

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

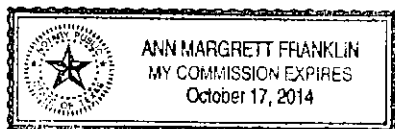
The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 0000500	2 Total pages filed: 2014 JAN 13 PM 1 07 AUSTIN CITY CLERK RECEIVED
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST KATHRYNE NICKNAME LAST KATHIE TOVO MI SUFFIX B		OFFICE USE ONLY Date Received Date Hand-delivered Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 West 32nd St Austin Tx 78705		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 565-5361		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST JOSEPH NICKNAME LAST PINNELLI MI SUFFIX		
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 / 2013 12 / 31 / 2013		
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE <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	<u>Kathryne B. Tovo</u>		15 ACCOUNT # (Ethics Commission Filers) <u>0000500</u>
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>.00</u>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>.00</u>	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>.00</u>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,912.00</u>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>.00</u>	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>61,807.06</u>	

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. Tovo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryne B. Tovo, this the 13 day of January, 20 14, to certify which, witness my hand and seal of office.

Ann Margaret Franklin Ann Margaret Franklin Notary Public
Signature of officer administering oath Printed name of officer administering oath 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 FILER NAME Kathryne B. Tovo		3 ACCOUNT # (Ethics Commission Filers) 00005000	
4 Date 12/9/13		5 Payee name South Austin Democrats			
6 Amount (\$) \$62 <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) fees		(b) Description (If travel outside of Texas, complete Schedule T) membership renewal	
Date 9/5/13		Payee name South Austin Democrats			
Amount (\$) \$50 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 152592 Austin Tx 78715-2592			
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 8/30/13		Payee name Save Our Springs			
Amount (\$) \$100 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 905 West Oltorf Austin, Tx 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) donation		Description (If travel outside of Texas, complete Schedule T)	
Date 7/3/13		Payee name Thompson and Knight LLP			
Amount (\$) \$1,700 <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 services		Description (If travel outside of Texas, complete Schedule T) assistance with required 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 B -
(Last) (First) (Middle)

ADDRESS: 809 West 32nd St Austin Tx 78705

DATE OF FILING: 13
1 - 12 - 2014

STATEMENT

I/we, Kathryne 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, 2013 through December 31, 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

1-12-14
Date

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