

# 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 #<br>(Ethics Commission Filers)<br><b>00005000</b>  | 2 Total pages filed:<br><b>H</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | <input checked="" type="checkbox"/> MRS / MR      FIRST      MI<br>Ms.      Kathryn      B<br><small>NICKNAME      LAST      SUFFIX</small><br>Kathie      Tovo   | <div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b><br/>                 Date Received<br/>                 Date Hand-delivered or Postmarked<br/>                 Receipt #      Amount<br/>                 Date Processed<br/>                 Date Imaged             </div> <div style="text-align: right; font-size: small; margin-top: 5px;">                 AUSTIN CITY CLERK<br/>                 RECEIVED<br/>                 JUL 2 AM 10:00             </div> |                                  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>809 West 32nd St. Austin Tx 78705<br><input type="checkbox"/> change of address   |   |                                  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE      PHONE NUMBER      EXTENSION<br>(512)      565-5361   |   |                                  |
| 6 CAMPAIGN TREASURER NAME                                      | <input checked="" type="checkbox"/> MRS / MR      FIRST      MI<br>Mr.      Joseph<br><small>NICKNAME      LAST      SUFFIX</small><br>Pinnelli   |   |                                  |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)           | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>P.O. Box 50038      Austin Tx      78763   |   |                                  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE      PHONE NUMBER      EXTENSION<br>(512)      478-5958   |   |                                  |
| 9 REPORT TYPE  | <input 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)<br><input checked="" 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<br>1 / 1 / 2013      THROUGH      6 / 30 / 2013   |   |                                  |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br>/ /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special   |                                  |
| 12 OFFICE  | OFFICE HELD (if any)<br><br>City Council Place 3  | 13 OFFICE SOUGHT (if known)<br><br>N/A  |                                  |

**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 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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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

\$ *1,055*

CONTRIBUTION BALANCE

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

\$ *.00*

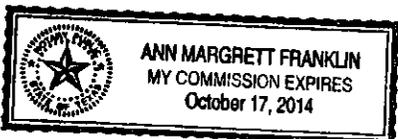
OUTSTANDING LOAN TOTALS

6. 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Kathrynne B. Tovo*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Kathrynne B. Tovo*, this the *2nd* day of *July*, 20 *13*, 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.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>1</b> Total pages Schedule G:<br>1   |  | <b>2</b> FILER NAME<br>Kathryne B Tova   |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)<br>00005003   |  |
| <b>4</b> Date<br>2/1/13   |  | <b>5</b> Payee name<br>People Organized in Defense of Earth and Her Resources                  |  |   |  |
| <b>6</b> Amount (\$)<br>\$100<br><input type="checkbox"/> Reimbursement from political contributions intended |  | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 6237<br>Austin Tx 78762-6237         |  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   |  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>advertising expense |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>Awards Dinner Program Booklet |  |
| Date<br>2/5/13  |  | Payee name<br>Delta Sigma Theta Sorority   |  |   |  |
| Amount (\$)<br>\$125<br><input type="checkbox"/> Reimbursement from political contributions intended          |  | Payee address; City; State; Zip Code<br>P.O. Box 301273 Austin Tx 78703                        |  |   |  |
| PURPOSE OF EXPENDITURE  |  | Category (See categories listed at the top of this schedule)<br>advertising expense            |  | Description (If travel outside of Texas, complete Schedule T)<br>Centennial souvenir journal              |  |
| Date<br>4/28/13   |  | Payee name<br>Annie's List   |  |   |  |
| Amount (\$)<br>\$150<br><input type="checkbox"/> Reimbursement from political contributions intended          |  | Payee address; City; State; Zip Code<br>P.O. Box 699 Austin, Tx 78767                          |  |   |  |
| PURPOSE OF EXPENDITURE  |  | Category (See categories listed at the top of this schedule)<br>event expense                  |  | Description (If travel outside of Texas, complete Schedule T)<br>lunch ticket                             |  |
| Date<br>5/31/13   |  | Payee name<br>Thompson and Knight LLP  |  |   |  |
| Amount (\$)<br>\$680<br><input type="checkbox"/> Reimbursement from political contributions intended          |  | Payee address; City; State; Zip Code<br>98 San Jacinto Blvd. Suite 1900<br>Austin Tx 78701     |  |   |  |
| PURPOSE OF EXPENDITURE  |  | Category (See categories listed at the top of this schedule)<br>legal expenses                 |  | Description (If travel outside of Texas, complete Schedule T)<br>assistance with financial forms          |  |

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:** 7-2-13

**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 January 1, 2013 through June 30, 2013. 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

6/30/13  
Date

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