

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) 0000500	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS / MR FIRST MI Ms. Kathrynne B NICKNAME LAST SUFFIX Kathie Tovo		OFFICE USE ONLY Date Received 2013 JAN 15 PM 2:53 Austin City Clerk RECEIVED Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 West 32nd Street Austin Tx 78705 <input type="checkbox"/> change of address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 565-5361		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI Mr. Joseph NICKNAME LAST SUFFIX Pinnelli		
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 50038 Austin Tx 78763		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-5958		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2012 12 / 31 / 12		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / /		
12 OFFICE	OFFICE HELD (if any) City Council Place 3		13 OFFICE SOUGHT (if known) N/A

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

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

\$.00

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

\$.00

EXPENDITURE
TOTALS

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

\$.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,528

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$.00

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 61,807.06

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 B. Toro
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryne B. Toro, this the 15 day of January, 20 11, to certify which, witness my hand and seal of office.

Ann Margaret Franklin
Signature of officer administering oath

Ann Margaret Franklin
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule G: 2		2 FILER NAME Kathryne B Tovo		3 ACCOUNT # (Ethics Commission Filers) 00005000	
4 Date 10-8-12		5 Payee name South Austin Democrats			
6 Amount (\$) 100 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. Box 152592 Austin Tx 78715-2592			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) event expense		(b) Description (If travel outside of Texas, complete Schedule T) sponsorship	
Date 10-16-12		Payee name Travis County Democratic Party			
Amount (\$) 100 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 684263 Austin Tx 78768-4263			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) sponsorship	
Date 10-24-12		Payee name Housing Works Action PAC			
Amount (\$) 150 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 302096 Austin Tx 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) donation		Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15	
Date 8-23-12		Payee name Thompson and Knight LLP			
Amount (\$) \$1,668 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 98 San Jacinto Blvd. Suite 1900 Austin Tx 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) legal expenses		Description (If travel outside of Texas, complete Schedule T) assistance with required financial forms	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
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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 Total pages Schedule G: 2	2 FILER NAME Kathryne B Tovo	3 ACCOUNT # (Ethics Commission Filers) 00005000
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4 Date 12-3-12	5 Payee name Thompson and Knight LLP
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6 Amount (\$) \$510 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 98 San Jacinto Blvd Suite 1900 Austin Tx 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) legal expenses	(b) Description (If travel outside of Texas, complete Schedule T) assistance with required financial forms
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXEMPTION STATEMENT

(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

Tovo Kathryne Beth
(Last) (First) (Middle)

ADDRESS: 809 West 32nd St. Austin Tx 78705

DATE OF FILING: 1-15-2013

STATEMENT

I/we, Kathryne B Tovo (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of July 1, 2012 through December 31, 2012. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Kathryne B Tovo
Signed by Candidate or Campaign Committee

1/13/13
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.