

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 00005000	2 PAGE # 1 of 78
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Ms. NICKNAME Kathie	FIRST Kathryne LAST Tovo	MI SUFFIX	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 2em; font-weight: bold;">2014 OCT 27 PM 2:25</div> Date Hand-delivered or Date Postmarked Receipt # Legal Date Processed Date Imaged
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" 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			Austin City Clerk RECEIVED
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01/01/2014 THROUGH 06/30/2014			Amount \$ 2.25

6 EXPLANATION OF CORRECTION

The employer and occupation for one donor was inadvertently left off of the original report. This report includes that information. The box for an out-of-state PAC on Schedule A was not marked so this is corrected in this report and the required information regarding that out-of-state PAC is included.

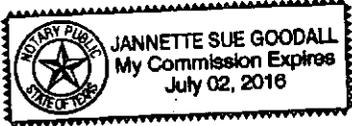
7 AFFIDAVIT

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

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports): 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

Kathryn Tovo *Kathryne B Tovo*
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Kathryne Tovo this the 27 day of OCT, 2014.

Jannette Sue Goodall Jannette Sue Goodall Notary
 Signature of officer administering oath Printed name of officer administering oath 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 78
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; 809 W 32nd Street Austin, TX 78705	APT / SUITE #;	CITY; STATE; ZIP CODE
	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)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 50038 Austin, TX 78763	
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 478-5958	EXTENSION
8 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) <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)		
9 PERIOD COVERED	Month Day Year 01/01/2014	THROUGH	Month Day Year 06/30/2014
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Council Place 3	12 OFFICE SOUGHT (if known) City Council District 9	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
00005000

15 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

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

\$ 0.00

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

\$ 41,332.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 35,696.88

CONTRIBUTION BALANCE

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

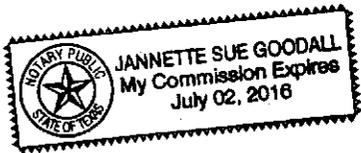
\$ 30,796.64

OUTSTANDING LOAN TOTALS

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

\$ 76,807.06

17 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.

Kathrynne Tovo

Kathrynne B Tovo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathrynne TOVO, this the 27 day of OCT, 2014, to certify which, witness my hand and seal of office.

Jannette Sue Goodall Jannette Sue Goodall Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/51 Report: 4/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akers, Larry (Mr.) 6 Contributor address; City; State; Zip Code 2311 Ridgeview Austin, TX 78704	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Jamie (Ms.) Contributor address; City; State; Zip Code 1213 West 12th Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retail Owner		Employer (See Instructions) Anderson's Coffee Company	
Date 06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anschutz, Kent (Mr.) Contributor address; City; State; Zip Code 1006 Reagan Terrace Austin, TX 78704	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed	
Date 05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armstrong, Gail (Mr.) Contributor address; City; State; Zip Code 911 Daniel Dr. Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ausley, Robbie (Mr.) Contributor address; City; State; Zip Code 3707 Laurel Ledge Ln. Austin, TX 78731	Amount of contribution (\$) \$250.00	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: 2/51 Report: 5/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Badgett, Becky (Ms.) ----- 6 Contributor address; City; State; Zip Code 2107 Alameda Austin, TX 78704	7 Amount of contribution (\$) \$25.00	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 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baer, Therese (Ms.) ----- Contributor address; City; State; Zip Code 7756 Northcross Dr. Austin, TX 78757	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) Professional Engineer		Employer (See Instructions) Baer Engineering & Environmental Consulting, Inc.	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Donna (Ms.) ----- Contributor address; City; State; Zip Code 2003 Forest Trail Austin, TX 78703	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) Retired		Employer (See Instructions) N/A	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Kris (Mr.) ----- Contributor address; City; State; Zip Code 8418 Spring Valley Dr Austin, TX 78736	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) Insurance Adjuster		Employer (See Instructions) Self-Employed	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Balaka, Gerald (Mr.) ----- Contributor address; City; State; Zip Code 1800 W 34th St Austin, TX 78703	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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/51 Report: 6/78

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00005000

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
06/27/2014 Barkley, John (Mr.)

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

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

\$350.00

(If travel outside of Texas, complete Schedule T)

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

10 Employer (See Instructions)
Self-Employed

Date Full name of contributor out-of-state PAC (ID# _____)
06/03/2014 Basciano, Joyce (Ms.)

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

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# _____)
06/03/2014 Beers, Joseph (Mr.)

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

Contributor address; City; State; Zip Code
8522 Woodstone Dr.
Austin, TX 78757

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Taxi Driver

Employer (See Instructions)
Self-Employed

Date Full name of contributor out-of-state PAC (ID# _____)
06/26/2014 Biedrzycki, Carol (Ms.)

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

Contributor address; City; State; Zip Code
1411 Gracy Farms Ln #23
Austin, TX 78758

\$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# _____)
06/04/2014 Blake, Mark (Mr.)

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

Contributor address; City; State; Zip Code
2006 South Oak Canyon Rd.
Austin, TX 78746

\$100.00

(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: 4/51 Report: 7/78

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00005000

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
06/03/2014 Blythe, Sharon (Ms.)

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

6 Contributor address; City; State; Zip Code
9206 Brigadoon Cove
Austin, TX 78750

\$25.00

(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# _____)
06/21/2014 Breier Day, Barbara (Ms.)

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

Contributor address; City; State; Zip Code
710 Colorado
#3H
Austin, TX 78701

\$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# _____)
06/18/2014 Bridges, Barbara (Ms.)

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

Contributor address; City; State; Zip Code
1106 W 22 1/2 St
Austin, TX 78705

\$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# _____)
06/27/2014 Brotherton, Kathryn (Ms.)

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

Contributor address; City; State; Zip Code
1108 Woodland Ave.
Austin, TX 78704

\$12.50

(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# _____)
06/27/2014 Brotherton, Richard (Mr.)

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

Contributor address; City; State; Zip Code
1108 Woodland Ave.
Austin, TX 78704

\$12.50

(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: 5/51 Report: 8/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Sharon (Ms.) 6 Contributor address; City; State; Zip Code 4213 Ave. F Austin, TX 78751	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)		10 Employer (See Instructions)	
Date 06/03/2014	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 (\$) \$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) Attorney		Employer (See Instructions) Save Our Springs Alliance	
Date 06/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burch, David R. (Mr.) Contributor address; City; State; Zip Code 900 North River Hills Rd Austin, TX 78733	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) Real Estate		Employer (See Instructions) Self-Employed	
Date 06/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burch, Phyllis (Mrs.) Contributor address; City; State; Zip Code 900 North River Hills Rd Austin, TX 78733	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) Homemaker		Employer (See Instructions) N/A	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burkhardt, William (Mr.) Contributor address; City; State; Zip Code 802 Christopher St. Austin, TX 78704	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) Architect		Employer (See Instructions) Self-Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/51 Report: 9/78

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00005000

4 Date
06/06/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Burton, Amon (Mr.)

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

6 Contributor address; City; State; Zip Code
4200 Avenue G
Austin, TX 78751

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self-Employed

Date
06/30/2014

Full name of contributor out-of-state PAC (ID# _____)
Butler, Joy (Ms.)

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

Contributor address; City; State; Zip Code
2028 Emma Long Street
Austin, TX 78723

\$150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/27/2014

Full name of contributor out-of-state PAC (ID# _____)
Campbell, Sarah (Ms.)

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

Contributor address; City; State; Zip Code
1201 Woodland Ave
Austin, TX 78704

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2014

Full name of contributor out-of-state PAC (ID# _____)
Carbone, Kata (Ms.)

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

Contributor address; City; State; Zip Code
2710 West 49th 1/2 St
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/03/2014

Full name of contributor out-of-state PAC (ID# _____)
Carlson, Michelle (Ms.)

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

Contributor address; City; State; Zip Code
903 W 31st
Austin, TX 78705

\$50.00

(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: 7/51 Report: 10/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carpenter, Sue (Ms.) 6 Contributor address; City; State; Zip Code 3028 Sunland Austin, TX 78748	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 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathcart, Mark (Mr.) Contributor address; City; State; Zip Code 605 W Johanna St. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Dell Inc.	
Date 05/24/2014	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) Computer Consultant		Employer (See Instructions) Self-Employed	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christianson, James (Mr.) Contributor address; City; State; Zip Code 1520 Windsor Rd. 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 06/03/2014	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) Homemaker		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: 8/51 Report: 11/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clinton, Ryan (Mr.) 6 Contributor address; City; State; Zip Code 8509 Adirondack Cove Austin, TX 78759	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)		10 Employer (See Instructions)	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coats, Mark (Mr.) Contributor address; City; State; Zip Code 10601 Parkfield Austin, TX 78758	Amount of contribution (\$) \$26.00	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coldwell, Matt (Mr.) Contributor address; City; State; Zip Code 710 W Gibson Austin, TX 78704	Amount of contribution (\$) \$101.00	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig, Ken (Mr.) Contributor address; City; State; Zip Code 913 B Sirocco Dr. Austin, TX 78745	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 06/03/2014	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/51 Report: 12/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Lindsey (Ms.) 6 Contributor address; City; State; Zip Code 3018 West Avenue Austin, TX 78705	7 Amount of contribution (\$) \$200.00	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) Nurse		10 Employer (See Instructions) Seton	
Date 06/03/2014	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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self-employed	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Michael (Mr.) Contributor address; City; State; Zip Code 700 Lavaca Suite 1400 Austin, TX 78701	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) Mediator		Employer (See Instructions) Self-employed	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel, Harold (Mr.) Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735	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) Client Support Engineer		Employer (See Instructions) Academic Works	
Date 06/30/2014	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 (\$) \$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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/51 Report: 14/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Downer, Jane (Ms.) 6 Contributor address; City; State; Zip Code 517 East Mary Austin, TX 78704	7 Amount of contribution (\$) \$150.00	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James (Mr.) Contributor address; City; State; Zip Code 11405 Pradera Dr Austin, TX 78759	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) City Planner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Duncan Associates			
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Katy (Ms.) Contributor address; City; State; Zip Code 11405 Pradera Dr Austin, TX 78759	Amount of contribution (\$) \$350.00	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 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Easterday, Sammy (Ms.) Contributor address; City; State; Zip Code 1702 Shelbourne Dr Austin, TX 78752	Amount of contribution (\$) \$5.00	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 06/04/2014	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		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) UT San Antonio			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/51 Report: 15/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enochs, Linda (Ms.) 6 Contributor address; City; State; Zip Code 5308 Raincreek Pkwy Austin, TX 78759	7 Amount of contribution (\$) \$350.00	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fantl, Nina (Ms.) Contributor address; City; State; Zip Code 601 S. 3rd 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)	
Date 06/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferguson, Frances (Ms.) Contributor address; City; State; Zip Code 1013 Harwood Place 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)	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferrell, Marjorie (Ms.) Contributor address; City; State; Zip Code 6407 Emerald St Austin, TX 78745	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 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fivecoat, Sandra (Ms.) Contributor address; City; State; Zip Code 2324 Tom Miller Street Austin, TX 78723	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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/51 Report: 16/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fivecoat, William (Mr.) 6 Contributor address; City; State; Zip Code 2324 Tom Miller Street Austin, TX 78723	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Maria (Ms.) Contributor address; City; State; Zip Code 1300 Alta Vista Austin, TX 78704	Amount of contribution (\$) \$150.00	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 06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fraser, Russell (Mr.) Contributor address; City; State; Zip Code 507 Lockhart 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)		Employer (See Instructions)	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fraser, Russell (Mr.) Contributor address; City; State; Zip Code 507 Lockhart 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)		Employer (See Instructions)	
Date 06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fraser, Sally (Mrs.) Contributor address; City; State; Zip Code 507 Lockhart 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)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/51 Report: 17/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fraser, Sally (Mrs.) 6 Contributor address; City; State; Zip Code 507 Lockhart 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)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gay, Robert (Mr.) Contributor address; City; State; Zip Code 4308 Bellvue Ave Austin, TX 78756	Amount of contribution (\$) \$50.00	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 06/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Carol (Ms.) Contributor address; City; State; Zip Code 1602 Roberts Ave Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Neighborhood Advisor		Employer (See Instructions) City of Austin	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Ellen (Ms.) Contributor address; City; State; Zip Code 1701 S. 6th Austin, TX 78704	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 06/30/2014	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)	
(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: 16/51 Report: 19/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham-Moore, Brian (Mr.) 6 Contributor address; City; State; Zip Code 1817 East 40th St Austin, TX 78722	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 05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Alan (Mr.) Contributor address; City; State; Zip Code 5400 Woodview Ave Austin, TX 78756	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 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Betsy (Ms.) Contributor address; City; State; Zip Code 3009 Washington Sq. Austin, TX 78705	Amount of contribution (\$) \$150.00	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory, Bob (Mr.) Contributor address; City; State; Zip Code 2939 Westlake Cove 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) Solid Waste and Recyclables		Employer (See Instructions) Texas Disposal Systems	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory, Kay (Mrs.) Contributor address; City; State; Zip Code 2939 Westlake Cove 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) Homemaker		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 17/51 Report: 20/78

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00005000

4 Date
06/26/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Griffin, Teresa (Ms.)

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

6 Contributor address; City; State; Zip Code
1111 Woodland Ave
Austin, TX 78704

\$50.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
06/13/2014

Full name of contributor out-of-state PAC (ID# _____)
Guerrero, Linda (Ms.)

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

Contributor address; City; State; Zip Code
3204 Fairfax Walk
Austin, TX 78705

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/03/2014

Full name of contributor out-of-state PAC (ID# _____)
Hadden, Karen (Ms.)

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

Contributor address; City; State; Zip Code
605 Carismatic Ln
Austin, TX 78748

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/29/2014

Full name of contributor out-of-state PAC (ID# _____)
Halley, Shannon (Ms.)

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

Contributor address; City; State; Zip Code
3403 Winfield Dr.
Austin, TX 78704

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/21/2014

Full name of contributor out-of-state PAC (ID# _____)
Hanlon, Ellie (Ms.)

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

Contributor address; City; State; Zip Code
4801 Caswell Ave
Austin, TX 78751

\$50.00

(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: 18/51 Report: 21/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harbeson, Bill (Mr.) 6 Contributor address; City; State; Zip Code 205 The Circle 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)		10 Employer (See Instructions)	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harden, Joi (Ms.) Contributor address; City; State; Zip Code 10507 Cooper Hill Dr. Austin, TX 78758	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, August (Mr.) Contributor address; City; State; Zip Code 1901 West 35th St 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)	
Date 06/30/2014	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 (\$) \$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 06/03/2014	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 (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Title Examiner		Employer (See Instructions) Gracy Title	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/51 Report: 22/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heinen, Anne (Ms.) 6 Contributor address; City; State; Zip Code 3010 Washington Sq. 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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heinen, Dirk (Mr.) Contributor address; City; State; Zip Code 3010 Washington Sq. Austin, TX 78705	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heinzen, Dan (Mr.) Contributor address; City; State; Zip Code 3007 West Ave Austin, TX 78705	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physics Professor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) University of Texas at Austin	
Date 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hendler, Scott (Mr.) Contributor address; City; State; Zip Code 1300 Alta Vista 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"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) HendlerLaw	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holland, Leon (Mr.) 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"/>	
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: 20/51 Report: 23/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) House, Kathleen (Ms.) 6 Contributor address; City; State; Zip Code 1503 Inglewood Austin, TX 78741	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) Artist		10 Employer (See Instructions) Self-Employed	
Date 05/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Jan (Mrs.) 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)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Store Owner		Employer (See Instructions) Accentric	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, John (Mr.) 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)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Administrative Associate		Employer (See Instructions) University of Texas at Austin	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Jun (Mrs.) 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)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed	
Date 05/15/2014	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)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed	

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SCHEDULE A

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

1 PAGE #
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2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00005000

4 Date
06/29/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Hurt, Tom (Mr.)

6 Contributor address; City; State; Zip Code
809 W 32nd
Austin, TX 78705

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

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Architect

10 Employer (See Instructions)
Self-Employed

Date
06/28/2014

Full name of contributor out-of-state PAC (ID# _____)
Hurt III, Sam (Mr.)

Contributor address; City; State; Zip Code
1209 Newning
Austin, TX 78704

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Artist

Employer (See Instructions)
Self-Employed

Date
06/03/2014

Full name of contributor out-of-state PAC (ID# _____)
Iverson, Nancy (Mrs.)

Contributor address; City; State; Zip Code
506 West 34th
Austin, TX 78705

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

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date
06/03/2014

Full name of contributor out-of-state PAC (ID# _____)
Iverson, Richard (Mr.)

Contributor address; City; State; Zip Code
506 West 34th
Austin, TX 78705

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

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date
06/03/2014

Full name of contributor out-of-state PAC (ID# _____)
Jack, Jeff (Mr.)

Contributor address; City; State; Zip Code
2008 B Rabb Glen
Austin, TX 78704

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Self-Employed

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 06/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jastram, Laine (Ms.) 6 Contributor address; City; State; Zip Code 5501A Balcones Dr. Austin, TX 78731	7 Amount of contribution (\$) \$150.00	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jefferson, Ellen (Ms.) Contributor address; City; State; Zip Code 1400 Eva 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)		Employer (See Instructions)	
Date 06/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimenez, Kisla (Ms.) Contributor address; City; State; Zip Code 3012 West Ave. Austin, TX 78705	Amount of contribution (\$) \$125.00	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 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, D'Ann (Ms.) Contributor address; City; State; Zip Code 1604 East 11th St Austin, TX 78702	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 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Shirley (Ms.) Contributor address; City; State; Zip Code 2000 Woodward St #421 Austin, TX 78741	Amount of contribution (\$) \$15.00	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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/51 Report: 26/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justice, David (Mr.) 6 Contributor address; City; State; Zip Code 2408 Tom Miller St Austin, TX 78723	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justice, Shirlene (Mrs.) Contributor address; City; State; Zip Code 2408 Tom Miller St Austin, TX 78723	Amount of contribution (\$) In-kind contribution description (if applicable) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kallendorf Spear, Carol (Ms.) Contributor address; City; State; Zip Code 1704 Briar St Austin, TX 78704	Amount of contribution (\$) In-kind contribution description (if applicable) \$75.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keil, Philip (Mr.) Contributor address; City; State; Zip Code 912 Christopher Street Austin, TX 78704	Amount of contribution (\$) In-kind contribution description (if applicable) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Furman & Keil Architects	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Sara (Ms.) Contributor address; City; State; Zip Code 4105 Avenue B Austin, TX 78751	Amount of contribution (\$) In-kind contribution description (if applicable) \$200.00 (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: 24/51 Report: 27/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keohane, Cynthia (Ms.) 6 Contributor address; City; State; Zip Code 5702 Wynona Ave Austin, TX 78756	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 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Bryan (Mr.) Contributor address; City; State; Zip Code 1809 Lightsey Rd. Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Broadcasting		Employer (See Instructions) Self-Employed	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Bryan (Mr.) Contributor address; City; State; Zip Code 1809 Lightsey Rd. Austin, TX 78704	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Broadcasting		Employer (See Instructions) Self-Employed	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, David (Mr.) Contributor address; City; State; Zip Code 1808 Kerr 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 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, John (Mr.) Contributor address; City; State; Zip Code 4205 Ramsey Ave Austin, TX 78756	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: 25/51 Report: 28/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kiolbassa, Jolene (Ms.) 6 Contributor address; City; State; Zip Code 3007 West Ave. Austin, TX 78705	7 Amount of contribution (\$) \$350.00	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) Research/Consultant		10 Employer (See Instructions) Self-Employed	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirk, David (Mr.) Contributor address; City; State; Zip Code 1503 Westover Rd 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)	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirk, Sandra (Ms.) Contributor address; City; State; Zip Code 2117 Clifton St. Austin, TX 78704	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) Retired		Employer (See Instructions) N/A	
Date 06/28/2014	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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laborers' International Union of North America Local 753 PAC Contributor address; City; State; Zip Code 5555 North Lamar Suite E121 Austin, TX 78751	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)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/51 Report: 30/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ley, Bill (Mr.) 6 Contributor address; City; State; Zip Code 404 West Monroe Austin, TX 78704	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) Realtor/Lawyer		10 Employer (See Instructions) Black Sheep Realty	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ley, Mary (Mrs.) Contributor address; City; State; Zip Code 404 West Monroe Austin, TX 78704	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) Retired		Employer (See Instructions) N/A	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ley, Mary (Mrs.) Contributor address; City; State; Zip Code 404 West Monroe 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) Retired		Employer (See Instructions) N/A	
Date 06/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, John (Mr.) Contributor address; City; State; Zip Code 908 Calle Limon Austin, TX 78702	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 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linder, Nelson (Mr.) Contributor address; City; State; Zip Code 1807 Rhodes Rd Apt 2 Austin, TX 78721	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/51 Report: 31/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipchak, Oscar (Mr.) ----- 6 Contributor address; City; State; Zip Code 2511 Del Curto Rd. 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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Long, Sharon (Ms.) ----- Contributor address; City; State; Zip Code 205 Park Ln Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowe, Claudette (Ms.) ----- Contributor address; City; State; Zip Code 400 Academy Dr. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Officer/Director		Employer (See Instructions) CLW Inc.	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowe, Hugh (Mr.) ----- Contributor address; City; State; Zip Code 400 Academy Dr. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) CLW Inc.	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowry, Janice (Ms.) ----- Contributor address; City; State; Zip Code 1710 Alameda 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: 29/51 Report: 32/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lupa, Paul (Mr.) 6 Contributor address; City; State; Zip Code 903 W 31st Austin, TX 78705	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 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacNeilage, Linda (Mrs.) Contributor address; City; State; Zip Code 606 Harthan St Austin, TX 78703	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 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacNeilage, Peter (Mr.) Contributor address; City; State; Zip Code 606 Harthan St Austin, TX 78703	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Carol (Mrs.) Contributor address; City; State; Zip Code 1901 Travis Heights Blvd Austin, TX 78704	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) Retired		Employer (See Instructions) N/A	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Melanie (Ms.) Contributor address; City; State; Zip Code 1214 Newning Ave. 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)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/51 Report: 34/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 05/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCarver, Bo (Mr.) 6 Contributor address; City; State; Zip Code 1719 Manor Rd Austin, TX 78722	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Social Anthropologist		10 Employer (See Instructions) Self-Employed	
Date 06/03/2014	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 (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/29/2014	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 (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Air Pollution Chemist		Employer (See Instructions) Self-Employed	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGraw, Karen (Ms.) Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/29/2014	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 (\$) \$100.00	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: 32/51 Report: 35/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meisenbach, Albert (Mr.) ----- 6 Contributor address; City; State; Zip Code 1800 San Gabriel St. Austin, TX 78701	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) Retired		10 Employer (See Instructions) N/A	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meisenbach, Megan (Mrs.) ----- Contributor address; City; State; Zip Code 1800 San Gabriel St. Austin, TX 78701	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) Musician		Employer (See Instructions) Self-Employed	
Date 06/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Middleton, James (Mr.) ----- Contributor address; City; State; Zip Code 908 W Monroe 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)		Employer (See Instructions)	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Stacy (Ms.) ----- Contributor address; City; State; Zip Code 912 Christopher Austin, TX 78704	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) Administrator		Employer (See Instructions) University of Texas Austin	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mishra, Mandy (Ms.) ----- Contributor address; City; State; Zip Code 3200 West Avenue 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) Advanced Practice Nurse		Employer (See Instructions) Austin Regional Clinic	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/51 Report: 36/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Sybil (Ms.) 6 Contributor address; City; State; Zip Code 2105 Pat Booker Rd Universal City, TX 78148	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2014	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, John Paul (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 06/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moriarty, William (Mr.) Contributor address; City; State; Zip Code 1004 Jousting Place Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President/Environmental Engineer		Employer (See Instructions) King Engineering	
Date 06/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Phil (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) University of Texas	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/51 Report: 38/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Bill (Mr.) 6 Contributor address; City; State; Zip Code 2728 S. Congress #12 Austin, TX 78704	7 Amount of contribution (\$) \$25.00	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 06/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Owens, Phyllis (Ms.) Contributor address; City; State; Zip Code 1709 Saint Albans Blvd Austin, TX 78745	Amount of contribution (\$) \$50.00	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 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palaima, Carolyn (Ms.) Contributor address; City; State; Zip Code 505 E. 40th St Austin, TX 78751	Amount of contribution (\$) \$50.00	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 06/29/2014	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 (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas State University	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perkins, Jerry (Mr.) Contributor address; City; State; Zip Code 4128 Lawless St. Austin, TX 78723	Amount of contribution (\$) \$350.00	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: 36/51 Report: 39/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 05/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Janis (Mrs.) 6 Contributor address; City; State; Zip Code 2001 Exposition Austin, TX 78703	7 Amount of contribution (\$) \$350.00	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) Accountant		10 Employer (See Instructions) J. Pinnelli Company, LLC	
Date 05/27/2014	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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) J. Pinnelli Company, LLC	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pohlman, Joyce (Ms.) Contributor address; City; State; Zip Code 611 Fletcher 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)		Employer (See Instructions)	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Powell, Greg (Mr.) Contributor address; City; State; Zip Code 1300 Abbey Rd Round Rock, TX 78681	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 06/05/2014	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 (\$) \$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) Geologist		Employer (See Instructions) Statoil	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/51 Report: 40/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ratliff, Gay (Ms.) ----- 6 Contributor address; City; State; Zip Code 3509 Hampton Rd. Austin, TX 78705	7 Amount of contribution (\$) \$350.00	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) Interior Design		10 Employer (See Instructions) Gay Ratliff Interiors	
Date 06/30/2014	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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Caroline (Mrs.) ----- Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731	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) Engineer		Employer (See Instructions) CR Solutions	
Date 06/29/2014	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 (\$) \$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 06/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rice, Kathleen (Ms.) ----- Contributor address; City; State; Zip Code 14109 Marks Place Fort Worth, TX 76116	Amount of contribution (\$) \$15.00	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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/51 Report: 42/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, James (Mr.) 6 Contributor address; City; State; Zip Code 1610 Alta Vista Austin, TX 78704	7 Amount of contribution (\$) \$125.00	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 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Julie (Mrs.) Contributor address; City; State; Zip Code 1610 Alta Vista 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"/>	
Employer (See Instructions)			
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rohlich, Mary (Ms.) Contributor address; City; State; Zip Code 2101 Pecos St 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)			
Date 05/26/2014	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 (\$) \$350.00	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 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Russell, Tom (Mr.) Contributor address; City; State; Zip Code 1610 Little Raven St Denver, CO 80202	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: 40/51 Report: 43/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saadeh, Karen (Ms.) 6 Contributor address; City; State; Zip Code 4308 Avenue F Austin, TX 78751	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 06/27/2014	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 (\$) \$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 06/04/2014	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		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) N/A			
Date 05/26/2014	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) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) N/A			
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Satija, Ranjan (Mr.) Contributor address; City; State; Zip Code 1316 Madison Avenue Austin, TX 78757	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Trustee		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) The Satija Law Firm PC			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/51 Report: 44/78	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scallon, Susan (Ms.) ----- 6 Contributor address; City; State; Zip Code 13504 Overland Pass Bee Cave, TX 78738	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 06/30/2014	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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Barbara (Ms.) ----- Contributor address; City; State; Zip Code 6705 Hillcroft Dr. Austin, TX 78724	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 06/30/2014	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 (\$) \$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) National Sales Branch Manager		Employer (See Instructions) Sprint	
Date 06/25/2014	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) (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: 43/51 Report: 46/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sorenson-Hyatt, Kristie (Ms.) 6 Contributor address; City; State; Zip Code 1804 Eva St Austin, TX 78704	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) Real Estate Broker		10 Employer (See Instructions) Eva Street Properties	
Date 06/02/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____) Southwest Laborers District Council SWLDC PAC Contributor address; City; State; Zip Code 11720 East 21st Suite D Tulsa, OK 74129	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)		Employer (See Instructions)	
Date 06/03/2014	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 (\$) \$75.00	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 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spitz, Robert (Mr.) Contributor address; City; State; Zip Code 3211 E. Cesar Chavez Austin, TX 78702	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) Veterinarian		Employer (See Instructions) Lake Austin Blvd. Animal Hospital	
Date 06/03/2014	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 (\$) \$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: 45/51 Report: 48/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tevis, Terry (Ms.) 6 Contributor address; City; State; Zip Code 11614 Fast Horse Dr. Austin, TX 78759	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)		10 Employer (See Instructions)	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party Contributor address; City; State; Zip Code 4818 E. Ben White Suite 104 Austin, TX 78741	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Voter File Access (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2014	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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomson, Phyllis (Ms.) Contributor address; City; State; Zip Code 608 West Croslin St Austin, TX 78752	Amount of contribution (\$) \$60.00	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 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Timberlake, Walter (Mr.) Contributor address; City; State; Zip Code 2006 Bouldin Ave. 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)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/51 Report: 49/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tipps, Lisa (Ms.) 6 Contributor address; City; State; Zip Code P.O. Box 300038 Austin, TX 78703	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 06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd, Connie (Ms.) Contributor address; City; State; Zip Code 1403 S. Congress Ave. Austin, TX 78704	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) Retired		Employer (See Instructions) N/A	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tollett, Blake (Mr.) Contributor address; City; State; Zip Code 3701 Bonnie Rd Austin, TX 78703	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) Self-Employed	
Date 06/19/2014	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 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tucker, Larry (Mr.) Contributor address; City; State; Zip Code 2210 White Dove Pass Austin, TX 78734	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) Consultant		Employer (See Instructions) LIM Digital	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 47/51 Report: 50/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tucker, Pam (Ms.) ----- 6 Contributor address; City; State; Zip Code 3303 Snead Path Round Rock, TX 78664	7 Amount of contribution (\$) \$350.00	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) CEO		10 Employer (See Instructions) Utility Composites	
Date 05/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Kay (Ms.) ----- Contributor address; City; State; Zip Code 198 Roebling St Apt 5B Brooklyn, NY 11211	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tyler, Kathleen (Ms.) ----- Contributor address; City; State; Zip Code 1811 West 38th St Austin, TX 78731	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 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Volz, Candace (Ms.) ----- Contributor address; City; State; Zip Code 1406 Preston Ave. Austin, TX 78703	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 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walton, Charles (Mr.) ----- Contributor address; City; State; Zip Code 1701 Bouldin Ave 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) Marketing Communications		Employer (See Instructions) Emerson	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 48/51 Report: 51/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webre, Michele (Ms.) 6 Contributor address; City; State; Zip Code 511 Lockhart Dr. 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)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weed, Betty (Ms.) Contributor address; City; State; Zip Code 2218 Alta Vista Ave. Austin, TX 78704	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 06/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weeks, Joelyn (Ms.) Contributor address; City; State; Zip Code 6805 Moonmont Austin, TX 78745	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 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weigand, Ingrid (Ms.) Contributor address; City; State; Zip Code 704 W Gibson 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	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Ed (Mr.) Contributor address; City; State; Zip Code 4803 Balcones Dr. Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self-Employed	
(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: 50/51 Report: 53/78	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 06/17/2014	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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Jack (Mr.) Contributor address; City; State; Zip Code 4803 Avenue H Austin, TX 78751	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 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Witte, Tracy (Ms.) Contributor address; City; State; Zip Code 908 E. 14th Street Austin, TX 78702	Amount of contribution (\$) \$150.00	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 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woods, William (Mr.) Contributor address; City; State; Zip Code 3211 Funston St Austin, TX 78703	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 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woods, William (Mr.) Contributor address; City; State; Zip Code 3211 Funston St Austin, TX 78703	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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 51/51 Report: 54/78

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00005000

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
06/30/2014 Yeatts, Malcolm (Mr.)

6 Contributor address; City; State; Zip Code
4811 Allison Cove
Austin, TX 78741

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

\$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# _____)
06/30/2014 Zaragoza, Nuria (Ms.)

Contributor address; City; State; Zip Code
1908 Cliff St
Austin, TX 78705

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Social Worker

Employer (See Instructions)
Self-Employed

Date Full name of contributor out-of-state PAC (ID# _____)
06/25/2014 Zent, Shelley (Ms.)

Contributor address; City; State; Zip Code
5507 Lemonwood Dr.
Austin, TX 78731

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

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

1 PAGE # Schedule: 1/13 Report: 56/78		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 05/27/2014		5 Payee name Breed & Co., Inc.			
6 Amount (\$) \$30.31		7 Payee address City; State; Zip Code 718 West 29th Street Austin, TX 78705			
8 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 Keys <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/04/2014		Payee name Butts, David (Mr.)			
Amount (\$) \$800.00		Payee address City; State; Zip Code 1914 Patton Ln Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/23/2014		Payee name Capital Area Democratic Women			
Amount (\$) \$125.00		Payee address City; State; Zip Code P.O. Box 685008 Austin, TX 78768			
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 Sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/16/2014		Payee name Capitol Courier			
Amount (\$) \$13.50		Payee address City; State; Zip Code P.O. Box 3182 Austin, TX 78764			
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"/> Courier Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/13 Report: 57/78	2 FILER NAME Tovo, Kathryn (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 05/30/2014	5 Payee name Clarkie Hall Farmers Inc.
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6 Amount (\$) \$839.28	7 Payee address City; State; Zip Code 5818 Balcones Dr. Austin, TX 78731
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8 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"/> Campaign Office Insurance <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/16/2014	Payee name Costco
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Amount (\$) \$243.75	Payee address City; State; Zip Code 10401 Research Blvd. Austin, TX 78759
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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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/25/2014	Payee name Costco
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Amount (\$) \$205.81	Payee address City; State; Zip Code 10401 Research Blvd. Austin, TX 78759
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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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/30/2014	Payee name CVS/pharmacy
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Amount (\$) \$31.15	Payee address City; State; Zip Code 2301 S. Congress Ave Austin, TX 78704
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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"/> Campaign Office Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

1 PAGE # Schedule: 3/13 Report: 58/78		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 06/03/2014		5 Payee name David Thomas Photography			
6 Amount (\$) \$200.00		7 Payee address City; State; Zip Code 2004 B East 9th Street Austin, TX 78702			
8 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"/> Photography Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/30/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
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 for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/16/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78741			
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 for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/16/2014		Payee name De Mayo Cellular			
Amount (\$) \$83.00		Payee address City; State; Zip Code 8716 Research Blvd Ste 220 Austin, TX 78758			
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"/> Campaign Office Cell Phones <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/13 Report: 59/78	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 05/23/2014	5 Payee name El Mercado
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6 Amount (\$) \$108.25	7 Payee address City; State; Zip Code 1302 South First Street Austin, TX 78704
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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) <input type="checkbox"/> Campaign Launch Party - Deposit <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/03/2014	Payee name El Mercado
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Amount (\$) \$529.66	Payee address City; State; Zip Code 1302 South First Street Austin, TX 78704
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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"/> Campaign Launch Party <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/02/2014	Payee name Facebook, Inc.
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Amount (\$) \$9.00	Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
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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"/> Political Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/30/2014	Payee name Facebook, Inc.
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Amount (\$) \$11.36	Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
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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"/> Political Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

1 PAGE # Schedule: 5/13 Report: 60/78	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 05/23/2014	5 Payee name Fagan, Dennis (Mr.)
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6 Amount (\$) \$806.60	7 Payee address City; State; Zip Code 1601 West 38th Street #202 Austin, TX 78731
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8 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"/> Photography Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 05/27/2014	Payee name FedEx Office
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Amount (\$) \$67.15	Payee address City; State; Zip Code 600 E. Ben White Blvd Austin, TX 78704
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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"/> Invitation Printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 05/27/2014	Payee name FedEx Office
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Amount (\$) \$1.74	Payee address City; State; Zip Code 600 E. Ben White Blvd Austin, TX 78704
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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"/> Cutting Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 05/31/2014	Payee name FedEx Office
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Amount (\$) \$20.55	Payee address City; State; Zip Code 600 E. Ben White Blvd Austin, TX 78704
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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"/> Invitation Printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

1 PAGE # Schedule: 6/13 Report: 61/78		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 06/20/2014	5 Payee name FedEx Office				
6 Amount (\$) \$1.61	7 Payee address City; State; Zip Code 600 E. Ben White Blvd Austin, TX 78704				
8 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"/> Cutting services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/20/2014	Payee name FedEx Office				
Amount (\$) \$35.88	Payee address City; State; Zip Code 600 E. Ben White Blvd Austin, TX 78704				
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	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/23/2014	Payee name Griffith Descendants, LLC				
Amount (\$) \$5,560.00	Payee address City; State; Zip Code 3536 Bee Caves Rd #310 Austin, TX 78746				
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"/> Campaign Office Deposit and Rent	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/03/2014	Payee name Harland Clarke Corporation				
Amount (\$) \$34.75	Payee address City; State; Zip Code 10931 Laureate Drive Austin, TX 78249				
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"/> Campaign check fees	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/13 Report: 62/78	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 05/14/2014	5 Payee name Hughes, William (Mr.)
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6 Amount (\$) \$1,650.00	7 Payee address City: State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745
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8 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 for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 05/30/2014	Payee name Hughes, William (Mr.)
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Amount (\$) \$1,650.00	Payee address City: State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745
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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 for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/16/2014	Payee name Hughes, William (Mr.)
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Amount (\$) \$1,665.00	Payee address City: State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745
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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 for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/16/2014	Payee name Kelly Graphics
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Amount (\$) \$593.53	Payee address City: State; Zip Code 1409 Quaker Ridge Austin, TX 78746
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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"/> Bumper Stickers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

1 PAGE # Schedule: 8/13 Report: 63/78		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 05/27/2014		5 Payee name Kinney, Nathan (Mr.)			
6 Amount (\$) \$50.00		7 Payee address City; State; Zip Code 1700 Lavaca St Austin, TX 78701			
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) <input type="checkbox"/> PA/Audio Equipment Rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/12/2014		Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$995.00		Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705			
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"/> Contract Labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/16/2014		Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705			
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 for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/03/2014		Payee name Miscellaneous Rentals			
Amount (\$) \$38.97		Payee address City; State; Zip Code 1901 E 51st Street Bldg 1 Austin, TX 78723			
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"/> Furniture Rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/13 Report: 64/78	2 FILER NAME Tovo, Kathryn (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 05/25/2014	5 Payee name Net Victories
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6 Amount (\$) \$34.80	7 Payee address City; State; Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006
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8 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"/> Automated Marketing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 05/28/2014	Payee name Net Victories
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Amount (\$) \$1,333.25	Payee address City; State; Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006
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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"/> Website Build <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 05/31/2014	Payee name Net Victories
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Amount (\$) \$24.00	Payee address City; State; Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006
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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"/> Automated Marketing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/25/2014	Payee name Net Victories
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Amount (\$) \$58.80	Payee address City; State; Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006
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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"/> Email Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

1 PAGE # Schedule: 10/13 Report: 65/78		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 05/13/2014	5 Payee name Office Max				
6 Amount (\$) \$1.25	7 Payee address City; State; Zip Code 907 West Fifth Street Austin, TX 78703				
8 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"/> Cutting Services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/13/2014	Payee name Office Max				
Amount (\$) \$3.25	Payee address City; State; Zip Code 907 West Fifth Street Austin, TX 78703				
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	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/03/2014	Payee name Office Max				
Amount (\$) \$75.89	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756				
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"/> Campaign Office Supplies	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/24/2014	Payee name Office Max				
Amount (\$) \$19.80	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756				
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"/> Campaign Office Supplies	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/13 Report: 66/78		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 06/24/2014	5 Payee name Office Max				
6 Amount (\$) \$67.92	7 Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756				
8 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"/> Campaign Office Supplies	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/30/2014	Payee name Piryx, Inc.				
Amount (\$) \$1,137.86	Payee address City; State; Zip Code 144 2nd St. 1st floor San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative donation processing fees for reporting period	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/16/2014	Payee name Scholz Garten				
Amount (\$) \$487.13	Payee address City; State; Zip Code 1607 San Jacinto Blvd Austin, TX 78701				
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"/> Watch Party Room Reservation	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/27/2014	Payee name Texas Democratic Party				
Amount (\$) \$550.00	Payee address City; State; Zip Code 4818 E. Ben White Blvd. Ste. 104 Austin, TX 78741				
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"/> License for online voter file database	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/13 Report: 67/78		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 06/20/2014	5 Payee name Texas Made Productions				
6 Amount (\$) \$350.00	7 Payee address City: State: Zip Code 3707 Manchaca #177 Austin, TX 78704				
8 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"/> Video Services	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/25/2014	Payee name Thompson & Knight LLP				
Amount (\$) \$425.00	Payee address City: State: Zip Code 98 San Jacinto Blvd Ste 1900 Austin, TX 78701				
8 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"/> Legal fees for campaign	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/17/2014	Payee name Thundercloud Subs				
Amount (\$) \$143.47	Payee address City: State: Zip Code 3200 Guadalupe Austin, TX 78705				
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"/> Sponsor Lunch for Kirk Watson Campaign Academy	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/14/2014	Payee name Travis County Democratic Party				
Amount (\$) \$50.00	Payee address City: State: Zip Code 1311 E 6th St Austin, TX 78702				
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) <input type="checkbox"/> Campaign Staff Training	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/13 Report: 68/78	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 06/20/2014	5 Payee name Walmart
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6 Amount (\$) \$45.84	7 Payee address City; State; Zip Code 710 Ben White Blvd Austin, TX 78704
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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) <input type="checkbox"/> Candy for Juneteenth Parade <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 06/16/2014	Payee name Worley Printing Co, Inc.
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Amount (\$) \$226.25	Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722
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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"/> Rally signs, Lapel stickers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 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	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: 1/9 Report: 69/78	2 FILER NAME Tovo, Kathryn (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 04/14/2014	5 Payee name Annie's List
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6 Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code P.O. Box 699 Austin, TX 78767
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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 Ticket
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 06/18/2014	Payee name Austin Environmental Democrats
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Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 604 W. 11th St. Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense	

Date 01/09/2014	Payee name Black Austin Democrats
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Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 212 Austin, TX 78767
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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 Sponsorship
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense	

Date 04/30/2014	Payee name Bruce Elfant for Tax Assessor-Collector
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Amount (\$) \$110.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 49051 Austin, TX 78765
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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 Sponsorship
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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: 2/9 Report: 70/78	2 FILER NAME Tovo, Kathryn (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 04/29/2014	5 Payee name Burnt Orange Report
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6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 908 E 5th St #114 Austin, TX 78702
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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 Sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04/30/2014	Payee name Butts, David (Mr.)
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Amount (\$) \$800.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1914 Patton Ln Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 02/03/2014	Payee name Capital Area Asian American Democrats
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Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 300595 Austin, TX 78703
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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 Sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 06/23/2014	Payee name Capital Area Democratic Women
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Amount (\$) \$125.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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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 Sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 3/9 Report: 71/78	2 FILER NAME Tovo, Kathryn (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 04/11/2014	5 Payee name Capitol Rubber Stamp
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6 Amount (\$) \$34.10 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 3314 S. Congress Ave Austin, TX 78704
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8 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"/> Name Badge <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04/11/2014	Payee name Capitol Rubber Stamp
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Amount (\$) \$22.73 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3314 S. Congress Ave Austin, TX 78704
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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"/> Name Badge <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 02/09/2014	Payee name GoDaddy.com
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Amount (\$) \$112.72 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 14455 N Hayden Rd Suite 219 Scottsdale, AZ 85260
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Domain Renewal <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04/02/2014	Payee name Hughes, William (Mr.)
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Amount (\$) \$1,650.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745
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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 for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 4/9 Report: 72/78	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 04/30/2014	5 Payee name Hughes, William (Mr.)
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6 Amount (\$) \$1,650.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745
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8 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 for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 02/24/2014	Payee name Kiobassa, Jolene (Ms.)
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Amount (\$) \$300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705
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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"/> Contract Labor for officeholder research <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 03/02/2014	Payee name Kiobassa, Jolene (Ms.)
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Amount (\$) \$355.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705
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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"/> Contract Labor for officeholder research <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 03/23/2014	Payee name Kiobassa, Jolene (Ms.)
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Amount (\$) \$310.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705
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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"/> Contact Labor for officeholder research <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 5/9 Report: 73/78	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 04/02/2014	5 Payee name Kiolbassa, Jolene (Ms.)
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6 Amount (\$) \$320.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705
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8 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"/> Contract labor for officeholder research <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04/10/2014	Payee name Kiolbassa, Jolene (Ms.)
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Amount (\$) \$400.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705
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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"/> Contract labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04/13/2014	Payee name Kiolbassa, Jolene (Ms.)
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Amount (\$) \$505.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705
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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"/> Contract labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 04/28/2014	Payee name Kiolbassa, Jolene (Ms.)
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Amount (\$) \$730.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705
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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"/> Contract labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 6/9 Report: 74/78	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 06/25/2014	5 Payee name MacDaddy Service
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6 Amount (\$) \$351.81 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 7004 Chinook Dr Austin, TX 78736
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8 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"/> Contract labor for officeholder computer services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 01/17/2014	Payee name Office Max
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Amount (\$) \$55.14 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 4615 North Lamar Blvd 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"/> Copy Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 03/03/2014	Payee name Office Max
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Amount (\$) \$63.33 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 4615 North Lamar Blvd 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"/> Copy Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 02/15/2014	Payee name OfficeMax
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Amount (\$) \$72.69 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 907 West Fifth St Austin, TX 78703
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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"/> Copy Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 7/9 Report: 75/78		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 01/28/2014		5 Payee name Opinion Analysts, Inc			
6 Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 906 Rio Grande St Austin, TX 78701			
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) <input type="checkbox"/> District Information <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 02/24/2014		Payee name Thompson & Knight LLP			
Amount (\$) \$340.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 98 San Jacinto Blvd Ste 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) <input type="checkbox"/> Legal fees for officeholder matters <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 03/10/2014		Payee name Thompson & Knight LLP			
Amount (\$) \$170.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 98 San Jacinto Blvd Ste 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) <input type="checkbox"/> Legal fees for officeholder matters <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 04/01/2014		Payee name Thompson & Knight LLP			
Amount (\$) \$225.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 98 San Jacinto Blvd Ste 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) <input type="checkbox"/> Legal fees for officeholder matters <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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: 8/9 Report: 76/78		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 05/06/2014	5 Payee name Thompson & Knight LLP				
6 Amount (\$) \$170.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 98 San Jacinto Blvd Ste 1900 Austin, TX 78701				
8 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"/> Legal fees for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 06/25/2014	Payee name Thompson & Knight LLP				
Amount (\$) \$127.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 98 San Jacinto Blvd Ste 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) <input type="checkbox"/> Legal fees for officeholder matters <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 03/25/2014	Payee name Travis County Democratic Party				
Amount (\$) \$120.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1311 E 6th St Austin, TX 78702				
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"/> Political Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 05/06/2014	Payee name United States Postal Service - Central Park Station				
Amount (\$) \$56.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705				
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"/> Post Office Box rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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: 9/9 Report: 77/78	2 FILER NAME Tovo, Kathrynne (Ms.)	3 ACCOUNT # (TEC filers) 00005000
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4 Date 03/17/2014	5 Payee name Wick, Jim (Mr.)
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6 Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 2611 Ektom Drive Unit D Austin, TX 78745
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political consulting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Information entered by filer as a memo

Schedule Cover Sheet

Information for out-of-state PAC donation from Southwest Laborers District Council SWLDC
PAC: Address is 11720 East 21st Street, Ste D, Tulsa, Oklahoma 74129; Phone is
918-585-1799; Reno Hammond, Chairman - appointed Treasurer; Jeremy Hendricks,
Treasurer - 1504 Rutland Drive Austin, TX 78758 (405) 833- 6462