

# 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 #**  
1 of 55

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

 MS / MRS / MR FIRST MI  
 Ms. Kathrynne  
 NICKNAME LAST SUFFIX  
 Kathie Tovo
**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date for marked

Receipt # Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 809 W 32nd Street  
 Austin, TX 78705

☐ Change of Address

**5 CAMPAIGN  
TREASURER  
NAME**

 MS / MRS / MR FIRST MI  
 Mr. Joseph  
 NICKNAME LAST SUFFIX  
 Pinnelli

**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 PHONE NUMBER EXTENSION  
 (512) 478-5958
**8 REPORT TYPE**
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)
**9 PERIOD COVERED**
 Month Day Year THROUGH Month Day Year  
 09/26/2014 10/25/2014
**10 ELECTION**
 ELECTION DATE ELECTION TYPE  
 Month Day Year ☐ Primary ☐ Runoff ☒ General ☐ Special  
 11/04/2014
**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, Kathryne (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**☒ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME**

Austin Police Association PAC

**COMMITTEE ADDRESS**5817 Wilcab Road  
Austin, TX 78721**COMMITTEE CAMPAIGN TREASURER NAME**

Escobar, Valencia (Ms.)

**COMMITTEE CAMPAIGN TREASURER ADDRESS**5817 Wilcab Road  
Austin, TX 78721☒ additional pages**16 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

40.00

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

\$

20,263.99

**EXPENDITURE  
TOTALS**

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

58,844.07

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

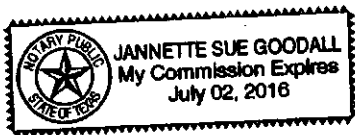
\$

27,323.50

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

\$

141,807.46

**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.

*Kathryne B Tovo*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryne Tovo, this the 27 day  
of OCT, 20 14, to certify which, witness my hand and seal of office.

*Jannette Sue Goodall*  
Signature of officer administering oath

JANNETTE GOODALL  
Print name of officer administering oath

Notary  
Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)****FORM C/OH  
ADDENDUM**

Page 3 of 55

C/OH NAME Tovo, Kathrynne (Ms.)

ACCOUNT # (Ethics Commission filers)  
00005000**17 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**☒ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME**

Sierra Club Political Committee of Texas

**COMMITTEE ADDRESS**615 Willow  
San Antonio, TX 78202**COMMITTEE CAMPAIGN  
TREASURER NAME**

Gonzalez, Hector (Mr.)

**COMMITTEE CAMPAIGN  
TREASURER ADDRESS**615 Willow  
San Antonio, TX 78202

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/35 Report: 4/55	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  10/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abbott, Robin (Ms.)  6 Contributor address; City; State; Zip Code 5601 Blueridge Ct. Austin, TX 78731	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  10/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abdulle, Deika (Ms.)  Contributor address; City; State; Zip Code 4210 Red River #215 Austin, TX 78751	Amount of contribution (\$)  \$30.00	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  10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Mary (Ms.)  Contributor address; City; State; Zip Code 3404 Southill Cir 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  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Mary (Ms.)  Contributor address; City; State; Zip Code 3404 Southill Cir 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  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Police Association PAC  Contributor address; City; State; Zip Code 5817 Wilcab Rd #4 Austin, TX 78721	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: 2/35 Report: 5/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Auten, Roseana (Ms.)

6 Contributor address; City; State; Zip Code  
400 Bowie St  
Austin, TX 78703

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Writer

10 Employer (See Instructions)  
Self-employed

Date

10/03/2014

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

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

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2014

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

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

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

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

Contributor address; City; State; Zip Code  
4104 Turkey Creek Dr.  
Austin, TX 78730

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Barrios, Rossana (Ms.)

Contributor address; City; State; Zip Code  
7452 Pusch Ridge Loop  
Austin, TX 78749

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/35 Report: 6/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/15/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Biedrzycki, Carol (Ms.)

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

7 Amount of  
contribution (\$)

\$25.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bonilla, Michelle (Ms.)

Contributor address; City; State; Zip Code  
1905 West 37th St  
Austin, TX 78731

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bonilla, Raymond (Mr.)

Contributor address; City; State; Zip Code  
1905 West 37th St  
Austin, TX 78731

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bowman, Andrew (Mr.)

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

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Burkhardt, William (Mr.)

Contributor address; City; State; Zip Code  
802 Christopher St.  
Austin, TX 78704

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/35 Report: 7/55

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/08/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Buttrely, Sarah (Ms.)

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

7 Amount of  
contribution (\$)

\$250.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Family Doctor

10 Employer (See Instructions)  
Seton

Date

10/15/2014

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

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

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cartledge, Ron (Mr.)

Contributor address; City; State; Zip Code  
1802 Woodland Ave  
Austin, TX 78741

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Chu, Millie (Ms.)

Contributor address; City; State; Zip Code  
8629-C Toro Creek Cove  
Austin, TX 78759

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Office Manager

Employer (See Instructions)  
Frank Lam & Associates, Inc.

Date

09/29/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Clack, Judith (Ms.)

Contributor address; City; State; Zip Code  
2403 Forest Bend Dr  
Austin, TX 78704

Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

**1** PAGE #

Schedule: 5/35 Report: 8/55

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

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

00005000

**4** Date

10/17/2014

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cocke, Paula (Ms.)

**6** Contributor address; City; State; Zip Code  
1608 West Ninth Street  
Austin, TX 78703

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

\$150.00

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

(If travel outside of Texas, complete Schedule T) ☐

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

**10** Employer (See Instructions)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Coldiron, Ron (Mr.)

Contributor address; City; State; Zip Code  
6509 Marblewood  
Austin, TX 78731

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Collen, Cyndi (Ms.)

Contributor address; City; State; Zip Code  
210 Fletcher St  
Austin, TX 78704

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cooper, Lanetta (Ms.)

Contributor address; City; State; Zip Code  
5008 Eilers Ave  
Austin, TX 78751

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cortez, David (Mr.)

Contributor address; City; State; Zip Code  
304 B Montopolis  
Austin, TX 78741

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/35 Report: 9/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Crow, Dan (Mr.)6 Contributor address; City; State; Zip Code  
2803 Down Cove  
Austin, TX 787047 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/06/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Crow, Steven (Mr.)Contributor address; City; State; Zip Code  
3018 West Ave.  
Austin, TX 78705Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Davidson, William (Mr.)Contributor address; City; State; Zip Code  
1714 Palma Plaza  
Austin, TX 78703Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
AttorneyEmployer (See Instructions)  
Self-employed

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Davis, Dick (Mr.)Contributor address; City; State; Zip Code  
2609 Sherwood Ln  
Austin, TX 78704Amount of  
contribution (\$)

\$13.99

In-kind contribution  
description (if applicable)  
Food for houseparty  
event(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Debardelaben, Sean (Mr.)Contributor address; City; State; Zip Code  
3011 Washington Square  
Austin, TX 78705Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/35 Report: 10/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
DeLeon, Tony (Mr.)

6 Contributor address; City; State; Zip Code  
1101 West Annie St  
Austin, TX 78704

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Denkler, Ann (Ms.)

Contributor address; City; State; Zip Code  
6112 Highlandale Dr.  
Austin, TX 78731

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Executive Assistant

Employer (See Instructions)  
Travis County

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Dial, Christine (Ms.)

Contributor address; City; State; Zip Code  
202 West 32nd St  
Austin, TX 78705

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Artist

Employer (See Instructions)  
Self-employed

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Donnell, Dian (Ms.)

Contributor address; City; State; Zip Code  
1610 West 9 1/2 St  
Austin, TX 78703

Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Duffy, Mark (Mr.)

Contributor address; City; State; Zip Code  
3301 Hemlock Ave  
Austin, TX 78722

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/35 Report: 11/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Dunaway, Jim (Mr.)

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

7 Amount of  
contribution (\$)

\$25.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Dunaway, Margaret (Ms.)

Contributor address; City; State; Zip Code  
807 W 32nd St  
Austin, TX 78705

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Eastman, Liane (Ms.)

Contributor address; City; State; Zip Code  
3906 Ridgelea Dr  
Austin, TX 78731

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Echols, Catharine (Ms.)

Contributor address; City; State; Zip Code  
508 Harris Ave.  
Austin, TX 78705

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ellis, Mary Dale (Ms.)

Contributor address; City; State; Zip Code  
1704 W Ave.  
Austin, TX 78701

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/35 Report: 12/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ferguson, Frances (Ms.)

6 Contributor address; City; State; Zip Code  
1013 Harwood Place  
Austin, TX 78704

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Foerster, Frank (Mr.)

Contributor address; City; State; Zip Code  
1625 Waterstone Ave  
Austin, TX 78703

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Foerster, Sharon (Ms.)

Contributor address; City; State; Zip Code  
1625 Waterstone Ave  
Austin, TX 78703

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Forrest, Hugh (Mr.)

Contributor address; City; State; Zip Code  
703-B East 50th St  
Austin, TX 78751

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Director

Employer (See Instructions)  
South By Southwest

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Forrest, Vivian (Ms.)

Contributor address; City; State; Zip Code  
703-B East 50th St  
Austin, TX 78751

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
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: 10/35 Report: 13/55

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/24/2014

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

6 Contributor address; City; State; Zip Code  
2837 Pearl St  
Austin, TX 78705

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/18/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gammon, Regan (Ms.)

Contributor address; City; State; Zip Code  
3125 Hemphill Park  
Austin, TX 78705

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Community Volunteer

Employer (See Instructions)  
N/A

Date

10/18/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gammon, William (Mr.)

Contributor address; City; State; Zip Code  
3125 Hemphill Park  
Austin, TX 78705

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Insurance Agent

Employer (See Instructions)  
Self-employed

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gardner, Bonny (Ms.)

Contributor address; City; State; Zip Code  
3207 Kirby Ln  
Austin, TX 78703

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gaston, Merianne (Ms.)

Contributor address; City; State; Zip Code  
715 Carolyn Ave.  
Austin, TX 78705

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/35 Report: 14/55	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gentle, James (Mr.)  6 Contributor address; City; State; Zip Code 206 Arthur Ln Austin, TX 78704	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) Attorney		10 Employer (See Instructions) University of Texas System	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gill, Ramanjeet (Mr.)  Contributor address; City; State; Zip Code 4308 Bellvue Ave Austin, TX 78756	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  10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gosselink, Margaret (Ms.)  Contributor address; City; State; Zip Code 903 West 14th St Austin, TX 78701	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  10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Ann (Ms.)  Contributor address; City; State; Zip Code 3815 Ave H Austin, TX 78751	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  10/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham-Moore, Brian (Mr.)  Contributor address; City; State; Zip Code 1817 East 40th St Austin, TX 78722	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/35 Report: 15/55

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Greenberg, Betsy (Ms.)

6 Contributor address; City; State; Zip Code  
3009 Washington Sq.  
Austin, TX 78705

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Grigassy, Chris (Mr.)

Contributor address; City; State; Zip Code  
2304 Riverside Farms Rd  
Austin, TX 78741

Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

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

Contributor address; City; State; Zip Code  
2509 Hartford Rd  
Austin, TX 78703

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hall, Michael (Mr.)

Contributor address; City; State; Zip Code  
2509 Hartford Rd  
Austin, TX 78703

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/06/2014

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

Contributor address; City; State; Zip Code  
3107 Grandview St  
Austin, TX 78705

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/35 Report: 16/55	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  10/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanlon, Ellie (Ms.)  6 Contributor address; City; State; Zip Code 4801 Caswell Ave 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  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haragan, Kelly (Ms.)  Contributor address; City; State; Zip Code 1700 Bouldin 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) Clinical Professor		Employer (See Instructions) University of Texas at Austin	
Date  10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, L.C. (Mr.)  Contributor address; City; State; Zip Code P.O. Box 9723 Austin, TX 78766	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  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haverlah, Kirsha (Ms.)  Contributor address; City; State; Zip Code 6904 Star 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  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heinen, Anne (Ms.)  Contributor address; City; State; Zip Code 3010 Washington Sq. Austin, TX 78705	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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/35 Report: 17/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Henderson, Pattye (Ms.)

6 Contributor address; City; State; Zip Code  
923 Park Blvd  
Austin, TX 78751

7 Amount of contribution (\$)

\$75.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hernandez, Mack Ray (Mr.)

Contributor address; City; State; Zip Code  
1200 Bouldin Ave.  
Austin, TX 78704

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self-employed

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Highsmith, Madelon (Ms.)

Contributor address; City; State; Zip Code  
7104 West Rim Dr  
Austin, TX 78731

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hines, Barbara (Ms.)

Contributor address; City; State; Zip Code  
1405 Wilshire Blvd  
Austin, TX 78722

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hirsch, Michael (Mr.)

Contributor address; City; State; Zip Code  
600 Texas Ave.  
Austin, TX 78705

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/35 Report: 18/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/30/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hoberman, Louisa (Ms.)

6 Contributor address; City; State; Zip Code  
2637 West 49th St  
Austin, TX 78731

7 Amount of contribution (\$)

\$20.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Holbrook, Deborah (Ms.)

Contributor address; City; State; Zip Code  
1615 Palma Plaza  
Austin, TX 78703

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ingle, Mary (Ms.)

Contributor address; City; State; Zip Code  
3406 Duval Street  
Austin, TX 78705

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Iverson, Nancy (Ms.)

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

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Iverson, Rick (Mr.)

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

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/35 Report: 19/55	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  10/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimenez, Kisma (Ms.)  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  10/13/2014	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 (\$)  \$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  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, John (Mr.)  Contributor address; City; State; Zip Code 6005 Shoalwood Ave. Austin, TX 78757	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  10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kinser, Lee (Mr.)  Contributor address; City; State; Zip Code 201 Lee Barton Dr. 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) Owner		Employer (See Instructions) Pitch & Putt	
Date  10/17/2014	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 (\$)  \$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: 17/35 Report: 20/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/21/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Knipp, Vicki (Ms.)6 Contributor address; City; State; Zip Code  
1011 Brodie St  
#5  
Austin, TX 787047 Amount of  
contribution (\$)

\$60.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Langley, Karen (Ms.)Contributor address; City; State; Zip Code  
12349 Metric Blvd  
Apt 1612  
Austin, TX 78758Amount of  
contribution (\$)

\$65.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lee, Carol (Ms.)Contributor address; City; State; Zip Code  
3506 Far View Dr.  
Austin, TX 78730Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lewis, Dawn (Ms.)Contributor address; City; State; Zip Code  
4509 Edgemont Dr  
Austin, TX 78731Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Linn, Emma L. (Ms.)Contributor address; City; State; Zip Code  
2400-B Vista Ln  
Austin, TX 78703Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
ProfessorEmployer (See Instructions)  
St. Edwards University

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/35 Report: 21/55	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John (Mr.)  6 Contributor address; City; State; Zip Code 6600 Mesa Dr. Austin, TX 78731	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  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lomas, Rachel (Ms.)  Contributor address; City; State; Zip Code 212 West 33rd St Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/04/2014	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 (\$)  \$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  10/17/2014	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  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mardegian, Rachael (Ms.)  Contributor address; City; State; Zip Code 2501 Quarry 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) Special Projects Coordinator		Employer (See Instructions) South By Southwest ECO	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/35 Report: 22/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Marks, Scott (Mr.)

6 Contributor address; City; State; Zip Code  
706 Oakland Ave.  
Austin, TX 78703

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Maxwell, Mary Gay (Ms.)

Contributor address; City; State; Zip Code  
111 Laurel Ln  
Austin, TX 78705

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/27/2014

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

Contributor address; City; State; Zip Code  
3824 Avenue F  
Austin, TX 78751

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
McAfee, Melanie (Ms.)

Contributor address; City; State; Zip Code  
4120 Mattie St  
Austin, TX 78754

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
McArthur, Barbara (Ms.)

Contributor address; City; State; Zip Code  
5700 Clay Avenue  
Austin, TX 78756

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

1 PAGE #

Schedule: 20/35 Report: 23/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
McArthur, Barbara (Ms.)

6 Contributor address; City; State; Zip Code  
5700 Clay Avenue  
Austin, TX 78756

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
McCormick, Donna Beth (Ms.)

Contributor address; City; State; Zip Code  
5703 Shoalwood Ave.  
Austin, TX 78756

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Means, Bertha (Ms.)

Contributor address; City; State; Zip Code  
7400 Valburn Dr.  
Austin, TX 78731

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
Austin Cab Co

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Mehdy, Mona (Ms.)

Contributor address; City; State; Zip Code  
5004 Smoky Mountain Dr.  
Austin, TX 78727

Amount of  
contribution (\$)

\$15.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Miller, Barry (Mr.)

Contributor address; City; State; Zip Code  
P.O. Box 684371  
Austin, TX 78768

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Librarian

Employer (See Instructions)  
City of Austin

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/35 Report: 24/55	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  10/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Helen (Ms.)  6 Contributor address; City; State; Zip Code 8207 Viewridge Dr Austin, TX 78724	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  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moczygemba, Carol (Ms.)  Contributor address; City; State; Zip Code 600 Texas Ave. Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffat, Susan (Ms.)  Contributor address; City; State; Zip Code 4112 Speedway 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) Editor/Writer		Employer (See Instructions) Self-employed	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mok, Aloysius (Mr.)  Contributor address; City; State; Zip Code 6301 Cat Mountain Cove 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) Professor		Employer (See Instructions) University of Texas at Austin	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mok, Amy (Ms.)  Contributor address; City; State; Zip Code 6301 Cat Mountain Cove 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) Founder/CEO		Employer (See Instructions) Asian American Cultural Center	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/35 Report: 25/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Morrison, Susan (Ms.)6 Contributor address; City; State; Zip Code  
6005 Shoalwood Ave.  
Austin, TX 787577 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/12/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Murphy, Dale (Mr.)Contributor address; City; State; Zip Code  
6401 Carrington Dr.  
Austin, TX 78749Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Nall, Catherine (Ms.)Contributor address; City; State; Zip Code  
300 South Lamar Blvd  
#208  
Austin, TX 78704Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Nazor, Craig (Mr.)Contributor address; City; State; Zip Code  
11701 Barchetta Dr  
Austin, TX 78758Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Oliver, Kayla (Ms.)Contributor address; City; State; Zip Code  
800 West 38th St  
#2301  
Austin, TX 78705Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 23/35 Report: 26/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Palaima, Carolyn (Ms.)6 Contributor address; City; State; Zip Code  
505 E. 40th St  
Austin, TX 787517 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/13/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Perkins, Karen (Ms.)Contributor address; City; State; Zip Code  
10600 McFarlie Cove  
Austin, TX 78750Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pohlman, Joyce (Ms.)Contributor address; City; State; Zip Code  
611 Fletcher St.  
Austin, TX 78704Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Read-Orr, Bookie (Ms.)Contributor address; City; State; Zip Code  
908 B Post Oak St.  
Austin, TX 78704Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
AccountantEmployer (See Instructions)  
Texas Dept of Agriculture, AAOTB

Date

10/22/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reed, Cyrus (Mr.)Contributor address; City; State; Zip Code  
4205 Avenue F  
Austin, TX 78751Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 24/35 Report: 27/55	
<b>2</b> FILER NAME Tovo, Kathrynne (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00005000	
<b>4</b> Date  10/16/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Retherford, James (Mr.)  ..... <b>6</b> Contributor address; City; State; Zip Code 1009 Daniel Dr. Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$10.00	<b>8</b> In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Julia (Ms.)  ..... Contributor address; City; State; Zip Code 3903 Duval St 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  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richards, Joanne (Ms.)  ..... Contributor address; City; State; Zip Code 7102 Coachwhip Ho Austin, TX 78750	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  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Jane (Ms.)  ..... Contributor address; City; State; Zip Code 1000 Glen Oaks Ct. 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  09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roa, Ruby (Ms.)  ..... Contributor address; City; State; Zip Code 611 Terrell Hill Dr. 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	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 25/35 Report: 28/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Roa, Ruby (Ms.)

6 Contributor address; City; State; Zip Code  
611 Terrell Hill Dr.  
Austin, TX 78704

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Retired

10 Employer (See Instructions)  
N/A

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Roddy, Alan (Mr.)

Contributor address; City; State; Zip Code  
3127 Hedgewater Dr.  
Austin, TX 78733

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rogoff, Regina (Ms.)

Contributor address; City; State; Zip Code  
1705 Schieffer  
Austin, TX 78722

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Russell, James (Mr.)

Contributor address; City; State; Zip Code  
1210 E M Franklin  
Austin, TX 78721

Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ryan, Alison (Ms.)

Contributor address; City; State; Zip Code  
1305 West 9 1/2 St #101  
Austin, TX 78703

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 26/35 Report: 29/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/13/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Sanchez, Charles (Mr.)6 Contributor address; City; State; Zip Code  
2608 West 49th Street  
Austin, TX 787317 Amount of  
contribution (\$)

\$25.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Sanders, Robin (Ms.)Contributor address; City; State; Zip Code  
1508 Newning Ave.  
Austin, TX 78704Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schmidli, Lisette (Ms.)Contributor address; City; State; Zip Code  
3656 Ranch Creek Dr.  
Austin, TX 78730Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schwitters, Karen (Ms.)Contributor address; City; State; Zip Code  
1115 West 7th St #300  
Austin, TX 78703Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Searcy, Judith (Ms.)Contributor address; City; State; Zip Code  
821 Harris Avenue  
Austin, TX 78705Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/35 Report: 30/55	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date  10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seeger, Gary (Mr.)  6 Contributor address; City; State; Zip Code 6705 Winterberry Dr Austin, TX 78750	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  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Brigid (Ms.)  Contributor address; City; State; Zip Code 2604 Geraghty Austin, TX 78757	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) Consultant		Employer (See Instructions) Self-employed	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Mike (Mr.)  Contributor address; City; State; Zip Code 40801 Broken Bow Pass Austin, TX 78745	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) Executive Director		Employer (See Instructions) South By Southwest	
Date  10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheff, Gregory (Mr.)  Contributor address; City; State; Zip Code 902 W 31st St Austin, TX 78705	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physician/Executive		Employer (See Instructions) Seton	
Date  10/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, David (Mr.)  Contributor address; City; State; Zip Code 611 Oakland 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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 28/35 Report: 31/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Smolen, Paul (Mr.)

6 Contributor address; City; State; Zip Code  
3812 Cherrywood Rd  
Austin, TX 78722

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/06/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Speights, Sara (Ms.)

Contributor address; City; State; Zip Code  
2701 West 49 1/2 St  
Austin, TX 78731

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Speir, Stephen (Mr.)

Contributor address; City; State; Zip Code  
1225 Corona  
Austin, TX 78723

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Stanley, Alfred (Mr.)

Contributor address; City; State; Zip Code  
P.O. Box 5674  
Austin, TX 78763

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Firewatch Texas

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Stone, Chris (Mr.)

Contributor address; City; State; Zip Code  
2812 Brookview Rd  
Austin, TX 78722

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 29/35 Report: 32/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Stone, Traci (Ms.)

6 Contributor address; City; State; Zip Code  
2812 Brookview Rd  
Austin, TX 78722

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/29/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Stringer, Beverly (Ms.)

Contributor address; City; State; Zip Code  
1916 David St  
Austin, TX 78705

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self-Employed

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Swasdee, Rommanee (Ms.)

Contributor address; City; State; Zip Code  
201 South Tumbleweed Tr  
Austin, TX 78733

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Swenson, Roland (Mr.)

Contributor address; City; State; Zip Code  
400 Bowie Street  
Austin, TX 78703

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Managing Director

Employer (See Instructions)  
South By Southwest

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Taniguchi, Evan (Mr.)

Contributor address; City; State; Zip Code  
1609 West 6th St  
Austin, TX 78703

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Architect

Employer (See Instructions)  
Taniguchi Architects

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 30/35 Report: 33/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Team, Linda (Ms.)

6 Contributor address; City; State; Zip Code  
600 Bellevue Place  
Austin, TX 78705

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Teich, Ann (Ms.)

Contributor address; City; State; Zip Code  
9201 Quail Hill Cir  
Austin, TX 78758

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Teich, Randy (Mr.)

Contributor address; City; State; Zip Code  
9201 Quail Hill Cir  
Austin, TX 78758

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Thomson, Phyllis (Ms.)

Contributor address; City; State; Zip Code  
608 West Croslin St  
Austin, TX 78752

Amount of  
contribution (\$)

\$190.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Tipps, Lisa (Ms.)

Contributor address; City; State; Zip Code  
P.O. Box 300038  
Austin, TX 78703

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

1 PAGE #

Schedule: 31/35 Report: 34/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/22/2014

5 Full name of contributor ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Tyler, Kathleen (Ms.)

Contributor address; City; State; Zip Code  
1811 West 38th St  
Austin, TX 78731

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Tyler, Kathleen (Ms.)

Contributor address; City; State; Zip Code  
1811 West 38th St  
Austin, TX 78731

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Underwood, Ralph (Mr.)

Contributor address; City; State; Zip Code  
901 West 9th Street  
#311  
Austin, TX 78703

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Vale, Kathy (Ms.)

Contributor address; City; State; Zip Code  
2702 Dupont Cove  
Austin, TX 78748

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 32/35 Report: 35/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filters)

00005000

4 Date

10/24/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Valek, Michele (Ms.)

6 Contributor address; City; State; Zip Code  
2837 Pearl St  
Austin, TX 78705

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Vargas, Jesse (Mr.)

Contributor address; City; State; Zip Code  
4305 Hollow Hill Dr.  
San Antonio, TX 78217

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
General Manager

Employer (See Instructions)  
Ferrari World

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Walker, Scheleen (Ms.)

Contributor address; City; State; Zip Code  
1202 San Antonio St  
Austin, TX 78701

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Warner, Phyllis (Ms.)

Contributor address; City; State; Zip Code  
5701 Trailridge Dr  
Austin, TX 78731

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Watts, Carol (Ms.)

Contributor address; City; State; Zip Code  
1308 S. 5th St  
Austin, TX 78704

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 33/35 Report: 36/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/26/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Weatherford, Trudie (Ms.)

6 Contributor address; City; State; Zip Code  
4820 Trail Crest Cir  
Austin, TX 78735

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Weed, Betty (Ms.)

Contributor address; City; State; Zip Code  
2218 Alta Vista Ave.  
Austin, TX 78704

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
West, Vicki (Ms.)

Contributor address; City; State; Zip Code  
2001 Coachlamp Dr  
Cedar Park, TX 78613

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
White, Sage (Ms.)

Contributor address; City; State; Zip Code  
1904 Kenwood Ave  
Austin, TX 78704

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self-employed

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Wilcox, Scott (Mr.)

Contributor address; City; State; Zip Code  
2501 Quarry Rd  
Austin, TX 78703

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Director of Technology

Employer (See Instructions)  
South By Southwest

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 34/35 Report: 37/55

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Wilcox, Toni (Ms.)

6 Contributor address; City; State; Zip Code  
4801 Broken Bow Pass  
Austin, TX 78745

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Homemaker

10 Employer (See Instructions)  
N/A

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Wilkenson, Julia (Ms.)

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

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Artist

Employer (See Instructions)  
Self-employed

Date

10/14/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Williams, Jonathan (Mr.)

Contributor address; City; State; Zip Code  
3012 West Ave.  
Austin, TX 78705

Amount of  
contribution (\$)

\$225.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
Tesoros Trading Co.

Date

10/25/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Womack, Delano (Mr.)

Contributor address; City; State; Zip Code  
723 Sparks Ave  
Austin, TX 78705

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 35/35 Report: 38/55

**2** FILER NAME Tovo, Kathryn (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00005000

**4** Date

10/06/2014

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Young, Linda (Ms.)**6** Contributor address; City; State; Zip Code  
7000 Timarou Terrace  
Austin, TX 78754**7** Amount of  
contribution (\$)

\$350.00

**8** In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)  
Consultant**10** Employer (See Instructions)  
Austin Community College District

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/17 Report: 39/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/01/2014		<b>5 Payee name</b> Bouldin Creek Neighborhood Association			
<b>6 Amount (\$)</b> \$280.00		<b>7 Payee address</b> City: State: Zip Code 904 Ebony St Austin, TX 78704			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/29/2014		<b>Payee name</b> Butts, David (Mr.)			
<b>Amount (\$)</b> \$800.00		<b>Payee address</b> City: State: Zip Code 1914 Patton Ln Austin, TX 78723			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political consulting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/29/2014		<b>Payee name</b> Chez Zee			
<b>Amount (\$)</b> \$500.00		<b>Payee address</b> City: State: Zip Code 5406 Balcones Dr Austin, TX 78731			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign event venue rental  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/17/2014		<b>Payee name</b> Chez Zee			
<b>Amount (\$)</b> \$1,200.20		<b>Payee address</b> City: State: Zip Code 5406 Balcones Dr Austin, TX 78731			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Women's Luncheon event food, beverage and services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> 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.

<b>1 PAGE #</b> Schedule: 2/17 Report: 40/55		<b>2 FILER NAME</b> Tovo, Kathryne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/17/2014		<b>5 Payee name</b> Cricket Wireless			
<b>6 Amount (\$)</b> \$68.34		<b>7 Payee address</b> City; State; Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign phone services  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/01/2014		<b>Payee name</b> Dahl-Stamnes, Erika (Ms.)			
<b>Amount (\$)</b> \$264.00		<b>Payee address</b> City; State; Zip Code 10900 Research Blvd #1600 Austin, TX 78759			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/15/2014		<b>Payee name</b> Dahl-Stamnes, Erika (Ms.)			
<b>Amount (\$)</b> \$288.00		<b>Payee address</b> City; State; Zip Code 10900 Research Blvd #1600 Austin, TX 78759			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/01/2014		<b>Payee name</b> De Los Santos, Drew (Ms.)			
<b>Amount (\$)</b> \$1,250.00		<b>Payee address</b> City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/17 Report: 41/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/15/2014		<b>5 Payee name</b> De Los Santos, Drew (Ms.)			
<b>6 Amount (\$)</b> \$1,450.00		<b>7 Payee address</b> City: State: Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (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	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/07/2014		<b>Payee name</b> DeMayo Cellular			
<b>Amount (\$)</b> \$164.92		<b>Payee address</b> City: State: Zip Code 3807 N I-35 Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign phones  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/30/2014		<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$14.98		<b>Payee address</b> City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/16/2014		<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$24.97		<b>Payee address</b> City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/17 Report: 42/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/01/2014		<b>5 Payee name</b> Forsythe, Chandler (Mr.)			
<b>6 Amount (\$)</b> \$88.00		<b>7 Payee address</b> City: State: Zip Code 201 E. 21st W0305 Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract Labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/15/2014		<b>Payee name</b> Forsythe, Chandler (Mr.)			
<b>Amount (\$)</b> \$88.00		<b>Payee address</b> City: State: Zip Code 201 E. 21st W0305 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/01/2014		<b>Payee name</b> Griffith Descendants, LLC			
<b>Amount (\$)</b> \$2,780.00		<b>Payee address</b> City: State: Zip Code 3536 Bee Caves Rd #310 Austin, TX 78746			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign office rent  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/01/2014		<b>Payee name</b> Haule, Margaret (Ms.)			
<b>Amount (\$)</b> \$231.00		<b>Payee address</b> City: State: Zip Code 3405 Texas Topaz Dr. Austin, TX 78728			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contact labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/17 Report: 43/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/15/2014		<b>5 Payee name</b> Haule, Margaret (Ms.)			
<b>6 Amount (\$)</b> \$360.00		<b>7 Payee address</b> City: State: Zip Code 3405 Texas Topaz Dr. Austin, TX 78728			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contact labor for campaign services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/01/2014		<b>Payee name</b> Hughes, William (Mr.)			
<b>Amount (\$)</b> \$1,650.00		<b>Payee address</b> City: State: Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/15/2014		<b>Payee name</b> Hughes, William (Mr.)			
<b>Amount (\$)</b> \$1,650.00		<b>Payee address</b> City: State: Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/01/2014		<b>Payee name</b> Kiobassa, Jolene (Ms.)			
<b>Amount (\$)</b> \$1,250.00		<b>Payee address</b> City: State: Zip Code 3007 West Ave Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/17 Report: 44/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/15/2014	<b>5 Payee name</b> Kiolbassa, Jolene (Ms.)				
<b>6 Amount (\$)</b> \$1,250.00	<b>7 Payee address</b> City: State; Zip Code 3007 West Ave Austin, TX 78705				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contact Labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Lines, Travis (Mr.)				
<b>Amount (\$)</b> \$412.50	<b>Payee address</b> City: State; Zip Code 3701 Turtlecreek Blvd Apt 9F Dallas, TX 75219				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/01/2014	<b>Payee name</b> Minguell, Tomas (Mr.)				
<b>Amount (\$)</b> \$253.00	<b>Payee address</b> City: State; Zip Code 2614 Canterbury Austin, TX 78759				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Minguell, Tomas (Mr.)				
<b>Amount (\$)</b> \$216.00	<b>Payee address</b> City: State; Zip Code 2614 Canterbury Austin, TX 78759				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contact labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/17 Report: 45/55		<b>2 FILER NAME</b> Tovo, Kathryne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/22/2014	<b>5 Payee name</b> Net Victories				
<b>6 Amount (\$)</b> \$48.00	<b>7 Payee address</b> City: State: Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign email services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/24/2014	<b>Payee name</b> Net Victories				
<b>Amount (\$)</b> \$58.80	<b>Payee address</b> City: State: Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign email services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/30/2014	<b>Payee name</b> Office Max				
<b>Amount (\$)</b> \$97.41	<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - toner		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/09/2014	<b>Payee name</b> Office Max				
<b>Amount (\$)</b> \$13.52	<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - paper		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/17 Report: 46/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000
<b>4 Date</b> 10/10/2014	<b>5 Payee name</b> Office Max			
<b>6 Amount (\$)</b> \$197.52	<b>7 Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - toner, paper	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/12/2014	<b>Payee name</b> Office Max			
<b>Amount (\$)</b> \$181.84	<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - toner, paper	
	<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:
<b>Date</b> 10/15/2014	<b>Payee name</b> Office Max			
<b>Amount (\$)</b> \$184.00	<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Color toner 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:
<b>Date</b> 10/18/2014	<b>Payee name</b> Office Max			
<b>Amount (\$)</b> \$95.25	<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - toner, labels	
	<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.

<b>1 PAGE #</b> Schedule: 9/17 Report: 47/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000
<b>4 Date</b> 10/20/2014	<b>5 Payee name</b> Office Max			
<b>6 Amount (\$)</b> \$110.39	<b>7 Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - toner, pins, seals	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/20/2014	<b>Payee name</b> Office Max			
<b>Amount (\$)</b> \$9.74	<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign copy services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/25/2014	<b>Payee name</b> Pirya, Inc.			
<b>Amount (\$)</b> \$471.41	<b>Payee address</b> City: State: Zip Code 144 2nd St. 1st floor San Francisco, CA 94105			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (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			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 09/26/2014	<b>Payee name</b> Rindy & Associates, Inc.			
<b>Amount (\$)</b> \$8,744.23	<b>Payee address</b> City: State: Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 10/17 Report: 48/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/02/2014		<b>5 Payee name</b> Rindy & Associates, Inc.			
<b>6 Amount (\$)</b> \$1,519.46		<b>7 Payee address</b> City: State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/15/2014		<b>Payee name</b> Rindy & Associates, Inc.			
<b>Amount (\$)</b> \$1,898.00		<b>Payee address</b> City: State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/15/2014		<b>Payee name</b> Rindy & Associates, Inc.			
<b>Amount (\$)</b> \$2,398.00		<b>Payee address</b> City: State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/20/2014		<b>Payee name</b> Rindy & Associates, Inc.			
<b>Amount (\$)</b> \$17,928.00		<b>Payee address</b> City: State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 11/17 Report: 49/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/20/2014		<b>5 Payee name</b> San Antonio Garage			
<b>6 Amount (\$)</b> \$15.00		<b>7 Payee address</b> City; State; Zip Code 2420 San Antonio Street Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/13/2014		<b>Payee name</b> South Austin Democrats			
<b>Amount (\$)</b> \$55.00		<b>Payee address</b> City; State; Zip Code P.O. Box 152592 Austin, TX 78715			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event sponsorship  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/03/2014		<b>Payee name</b> Staples			
<b>Amount (\$)</b> \$259.77		<b>Payee address</b> City; State; Zip Code 1201 Barbara Jordan Blvd. Suite 700 Austin, TX 78723			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - toner  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/07/2014		<b>Payee name</b> Staples			
<b>Amount (\$)</b> \$93.08		<b>Payee address</b> City; State; Zip Code 1201 Barbara Jordan Blvd. Suite 700 Austin, TX 78723			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - toner  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 12/17 Report: 50/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 09/27/2014	<b>5 Payee name</b> Taco Shack				
<b>6 Amount (\$)</b> \$21.31	<b>7 Payee address</b> City: State: Zip Code 2825 Guadalupe St Austin, TX 78705				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/04/2014	<b>Payee name</b> Taco Shack				
<b>Amount (\$)</b> \$44.57	<b>Payee address</b> City: State: Zip Code 2825 Guadalupe St Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/04/2014	<b>Payee name</b> Taco Shack				
<b>Amount (\$)</b> \$27.13	<b>Payee address</b> City: State: Zip Code 4002 N. Lamar Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/11/2014	<b>Payee name</b> Taco Shack				
<b>Amount (\$)</b> \$58.13	<b>Payee address</b> City: State: Zip Code 2825 Guadalupe Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 13/17 Report: 51/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/18/2014	<b>5 Payee name</b> Taco Shack				
<b>6 Amount (\$)</b> \$42.63	<b>7 Payee address</b> City: State: Zip Code 2825 Guadalupe Austin, TX 78705				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/25/2014	<b>Payee name</b> Taco Shack				
<b>Amount (\$)</b> \$14.69	<b>Payee address</b> City: State: Zip Code 2825 Guadalupe St Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/16/2014	<b>Payee name</b> The Maids				
<b>Amount (\$)</b> \$94.18	<b>Payee address</b> City: State: Zip Code 8514 Cameron Rd Austin, TX 78754				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office cleaning services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/26/2014	<b>Payee name</b> Thompson & Knight LLP				
<b>Amount (\$)</b> \$455.00	<b>Payee address</b> City: State: Zip Code 98 San Jacinto Blvd Ste 1900 Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	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 campaign matters		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 14/17 Report: 52/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/23/2014		<b>5 Payee name</b> Tom Hurt Architecture, Inc.			
<b>6 Amount (\$)</b> \$82.50		<b>7 Payee address</b> City: State: Zip Code 409 West 14th Street Austin, TX 78701			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for graphic services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/07/2014		<b>Payee name</b> United States Postal Service - North Austin Station			
<b>Amount (\$)</b> \$980.00		<b>Payee address</b> City: State: Zip Code 4300 Speedway Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/08/2014		<b>Payee name</b> United States Postal Service - North Austin Station			
<b>Amount (\$)</b> \$490.00		<b>Payee address</b> City: State: Zip Code 4300 Speedway Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/08/2014		<b>Payee name</b> United States Postal Service - North Austin Station			
<b>Amount (\$)</b> \$490.00		<b>Payee address</b> City: State: Zip Code 4300 Speedway Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> 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.

<b>1 PAGE #</b> Schedule: 15/17 Report: 53/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000
<b>4 Date</b> 10/09/2014	<b>5 Payee name</b> United States Postal Service - North Austin Station			
<b>6 Amount (\$)</b> \$980.00	<b>7 Payee address</b> City: State: Zip Code 4300 Speedway Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense			
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/10/2014	<b>Payee name</b> United States Postal Service - North Austin Station			
<b>Amount (\$)</b> \$980.00	<b>Payee address</b> City: State: Zip Code 4300 Speedway Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/14/2014	<b>Payee name</b> United States Postal Service - North Austin Station			
<b>Amount (\$)</b> \$980.00	<b>Payee address</b> City: State: Zip Code 4300 Speedway Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/22/2014	<b>Payee name</b> Wells Fargo			
<b>Amount (\$)</b> \$12.00	<b>Payee address</b> City: State: Zip Code 501 S Congress Ave Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank fee	
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

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

<b>1 PAGE #</b> Schedule: 16/17 Report: 54/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000	
<b>4 Date</b> 10/01/2014		<b>5 Payee name</b> Worley Printing Co, Inc.			
<b>6 Amount (\$)</b> \$126.65		<b>7 Payee address</b> City: State: Zip Code 3217 North IH 35 Austin, TX 78722			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign sticker printing  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/15/2014		<b>Payee name</b> Worley Printing Co, Inc.			
<b>Amount (\$)</b> \$1,733.89		<b>Payee address</b> City: State: Zip Code 3217 North IH 35 Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign letter printing services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/17/2014		<b>Payee name</b> Worley Printing Co, Inc.			
<b>Amount (\$)</b> \$56.29		<b>Payee address</b> City: State: Zip Code 3217 North IH 35 Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design services for campaign mailing supplies  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/20/2014		<b>Payee name</b> Worley Printing Co, Inc.			
<b>Amount (\$)</b> \$169.95		<b>Payee address</b> City: State: Zip Code 3217 North IH 35 Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign flyer printing  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> 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.

<b>1 PAGE #</b> Schedule: 17/17 Report: 55/55		<b>2 FILER NAME</b> Tovo, Kathrynne (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00005000
<b>4 Date</b> 10/22/2014	<b>5 Payee name</b> Worley Printing Co, Inc.			
<b>6 Amount (\$)</b> \$92.82	<b>7 Payee address</b> City: State: Zip Code 3217 North IH 35 Austin, TX 78722			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign letter printing services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:			