zip Code 916 Rochester Castle Way Pflugerville, TX 78660
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/31/2011	Payee name Adjavon, Tsoke
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Amount (\$) \$200.00	Payee address City; State; Zip Code 916 Rochester Castle Way Pflugerville, TX 78660
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/03/2011	Payee name American Printing and Mailing
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Amount (\$) \$2,291.57	Payee address City; State; Zip Code 1606 Headway Circle Austin, TX 78754
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing - Door Hangers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**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.

<b>1</b> PAGE # Schedule: 2/23 Report: 83/107		<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00005000	
<b>4</b> Date 06/04/2011	<b>5</b> Payee name AT&T				
<b>6</b> Amount (\$) \$82.70	<b>7</b> Payee address City; State; Zip Code 5700 Burnet Road Austin, TX 78756				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Services		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/01/2011	Payee name ATEX Printing				
Amount (\$) \$227.00	Payee address City; State; Zip Code 7801 N Lamar A-132 Austin, TX 78752				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing - Remit Envelopes		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/10/2011	Payee name Austin Chronicle				
Amount (\$) \$1,118.00	Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/31/2011	Payee name Austin Chronicle				
Amount (\$) \$1,118.00	Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/23 Report: 84/107	<b>2</b> FILER NAME Tovo, Kathryn (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/07/2011	<b>5</b> Payee name Austin Chronicle
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<b>6</b> Amount (\$) \$1,118.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/05/2011	Payee name Bean, Sam (Mr.)
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Amount (\$) \$50.00	Payee address City; State; Zip Code 2604 Paramount Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/24/2011	Payee name Black, Kevin (Mr.)
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Amount (\$) \$228.25	Payee address City; State; Zip Code 4606 Bennette Avenue Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/05/2011	Payee name Black, Kevin (Mr.)
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Amount (\$) \$508.75	Payee address City; State; Zip Code 4606 Bennette Avenue Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/23 Report: 85/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/08/2011	<b>5</b> Payee name Blue Roots Strategies, Inc
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<b>6</b> Amount (\$) \$240.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 300053 Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/08/2011	Payee name Blue Roots Strategies, Inc
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Amount (\$) \$236.28	Payee address City; State; Zip Code P.O. Box 300053 Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/05/2011	Payee name Bouldin Creek Neighborhood Association
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Amount (\$) \$112.00	Payee address City; State; Zip Code 904 Ebony St Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/19/2011	Payee name Capitol Rubber Stamp
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Amount (\$) \$36.81	Payee address City; State; Zip Code 3314 S. Congress Ave Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In-kind contribution of ink pad and stamp
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**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.

<b>1 PAGE #</b> Schedule: 5/23 Report: 86/107		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 05/05/2011	<b>5 Payee name</b> CheckMark Typesetting				
<b>6 Amount (\$)</b> \$3,090.05	<b>7 Payee address</b> City; State; Zip Code 3217 N. IH 35 Austin, TX 78722				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Yard Signs, Buttons		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/11/2011	<b>Payee name</b> CheckMark Typesetting				
<b>Amount (\$)</b> \$74.69	<b>Payee address</b> City; State; Zip Code 3217 N. IH 35 Austin, TX 78722				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Sign Frames		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 06/03/2011	<b>Payee name</b> City of Austin				
<b>Amount (\$)</b> \$589.39	<b>Payee address</b> City; State; Zip Code P.O. Box 2267 Austin, TX 78783				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Office Utilities		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/06/2011	<b>Payee name</b> Cooke, Thomas (Mr.)				
<b>Amount (\$)</b> \$75.00	<b>Payee address</b> City; State; Zip Code 1304 Alta Vista Avenue Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> in-kind contribution for 1 time use of email list		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/23 Report: 87/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/05/2011	<b>5</b> Payee name Dynamic Strategies
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<b>6</b> Amount (\$) \$675.00	<b>7</b> Payee address City; State; Zip Code 1637 NW 100th Dr Coral Springs, FL 33071
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/12/2011	Payee name FedEx Office
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Amount (\$) \$520.00	Payee address City; State; Zip Code 3300 Bee Caves Rd Ste 715 Austin, TX 78746
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing - postcards
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/11/2011	Payee name Fosburr, Tom
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Amount (\$) \$70.00	Payee address City; State; Zip Code 704 Benson Dr. Apt 207 Austin, TX 78752
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/02/2011	Payee name Fosburr, Tom
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Amount (\$) \$110.00	Payee address City; State; Zip Code 704 Benson Dr. Apt 207 Austin, TX 78752
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**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.

<b>1</b> PAGE # Schedule: 7/23 Report: 88/107		<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00005000	
<b>4</b> Date 05/19/2011	<b>5</b> Payee name Harden, Ada (Ms.)				
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address City; State; Zip Code 1700 Meander Dr. Austin, TX 78721				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Services		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/06/2011	Payee name HEB				
Amount (\$) \$160.04	Payee address City; State; Zip Code 1000 E. 41st Street Austin, TX 78751				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and Beverage for Event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/19/2011	Payee name I.T. Copy - I.T. Printing				
Amount (\$) \$324.75	Payee address City; State; Zip Code 512 West M.L.K. Blvd Austin, TX 78701				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flyer Printing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/01/2011	Payee name I.T. Copy - I.T. Printing				
Amount (\$) \$162.38	Payee address City; State; Zip Code 512 West M.L.K. Blvd Austin, TX 78701				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flyer Printing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 8/23 Report: 89/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 05/20/2011	<b>5</b> Payee name Lewis, Fred (Mr.)
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address City; State; Zip Code 4509 Egemont Dr. Austin, TX 78731
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In-kind contribution for legal services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/24/2011	Payee name Lopez, Anthony (Mr.)
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Amount (\$) \$220.00	Payee address City; State; Zip Code 3605 Savage Springs Dr Austin, TX 78754
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/05/2011	Payee name Lopez, Anthony (Mr.)
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Amount (\$) \$220.00	Payee address City; State; Zip Code 3605 Savage Springs Dr Austin, TX 78754
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/26/2011	Payee name Maxwell, Colby (Mr.)
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Amount (\$) \$250.00	Payee address City; State; Zip Code 2810 Pearl St Unit A #328 Austin, TX 78705
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 9/23 Report: 90/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/07/2011	<b>5</b> Payee name Maxwell, Colby (Mr.)
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<b>6</b> Amount (\$) \$700.00	<b>7</b> Payee address City; State; Zip Code 2810 Pearl St Unit A #328 Austin, TX 78705
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/01/2011	Payee name Miller, Steven (Mr.)
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code 300 Crockett St #328 Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/12/2011	Payee name Net Victories
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Amount (\$) \$227.30	Payee address City; State; Zip Code P.O. Box 5013 Austin, TX 78763
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Maintenance
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/05/2011	Payee name Net Victories
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Amount (\$) \$66.00	Payee address City; State; Zip Code P.O. Box 5013 Austin, TX 78763
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/23 Report: 91/107	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 06/05/2011	5 Payee name Office Depot
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6 Amount (\$) \$44.60	7 Payee address City; State; Zip Code 2101 South Lamar Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Folding Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/05/2011	Payee name OfficeMax
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Amount (\$) \$33.73	Payee address City; State; Zip Code The Triangle Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/05/2011	Payee name OfficeMax
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Amount (\$) \$25.67	Payee address City; State; Zip Code The Triangle Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/06/2011	Payee name OfficeMax
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Amount (\$) \$122.31	Payee address City; State; Zip Code The Triangle Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer Toner
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 11/23 Report: 92/107	<b>2</b> FILER NAME Tovo, Kathryn (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 05/13/2011	<b>5</b> Payee name OfficeMax
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<b>6</b> Amount (\$) \$182.97	<b>7</b> Payee address City; State; Zip Code The Triangle Austin, TX 78756
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flyer Printing
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/13/2011	Payee name OfficeMax
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Amount (\$) \$362.98	Payee address City; State; Zip Code 907 West Fifth St Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/20/2011	Payee name OfficeMax
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Amount (\$) \$34.87	Payee address City; State; Zip Code The Triangle Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/02/2011	Payee name OfficeMax
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Amount (\$) \$67.07	Payee address City; State; Zip Code The Triangle Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 12/23 Report: 93/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/02/2011	<b>5</b> Payee name OfficeMax
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<b>6</b> Amount (\$) \$64.25	<b>7</b> Payee address City; State; Zip Code The Triangle Austin, TX 78756
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In-kind contribution for paper and seals
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/02/2011	Payee name OfficeMax
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Amount (\$) \$67.07	Payee address City; State; Zip Code The Triangle Austin, TX 78756
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/03/2011	Payee name OfficeMax
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Amount (\$) \$132.99	Payee address City; State; Zip Code The Triangle Austin, TX 78756
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In-kind contribution for office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/04/2011	Payee name OfficeMax
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Amount (\$) \$84.37	Payee address City; State; Zip Code 907 West Fifth St Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 13/23 Report: 94/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/04/2011	<b>5</b> Payee name OfficeMax
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<b>6</b> Amount (\$) \$40.01	<b>7</b> Payee address City; State; Zip Code The Triangle Austin, TX 78756
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/04/2011	Payee name OfficeMax
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Amount (\$) \$108.24	Payee address City; State; Zip Code The Triangle Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printer toner
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/05/2011	Payee name OfficeMax
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Amount (\$) \$28.12	Payee address City; State; Zip Code 907 West Fifth St Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/06/2011	Payee name OfficeMax
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Amount (\$) \$32.45	Payee address City; State; Zip Code 907 W 5th Street Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 14/23 Report: 95/107	<b>2</b> FILER NAME Tovo, Kathyne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/06/2011	<b>5</b> Payee name OfficeMax
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<b>6</b> Amount (\$) \$13.85	<b>7</b> Payee address City; State; Zip Code 907 W 5th Street Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - paper
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/06/2011	Payee name OfficeMax
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Amount (\$) \$43.68	Payee address City; State; Zip Code 907 W 5th Street Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/24/2011	Payee name Opinion Analysts, Inc
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Amount (\$) \$5,000.00	Payee address City; State; Zip Code 906 Rio Grande St Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/05/2011	Payee name Opinion Analysts, Inc
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Amount (\$) \$216.50	Payee address City; State; Zip Code 906 Rio Grande St Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone File
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 15/23 Report: 96/107	<b>2</b> FILER NAME Tovo, Kathryn (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/07/2011	<b>5</b> Payee name Opinion Analysts, Inc
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<b>6</b> Amount (\$) \$487.13	<b>7</b> Payee address City; State; Zip Code 906 Rio Grande St Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter Labels
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/08/2011	Payee name Paypal
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Amount (\$) \$673.93	Payee address City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative processing fees for reporting period
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/07/2011	Payee name Prime Rate Premium Finance Corporation, Inc.
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Amount (\$) \$44.92	Payee address City; State; Zip Code P.O. BOX 100507 Florence, SC 29502
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Insurance
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/06/2011	Payee name Prime Rate Premium Finance Corporation, Inc.
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Amount (\$) \$44.92	Payee address City; State; Zip Code P.O. BOX 100507 Florence, SC 29502
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Insurance
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 16/23 Report: 97/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 05/05/2011	<b>5</b> Payee name Rindy & Associates, Inc.
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<b>6</b> Amount (\$) \$8,000.00	<b>7</b> Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/08/2011	Payee name Rindy & Associates, Inc.
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Amount (\$) \$4,500.00	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/08/2011	Payee name Rindy & Associates, Inc.
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Amount (\$) \$8,000.00	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/13/2011	Payee name Rindy & Associates, Inc.
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Amount (\$) \$1,379.72	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 17/23 Report: 98/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/03/2011	<b>5</b> Payee name Rindy & Associates, Inc.
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<b>6</b> Amount (\$) \$22,525.00	<b>7</b> Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/06/2011	Payee name Rindy & Associates, Inc.
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Amount (\$) \$20,000.00	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/07/2011	Payee name Rindy & Associates, Inc.
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Amount (\$) \$10,850.00	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/11/2011	Payee name Scholz Garten
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Amount (\$) \$487.13	Payee address City; State; Zip Code 1607 San Jacinto Blvd Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Watch Party
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 18/23 Report: 99/107	<b>2</b> FILER NAME Tovo, Kathryn (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/05/2011	<b>5</b> Payee name Tabrizi, Saurah (Ms.)
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<b>6</b> Amount (\$) \$171.00	<b>7</b> Payee address City; State; Zip Code 10005 Pickfair Drive Austin, TX 78750
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/05/2011	Payee name The Parlor
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Amount (\$) \$55.00	Payee address City; State; Zip Code 4301 Guadalupe St #B Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Lunch
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/24/2011	Payee name The Tyson Organization, Inc.
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Amount (\$) \$4,800.00	Payee address City; State; Zip Code 855 Texas Street, Suite 100 Fort Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/06/2011	Payee name The Tyson Organization, Inc.
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Amount (\$) \$4,240.98	Payee address City; State; Zip Code 855 Texas Street, Suite 100 Fort Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 19/23 Report: 100/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 05/09/2011	<b>5</b> Payee name Time Warner Cable
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<b>6</b> Amount (\$) \$434.30	<b>7</b> Payee address City; State; Zip Code 12012 N Mopac Austin, TX 78759
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cable Services
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/05/2011	Payee name Time Warner Cable
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Amount (\$) \$434.30	Payee address City; State; Zip Code 12012 N Mopac Austin, TX 78759
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cable Services
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/05/2011	Payee name United States Postal Service - Central Park Station
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Amount (\$) \$1,056.00	Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/10/2011	Payee name United States Postal Service - Central Park Station
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Amount (\$) \$580.80	Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 20/23 Report: 101/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 05/11/2011	<b>5</b> Payee name United States Postal Service - Central Park Station
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<b>6</b> Amount (\$) \$580.00	<b>7</b> Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/17/2011	Payee name United States Postal Service - Central Park Station
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Amount (\$) \$88.00	Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/18/2011	Payee name United States Postal Service - Central Park Station
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Amount (\$) \$88.00	Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/26/2011	Payee name United States Postal Service - Central Park Station
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Amount (\$) \$220.00	Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**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.

<b>1</b> PAGE # Schedule: 21/23 Report: 102/107		<b>2</b> FILER NAME Tovo, Kathryn (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00005000	
<b>4</b> Date 06/06/2011	<b>5</b> Payee name United States Postal Service - Central Park Station				
<b>6</b> Amount (\$) \$4.95	<b>7</b> Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/03/2011	Payee name United States Postal Service - Downtown Station				
Amount (\$) \$1,160.00	Payee address City; State; Zip Code 510 Guadalupe St Austin, TX 78701				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/10/2011	Payee name United States Postal Service - North Austin Station				
Amount (\$) \$23.76	Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/02/2011	Payee name United States Postal Service - North Austin Station				
Amount (\$) \$2,420.00	Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 22/23 Report: 103/107	<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/04/2011	<b>5</b> Payee name United States Postal Service - North Austin Station
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<b>6</b> Amount (\$) \$3,520.00	<b>7</b> Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/12/2011	Payee name United States Postal Service - South Congress Station
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Amount (\$) \$2,320.00	Payee address City; State; Zip Code 3903 South Congress Ave Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/02/2011	Payee name United Status Postal Service
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Amount (\$) \$47.52	Payee address City; State; Zip Code Chimney Corners Station Austin, TX 78731
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In-kind contribution for postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/06/2011	Payee name University Federal Credit Union
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Amount (\$) \$12.00	Payee address City; State; Zip Code P.O. Box 9350 Austin, TX 78766
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Wire Transfer Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 23/23 Report: 104/107	<b>2</b> FILER NAME Tovo, Kathryn (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00005000
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<b>4</b> Date 06/06/2011	<b>5</b> Payee name Whole Foods Market
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<b>6</b> Amount (\$) \$27.84	<b>7</b> Payee address City; State; Zip Code 525 North Lamar Blvd Austin, TX 78703
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for event
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/02/2011	Payee name Yznaga, Mark (Mr.)
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Amount (\$) \$3,000.00	Payee address City; State; Zip Code 2401 Briargrove Austin, TX 78704
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 105/107	2 FILER NAME Tovo, Kathryn (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 05/22/2011	5 Payee name Bruce Elfant Campaign
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6 Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 4522 Avenue F Austin, TX 78751
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Donation
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Date 05/12/2011	Payee name Capital Area Democratic Women
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Amount (\$) \$38.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 2211 Austin, TX 78768
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CADW Luncheon
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Date 06/03/2011	Payee name Conans Pizza
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Amount (\$) \$81.19 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 603 W 29th St Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Lunch
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Date 06/03/2011	Payee name Dream Come True Foundation
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Amount (\$) \$300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1704 Briar Street Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Donation
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

**1** PAGE #  
Schedule: 2/2 Report: 106/107

**2** FILER NAME  
Tovo, Kathrynne (Ms.)

**3** ACCOUNT # (TEC filers)  
00005000

**4** Date  
05/26/2011

**5** Payee name  
HousingWorks

**6** Amount (\$)  
\$35.00

Reimbursement from political contributions intended

**7** Payee address City; State; Zip Code  
P.O. Box 41833  
Austin, TX 78704

**8** PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

(b) Description (If travel outside of Texas, complete Schedule T)   
Donation

Date  
05/24/2011

Payee name  
Mangia Chicago Stuffed Pizza

Amount (\$)  
\$36.26

Reimbursement from political contributions intended

Payee address City; State; Zip Code  
8012 Mesa Dr  
Austin, TX 78731

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
Food/Beverage Expense

Description (If travel outside of Texas, complete Schedule T)   
Office Lunch

Date  
06/02/2011

Payee name  
South Austin Democrats

Amount (\$)  
\$100.00

Reimbursement from political contributions intended

Payee address City; State; Zip Code  
P.O. Box 152592  
Austin, TX 78715

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Description (If travel outside of Texas, complete Schedule T)   
Political Donation

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/1 Report: 107/107

2 FILER NAME Tovo, Kathryne (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00005000

4 Date	5 Payor name City of Austin	8 Amount (\$)
05/24/2011	6 Payor address; City; State; Zip Code 301 W 2nd Austin, TX 78701	\$64,157.00
7 Reason for credit Distribution of funds from the Austin Fair Campaign Finance Fund		

**SCHEDULE V** - attach to form C/OH (C & E)  
Reference 2-2-22, Austin City Code

**PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF**

Name of Candidate/Officeholder:     Kathryne Tovo    

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
Nikelle Meade **	111 Congress Avenue, Suite 1400, Austin, TX 78701

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.