FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT

P.O.Box 12070

ACCOUNT # 000	005000		PAGE	#		1 of 90		
CANDIDATE/	MS/MRS/MR MS.	FIRST Kathryne	<u> </u>		MI	OFFIC	E USE ONLY	<u>·</u>
OFFICEHOLDER NAME	NICKNAME Kathie	LAST Tovo			SUFFIX	Date Received		
ORIGINAL REPORT TYPE	January 15	Runoff]	Other (spe	ecify)			
	July 15 X 30th day before ele		ed \$500 limit y after treasure			Date Hand-delivered or	Date Postmarked	
	X 30th day before elected 8th day before elected	appointi	ment (officehol			Receipt #	Amount N	ZE C
ORIGINAL PERIOD COVERED	Month Day Ye	ear .	Monih	Day	Year	Legal	Totals	<u></u>
	07/01/2014	THROU	GН	09/25/20	14	Date Processed Date Imaged	<u>E</u>	ED
did not have the box mark Organization for that PAC amendment also includes		C on Schedule A. ation processing fo	This amendr	nent corrects	that and inc	ludes FEC Form	1, the Statement	OH of
did not have the box mark Organization for that PAC	ed for an out-of-state PAI . Some of the online don	C on Schedule A. ation processing fo	This amendrees for the rees reported.	or affirm, un	that and inc d were inadv	ludes FEC Form	1, the Statement twice so this	of .
did not have the box mark Organization for that PAC amendment also includes	ed for an out-of-state PAI . Some of the online don	C on Schedule A. ation processing fo	This amendrees for the rees for the rees reported. I swear, report is	nent corrects	that and inc d were inadv	ludes FEC Form vertently included	1, the Statement twice so this	of .
did not have the box mark Organization for that PAC amendment also includes AFFIDAVIT	NETTE SUE GOODALL Commission Expires	C on Schedule A. ation processing fo	I swear, report is Check C Semiannannual re is filed on or affirm, intent to re	or affirm, un true and co DNLY if appli ual reports: port due on or or after the e that the origin nislead or to r	nder penalty rrect. icable: This report is r after Septe ighth day aft ral report wa misrepresent	y of perjury, that s an amendment/ imber 1, 2011. If a ter the original rep s made in good for the information of	t this corrected correction to a seamendment/correction was filed, I saith and without a contained in the r	emi- ection wear, an eport.
did not have the box mark Organization for that PAC amendment also includes	NETTE SUE GOODALL	C on Schedule A. ation processing fo	I swear, report is Check C Semianna annual re is filed on or affirm, intent to mother regiling this date I lear I swear, of	or affirm, un true and cor or affirm application of the corrected reprined that the co	nder penalty rrect. This report is a rafter Septe in a report wan is report wan is report wan is report a report or report a repo	y of perjury, that s an amendment/ ember 1, 2011. If a ter the original reg s made in good for	t this corrected correction to a seamendment/correction to	emi- ection wear, an eport. t I am ne plete.
AFFIX NOTARY STAMP / S	NETTE SUE GOODALL Commission Expires July 02, 2016	C on Schedule A. ation processing for the cumulative fe	I swear, report is Check C Semiannannual re is filed on or affirm, intent to r Other repfiling this date I lear I swear, o was made	or affirm, un true and cooperating period of the cooperation of the co	inder penalhy rrect. This report is rafter Septe in all report was misrepresent ing semiann ort not later report as origany error or it.	y of perjury, that is an amendment/s an amendment/s imber 1, 2011. If a ter the original reports is made in good fat the information of the 14th bus ginally filed is inaccomission in the read and date or Officeho	t this corrected correction to a seamendment/correction to	emi- ection wear, an eport. t I am ne plete.
did not have the box mark Organization for that PAC amendment also includes	NETTE SUE GOODALL Commission Expires July 02, 2016	C on Schedule A. ation processing for the cumulative fe	I swear, report is Check C Semiann annual re is filed on or affirm, intent to n Other rep filing this date I lear I swear, o was made	or affirm, un true and cooperating period of the cooperation of the co	nder penalty rect. This report is a rafter Septe iighth day afficial report war misrepresent ing semiann ort not later report as originally error or in the semianum orter.	y of perjury, that is an amendment/s an amendment/s imber 1, 2011. If a ter the original reports is made in good fat the information of the 14th bus ginally filed is inaccomission in the read and date or Officeho	t this corrected correction to a seamendment/correction to	of emi- ection wear, an eport. t I am ne

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guil	DE explains how to complete this	form. (E	CCOUNT # thics Commission filers)	2 PAGE # 2 of 90		
3 CANDIDATE /	MS/MRS/MR FIRS		MI	OFFICE U	ISE ONLY	
OFFICEHOLDER NAME	Ms. Kathry NICKNAME LAST Kathie Tovo	·	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #	∉; CITY;	STATE; ZIP CODE	Data Hand delivered	or Date Postmarked	
Change of Address	Austin, TX 78705			Date Hand-delivered	of Pale Positiained	
				Receipt #	Amount	
5 CAMPAIGN TREASURER	MS/MRS/MR FIRS	т	MI	Date Processed		
NAME	Mr. Josep	oh		Date Imaged		
	NICKNAME LAST Pinne		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE P.O. Box 50038 Austin, TX 78763	E); APT / SUITE #;	CITY; STATE;	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUME (512) 478-5958	BER	EXTENSION			
8 REPORT TYPE		day before election ay before election	Runoff Exceeded \$500 limit	appointment (of	ampaign treasurer fficeholder only) tach C/OH - FR)	
9 PERIOD COVERED	Month Day Year 07/01/2014	THROUGH	Month Day			
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE Primary	Runoff X	General	Special	
11 OFFICE	OFFICE HELD (if any) City Council Place 3		12 OFFICE SOUGHT (if know City Council Distric	·		
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: CHEDOORT & TOTAL S

FORM C/OH COVED SUEET DO 3

SUPPONTA	TOTALS	•	OUVEN	SHEET PG Z
13 C/OH NAME Tovo,	, Kathryne (Ms.)		14 ACCOUNT # 00005000	(Ethics Commission filers)
15 NOTICE FROM	have been made with	stice of political expenditures by political committees to support the count the candidate's or officeholder's knowledge or consent. Candid by receive notice of such expenditures.		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
				-
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	45,466.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
4. TOTAL POLITICAL EXPENDITURES				75,599.97
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	65,917.57
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI AY OF THE REPORTING PERIOD	\$	141,807.06
17 AFFIDAVIT				
		I swear, or affirm, under penal is true and correct and include me under Title 15, Election Co	s all information requi	
	JANNETTE SUE GC My Commission E July 02, 201	ODALL sxpires	1	B 7.55
			Candidate or Officeho	older / O
AFFIX NOTARY S	STAMP / SEAL ABOV	Æ		
Sworn to and subscrib	.1	he said KOThryns TOVO rtify which, witness my hand and seal of office.	, this the	27 day
Signature of officer admi	Lua Lla	Print name of officer administering oath	Title of officer adm	NO+a_ry inistering oath

	<u></u>				
	The Instauction	N GUIDE explains how to complete this form.		1 PAGE#	70. Danada 4/00
_				Schedule: 1/5	58 Report: 4/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#	£ C00011114)	7 Amount of	8 In-kind contribution
7	Dulo	AFSCME PEOPLE	,	contribution (\$)	description (if applicable)
	09/22/2014	6 Contributor address; City; State; Zip Code 1625 L Street, NW Washington, DC 20036		\$350.00	1 1 1
				(if travel outside of	Texas, complete Schedule T)
┝	Principal occur	ation / Job title (See Instructions)	10 Employer (See In:	`	.,
3	Fillicipal occup	anorty ood title (Gee Instituctions)	To Employer (Gee in	sii ucaons)	
	Date	Full name of contributor	t Y	Amount of	In-kind contribution
	Dato	Alvis, Grant (Mr.)	,	contribution (S)	description (if applicable)
				2,50.00	1
	09/20/2014	Contributor address; City; State; Zip Code 4002 Petes Path		\$150.00	I
		Austin, TX 78731			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In:		
				,	
				•	
	Date	Full name of contributor out-of-state PAC (ID: Anderson, Maurice (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/15/2014	Contributor address; City; State; Zip Code 3901 Arbor Glen Way		\$200.00	l
		Austin, TX 78731			
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In	,	!
	Contractor		M.F. Anderson	Construction Inc.	•
_	Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
		Andre, Sarah (Ms.)	,	contribution (\$)	description (if applicable)
			,		, [
	09/16/2014	Contributor address; City; State; Zip Code		\$200.00	• •
		2318 Canterbury St Austin, TX 78702			! !
		740000, 7470102			l
				(if travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In		
	Consultant		Structure Devel	opment	
	Date	Full name of contributor	<i>‡</i>)	Amount of	In-kind contribution
		Anthony, Dana (Ms.)	,	contribution (\$)	description (if applicable)
					1
	09/25/2014	Contributor address; City; State; Zip Code		\$100.00	
		709 31 St Austin, TX 78705			I
					· •·····
L		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	South 10	<u></u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
					Electronia Eiling Version 2 4 6

	The Instruction	אס Guide explains how to complete	e this form.		1 PAGE #	58 Report: 5/90
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor Aparicio, Eduardo (Mr.)	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/14/2014	6 Contributor address; City; 9906 Dorset Dr Austin, TX 78753	r; State; Zip Code		\$350.00	
			•		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Owner/Presid	ation / Job title (See Instructions) lent		10 Employer (See In: Aparicio Publish		
	Date	Full name of contributor Baccus, Richard (Mr.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; 11504 Oakwood Dr. Austin, TX 78753	r; State; Zip Code		\$100.00	
					(if travel outside of	Texas, complete Schedule T)
_	Principal occur	l pation / Job title (See Instructions)	. 1	Employer (See In:	'	roxes, complete concease 1,
				. , ,	,	
	Date	Full name of contributor Bailey, Debra (Ms.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; 8500 Andreas Cove Austin, TX 78759	r; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	1	Employer (See In:		
	Date	Full name of contributor Bailey, Kris (Mr.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; 8418 Spring Valley Dr Austin, TX 78736	r; State; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Insurance Ad	ation / Job title (See Instructions) juster		Employer (See In: Self-Employed	structions)	
	Date	Full name of contributor Bailey, Pam (Ms.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; 8204 Red Willow Dr Austin, TX 78736	r; State; Zip Code		\$100.00	
					(If traval outside ef	Texas, complete Schedule T)
_	Principal occur	pation / Job title (See Instructions)		Employer (See In:		rexus, complete schedule 1)
	· ····································			Employor (dod iii		

SCHEDULE A

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 3/9	58 Report: 6/90	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor □ out-of-state PAC (ID# Balaka, Gerald (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/14/2014	6 Contributor address; City; State; Zip Code 1800 W 34th St Austin, TX 78703		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation /Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Barrett, Rick (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/26/2014	Contributor address; City; State; Zip Code 16606 Sperry Gardens Dr Houston, TX 77095		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup President	ation / Job title (See Instructions)	Employer (See In Greater Housto	structions) n Transportation		
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/17/2014	Contributor address; City; State; Zip Code 6713 Tulsa Cove Austin, TX 78723		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Basciano, Joyce (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/17/2014	Contributor address; City; State; Zip Code 1907 W 34th St. Austin, TX 78703		\$50.00	₹ } 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Basciano, Joyce (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/14/2014	Contributor address; City; State; Zip Code 1907 W 34th St. Austin, TX 78703		\$250.00	! 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)		

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	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE#	58 Report: 7/90
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor Beinecke, Bridgette (Ms.)	out-of-state PAC (ID#)	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
	09/24/2014	6 Contributor address; C 2320 Tom Miller St Austin, TX 78723	City; State; Zip Code		\$350.00	
	-				(If travel outside of	Texas, complete Schedule T)
9		pation / Job title (See Instructions Project Manager)	10 Employer (See In Beinecke Prese		and Project Management
	Date	Full name of contributor Berry, Clare (Ms.)	out-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/05/2014	Contributor address; C 1505 Brentwood Austin, TX 78757	City; State; Zip Code		\$50.00	
					/If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete ocherate 1)
	Date	Full name of contributor [Bilodeau, James (Mr.)	out-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/22/2014	Contributor address; C 502 E. Mary Austin, TX 78704	City; State; Zip Code		\$350.00	
					•	Texas, complete Schedule T)
	Principal occup Owner	pation / Job title (See Instructions))	Employer (See In PreFix Inc.	structions)	
	Date	Full name of contributor [Blythe, Sharon (Ms.)	out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; C 9206 Brigadoon Cove Austin, TX 78750	City; State; Zip Code		\$200.00	
					· ·	Texas, complete Schedule T)
	Principal occup CPA	pation / Job title (See Instructions)	Employer (See In State of Texas	structions)	
	Date	Full name of contributor Bornstein, Sue (Ms.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; C 909 Post Oak St. Austin, TX 78704	City; State; Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Physician	pation / Job title (See Instructions)	Employer (See In PATH Advanta		
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P.O.Box 12070

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 5/5	58 Report: 8/90
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor Boston, David (Mr.)	out-of-state PAC (ID#	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/24/2014	6 Contributor address; 4004 Vineland Dr. Austin, TX 78722	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Boyle, James (Mr.)	out-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/17/2014	Contributor address; 7509 Stepdown Cove Austin, TX 78731	City; State; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Brown, Lisa (Ms.)	out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; P.O. Box 4767 Austin, TX 78765	City; State; Zip Code		\$50.00	I I I
		,			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Brown, Lucy (Ms.)	out-of-state PAC (ID#	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; 1616 Westlake Dr Austin, TX 78746	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$350.00	
					(If travel outside of	Texas, complete Schedule 1)
	Principal occup Real estate in	ation / Job title (See Instruction	ns)	Employer (See In Self-employed	structions)	
	Date	Full name of contributor Brown, Sharon (Ms.)	out-of-state PAC (ID#	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; 4213 Ave. F Austin, TX 78751	City; State; Zip Code		\$100.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instruction	ns)	Employer (See In	,	Tonau, complete concluie 1;

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 6/5	58 Report: 9/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Browning, Molly (Ms.)	÷)	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
	08/17/2014	6 Contributor address; City; State; Zip Code 1209 Bickler Rd Austin, TX 78704		\$30.00	
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 514 Ladin Ln Lakeway, TX 78734		\$175.00	1
1				(If travel outside of	Texas, complete Schedule T)
┝	Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 514 Ladin Ln Lakeway, TX 78734		\$175.00	
					Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/15/2014	Contributor address; City; State; Zip Code 4004 Avenue H Austin, TX 78751		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	-
	Date	Full name of contributor ut-of-state PAC (ID# Butler, Joy (Ms.)	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 2028 Emma Long Street Austin, TX 78723		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
_				_	

	The Instruction	אס Guide explains how to complete this form.		1	PAGE # Schedule: 7/5	58 Report: 10/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3	ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state F Buttrey, Barbara (Ms.)	'AC (ID#) 7	Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/15/2014	6 Contributor address; City; State; Zip 103 West 33rd Austin, TX 78705	Code		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer	(See Instr	uctions)	
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zin 103 West 33rd Austin, TX 78705	Code		\$100.00	{
ĺ		, , , , , , , , , , , , , , , , , , , ,				'
					•	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer	(See Instr	uctions)	
	Date	Full name of contributor	AC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/15/2014	Contributor address; City; State; Zip 103 West 33rd Austin, TX 78705) Code		\$50.00	
						Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer	(See Instr	uctions)	
	Date	Full name of contributor	'AC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zij 103 W 33rd St Austin, TX 78705) Code		\$100.00	
					···· · · · · · · · · · · · · · · · · ·	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer	(See Instr	uctions)	
	Date	Full name of contributor ut-of-state F Cabaniss, Boyce (Mr.)	AC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/17/2014	Contributor address; City; State; Zij 209 East Elizabeth Austin, TX 78704) Code		\$100.00	i i !
					If travel outside of	Texas, complete Schedule T)
	Principal occup	L pation / Job title (See Instructions)	Employer			Towns, complete contention 17
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	The Instruction	N GUIDE explains how to complete this f	orm.		1 PAGE # Schedule: 8/5	58 Report: 11/90
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-Cabluck, Ellen (Ms.)	state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/02/2014	6 Contributor address; City; State 1808 Eva St Austin, TX 78704	e; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	1	Employer (See Inst	structions)	
	Date	Full name of contributor ut-of- Cabluck, Harry (Mr.)	state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/02/2014	Contributor address; City; State 1808 Eva St Austin, TX 78704	e; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)		Employer (See Ins	<u></u>	
		,			- ,	
	Date	Full name of contributor ut-of- Cain, Elizabeth (Ms.)	state PAC (ID#)	Amount of contribution (S)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; Stat 3011 West Ave Austin, TX 78705	e; Zip Code		\$50.00	 -
	_				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	structions)	
	Date	Full name of contributor	state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/09/2014	Contributor address; City; Stat 2100 Stamford Ln. Austin, TX 78703	e; Zip Code		\$200.00	! ! !
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Ins Terrile, Cannatti	structions) , Chambers & Ho	illand, LLP
	Date	Full name of contributor ut-of- Cartlidge, Ron (Mr.)	state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; Stat 1802 Woodland Ave Austin, TX 78741	e; Zip Code		\$20.00	
		·			(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins		, , ,
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	The Instruction	N GUIDE explains how to complete this form.			1 PAGE # Schedule: 9/9	58 Report: 12/90
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state F Cartlidge, Sharon (Ms.)	PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/17/2014	6 Contributor address; City; State; Zi 1802 Woodland Ave Austin, TX 78741	o Code		\$20.00	1 1
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Er	nployer (See In	structions)	
	Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2014	Contributor address; City; State; Zij 408 West Johanna St Austin, TX 78704	Code		\$20.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Er	nployer (See In:		
			İ			
	Date	Full name of contributor ut-of-state F Catterall, Matt (Mr.)	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2014	Contributor address; City; State; Zi 408 West Johanna St Austin, TX 78704	o Code		\$20.00	
						Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Er	nployer (See Ins	structions)	
	Date	Full name of contributor ut-of-state f Chafetz, Norm (Mr.)	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/11/2014	Contributor address; City; State; Zi 11000 Rustic Manor Ln Austin, TX 78750	o Code		\$25.00	! ! !
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Er	nployer (See In:	structions)	
	Date	Full name of contributor ut-of-state F Cocke, Paula (Ms.)	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zi 1608 West Ninth Street Austin, TX 78703	o Code		\$200.00	
		· · · · · · · · · · · · · · · · · · ·			(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	ation / Job title (See Instructions)		nployer (See Inself-employed		
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TDD 1-800-735-2989

SCHEDULE A

POLITICAL CONTRIBUTIONS

	OTHER	THAN PLEDGES OR LOAD	NS		
	The INSTRUCTION	אסוט Guide explains how to complete this form.		1 PAGE # Schedule: 10	/58 Report: 13/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Coldiron, Ron (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/16/2014	6 Contributor address; City; State; Zip Code 6509 Marblewood Austin, TX 78731		\$25.00	1
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Coldwell, George (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 710 West Gibson Austin, TX 78704		\$102.00	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Cole, Allan (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 803 Park Blvd Austin, TX 78704		\$350.00	
					Texas, complete Schedule T)
	Principal occup Professor/Ass	ation / Job title (See Instructions) sociate Dean	Employer (See In: UT Austin	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Conner, David (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/03/2014	Contributor address; City; State; Zip Code 3820 Avenue F Austin, TX 78751		\$15.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of	In-kind contribution
		Conner, David (Mr.)		contribution (\$)	description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 3820 Avenue F Austin, TX 78751		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> L`</u>	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	/58 Report: 14/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cooper, Lanette (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/16/2014	6 Contributor address; City; State; Zip Code 5008 Eilers Ave Austin, TX 78751		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Courtade, Alexander (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 609 W 35th St Austin, TX 78705		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 1604 Leigh Austin, TX 78703		\$350.00	 		
					Texas, complete Schedule T)		
	Principal occup Art Gallery Di	ation / Job title (See Instructions) rector	Employer (See In: Women and Th				
	Date	Full name of contributor ut-of-state PAC (ID# Crow, Dan (Mr.)	<u> </u>	Amount of contribution (S)	In-kind contribution description (if applicable)		
	07/17/2014	Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704		\$50.00] 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: N/A	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705		\$100.00	 		
				(If traval autoide as	Toyon namelata Cabadula Ti		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)		

The Instruction	on Guide explains how to complete this form.		1 PAGE#	1/50 Danasti 15/00
2 FILER NAME	Tovo, Kathryne (Ms.)	. =	3 ACCOUNT # 00005000	/58 Report: 15/90 (Ethics Commission filers)
4 Date	5 Full name of contributor	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/25/2014	6 Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705		\$100.00	
		10 5 11 1 (0 11)	<u> </u>	Texas, complete Schedule T)
9 Principal occuj	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/02/2014	Contributor address; City; State; Zip Code 4808 Avenue F Austin, TX 78751		\$350.00	1
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In	structions)	
Psychologist		Self-employed		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/24/2014	Contributor address; City; State; Zip Code 700 Lavaca Suite 1400 Austin, TX 78701		\$150.00	
Principal occur	pation / Job title (See Instructions)	Employer (See In	_ ·	Texas, complete scriedule 1)
Mediator		Self-employed	,	
Date	Full name of contributor ut-of-state PAC (ID# DasGupta, Sumit (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/19/2014	Contributor address; City; State; Zip Code 8900 Bluegrass Dr Austin, TX 78759		\$200.00	1 1 1
			(If travel outside of	Texas, complete Schedule T)
Principal occuj Retired	oation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 1506 West 31st St Austin, TX 78703		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	Dation / Job title (See Instructions)	Employer (See In	,	

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/58 Report: 16/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/20/2014	6 Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occur Teacher	eation / Job title (See Instructions)	10 Employer (See In Austin Waldorf		
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 904 Ebony Austin, TX 78704		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 914 E 49th St Austin, TX 78751		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
┝	Principal occup	pation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor out-of-state PAC (ID: Downer, Jane (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/18/2014	Contributor address; City; State; Zip Code 517 East Mary Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID: Dunn, Beverly (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/16/2014	Contributor address; City; State; Zip Code 607 Patterson Ave. Austin, TX 78703		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	./58 Report: 17/90		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/10/2014	6 Contributor address; City; State; Zip Code 1204 Brentwood Rd Austin, TX 78722		\$25.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Ellis, Mary Dale (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/22/2014	Contributor address; City; State; Zip Code 1704 W Ave. Austin, TX 78701		\$100.00	[
			(If travel outside of	Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See In	['	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor	'	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/16/2014	Contributor address; City; State; Zip Code 1210 Norwood Rd. Austin, TX 78722		\$20.00	 		
			4 *	Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/20/2014	Contributor address; City; State; Zip Code 2400 Elm Glen Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)			
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/17/2014	Contributor address; City; State; Zip Code 1006 Bluebonnet Ln Austin, TX 78704		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In N/A	estructions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/58 Report: 18/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (IDF Faust, Sarah (Ms.)	<u>#</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/31/2014	6 Contributor address; City; State; Zip Code 821 E. 53rd St Austin, TX 78751		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 1013 Harwood Place Austin, TX 78704		\$100.00	! !
				(If travel outside of	Texas, complete Schedule T)
⊢	Principal occur	pation / Job title (See Instructions)	Employer (See In	1 '	Toxas, complete constant 1)
		,			
	Date	Full name of contributor ut-of-state PAC (ID: Fink, Tom (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 2607 S. 3rd St Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$50.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/20/2014	Contributor address; City; State; Zip Code 700 West Monroe St Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	, , , , , , , , , , , , , , , , , , , ,
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/16/2014	Contributor address; City; State; Zip Code 2601 Del Curto Rd #103 Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$200.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	eation / Job title (See Instructions)	Employer (See in N/A	<u> </u>	, , , , , , , , , , , , , , , , , , , ,

_	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 16	6/58 Report: 19/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Flores, Nicole (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/13/2014	6 Contributor address; City; State; Zip Code 312 Eanes School Rd Austin, TX 78746	•••••	\$350.00	! { !
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Senior Vice P	pation / Job title (See Instructions) President	10 Employer (See In City Real Estate		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 4105 Avenue B		\$25.00	
		Austin, TX 78751		1	_
_				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/03/2014	Contributor address; City; State; Zip Code 715 Carolyn Ave. Austin, TX 78705		\$200.00	1
					Texas, complete Schedule T)
	Principal occup Manager	eation / Job title (See Instructions)	Employer (See In Republic Nation	structions) nal Distributing Co	
	Date	Full name of contributor ut-of-state PAC (ID: Gaston, Merianne (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/02/2014	Contributor address; City; State; Zip Code 715 Carolyn Ave. Austin, TX 78705		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	-
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/27/2014	Contributor address; City; State; Zip Code 3310 Bryker Dr. Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 17	/58 Report: 20/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Gest, Darrell (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/10/2014	6 Contributor address; City; State; Zip Code 1204 Brentwood Rd Austin, TX 78722		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Gettelman, Barbara (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/20/2014	Contributor address; City; State; Zip Code 505 Lockhart Dr Austin, TX 78704		\$30.00	
		• .		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	-	, <u>, , , , , , , , , , , , , , , , , , </u>
	Date	Full name of contributor out-of-state PAC (ID#	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/14/2014	Contributor address; City; State; Zip Code 1707 Palma Plaza Austin, TX 78703		\$200.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Self-employed	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Gillespie, Alexandra (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 909 Post Oak St. Austin, TX 78704		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Physician	ation / Job title (See Instructions)	Employer (See In PATH Advanta		
	Date	Full name of contributor ut-of-state PAC (ID# Gimson, Susana (Ms.)	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/26/2014	Contributor address; City; State; Zip Code 610 Harthan St Austin, TX 78703		\$100.00	
L				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	on Guide explains how to complete this form.	*	1 PAGE#	V/50 D	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	i/58 Report: 21/90 (Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Girard, Denise (Ms.)	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/25/2014	6 Contributor address; City; State; Zip Code 4520 Red River St Austin, TX 78751		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/02/2014	Contributor address; City; State; Zip Code 3501 Manor Rd Austin, TX 78723		\$300.00	 -	
		The same of the sa		(If travel outside of	Texas, complete Schedule T)	
r		pation / Job title (See Instructions)	Employer (See In		,	
	Civil Enginee	r/Land Surveyor	IT Gonzalez En	gineers		
	Date	Full name of contributor ut-of-state PAC (ID# Goodman, Kim (Ms.)	<u>+)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zip Code 4416 Sam Bass Rd. Round Rock, TX 78681		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Gordon, William (Mr.)	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/17/2014	Contributor address; City; State; Zip Code 6103 Cary Dr. Austin, TX 78757		\$40.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	Dation / Job title (See Instructions)	Employer (See In			
F	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution	
	Date	Gosselink, Margaret (Ms.)	·/	contribution (\$)	description (if applicable)	
	09/11/2014	Contributor address; City; State; Zip Code 903 West 14th St Austin, TX 78701		\$25.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>		
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	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	/58 Report: 22/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Grady-Sessa, Ellen (Ms.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/20/2014	6 Contributor address; City; State; Zip Code 813 James St Austin, TX 78704		\$150.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	istructions)			
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; State; Zip Code 5400 Woodview Ave Austin, TX 78756		\$60.00]] }		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	etion / Job title (See Instructions)	Employer (See In	structions)			
-	Date	Full name of contributor)#)	Amount of contribution (S)	In-kind contribution description (if applicable)		
	09/16/2014	Contributor address; City; State; Zip Code 1808 Kerr St Austin, TX 78704		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Manager	ation / Job title (See Instructions)	Employer (See In Self-employed	istructions)			
	Date	Full name of contributor)#)	Amount of contribution (S)	In-kind contribution description (if applicable)		
	07/06/2014	Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705		\$65.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)			
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The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 20	:		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID# Guthikonda, Amini (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/21/2014	6 Contributor address; City; State; Zip Code P.O. Box 200388 Austin, TX 78720		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Yoga Instruct	oation / Job title (See Instructions) or/Student	10 Employer (See In Self-employed	structions)			
Date	Full name of contributor out-of-state PAC (ID# Guthikonda, Gopal (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/21/2014	Contributor address; City; State; Zip Code P.O. Box 200388		\$350.00	 		
	Austin, TX 78720		l	Texas, complete Schedule T)		
Principal occur Engineer	pation / Job title (See Instructions)	Employer (See In CP&Y Inc.	structions)			
Date	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/05/2014	Contributor address; City; State; Zip Code 2509 Hartford Rd Austin, TX 78703		\$175.00	 		
			(16 traval autoido ef	Texas, complete Schedule T)		
Principal occur	pation / Job title (See Instructions)	Employer (See In	l`	Texas, complete Schedule 1)		
Timo par occup			,			
Date	Full name of contributor ut-of-state PAC (ID# Hall, Michael (Mr.)	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/05/2014	Contributor address; City; State; Zip Code 2509 Hartford Rd Austin, TX 78703	, . ,	\$175.00	! ! !		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/01/2014	Contributor address; City; State; Zip Code 4801 Caswell Ave Austin, TX 78751		\$100.00	 		
				·		
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule 1)		
i illicipal occup	Marie and face managinal	2				

					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 21	/58 Report: 24/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor Out-of-state PAC (ID# Hanna, Jett (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/18/2014	6 Contributor address; City; State; Zip Code 6112 Highlandale Dr. Austin, TX 78731		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Texas Lawyers		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/21/2014	Contributor address; City; State; Zip Code 10507 Cooper Hill Dr. Austin, TX 78758		\$100.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
_	Principal occur	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	
	T Milopai occup	Allow the (occ mondents)	Employer (000 m	(30.00110)	
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 2304 Euclid Ave. Austin, TX 78704		\$25.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 606 West Lynn St #10 Austin, TX 78703		\$350.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Professor/Ph	pation / Job title (See Instructions) ysician	Employer (See In Texas A&M/Ba	<u> </u>	· · · · ·

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 22	/58 Report: 25/90
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Harter, Steven (Mr.)	<u>')</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/26/2014	6 Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Chairman	pation / Job title (See Instructions)	10 Employer (See In Texas Taxi, Inc		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/26/2014	Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024		\$350.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/16/2014	Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713		\$350.00	
			<u> </u>	Texas, complete Schedule T)
Marketing Di	pation / Job title (See Instructions) rector	Employer (See In Harutunian Eng		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/12/2014	Contributor address; City; State; Zip Code 21 Stillmeadow Round Rock, TX 78664		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Electrical En	pation / Job title (See Instructions) gineer	Employer (See In Harutunian Eng		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/12/2014	Contributor address; City; State; Zip Code 21 Stillmeadow Round Rock, TX 78664		\$350.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occu Electrical En	pation / Job title (See Instructions) gineer	Employer (See In Harutunian Eng		

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	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 23	1/58 Report: 26/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/16/2014	6 Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713	• • • • • • • • • • • • • • • • • • • •	\$350.00	 		
				<u> 1</u>	Texas, complete Schedule T)		
9	Principal occup CEO	eation / Job title (See Instructions)	10 Employer (See In Harutunian Eng				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/12/2014	Contributor address; City; State; Zip Code 21 Stillmeadow Round Rock, TX 78664		\$350.00	, 		
				(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions)	Employer (See In				
	Mechanical E	ngineer	Harutunian Eng	gineering, Inc.			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/16/2014	Contributor address; City; State; Zip Code 2101 Newton Austin, TX 78704	,	\$100.00	! !		
_	Deinsteal ages	pation / Job title (See Instructions)	Empleyer/Pee/le	·	Texas, complete Schedule T)		
	Principal occup	alion / 300 title (See instructions)	Employer (See In	isii uciions)			
	Date	Full name of contributor	#)	Amount of contribution (S)	In-kind contribution description (if applicable)		
	07/18/2014	Contributor address; City; State; Zip Code 1102-B East 8th St Austin, TX 78702	• • • • • • • • • • • • • • • • • • • •	\$350.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Architect	eation / Job title (See Instructions)	Employer (See In Hatch, Ulland, (structions) Owen Architects			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 5403 Musket Ridge Austin, TX 78759		\$100.00	 		
L				<u> </u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

_	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 24/	/58 Report: 27/90			
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Heath, Jena (Ms.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	09/14/2014	6 Contributor address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731		\$100.00 				
				(if travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/25/2014	Contributor address; City; State; Zip Code 3010 Washington Sq. Austin, TX 78705		\$100.00				
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	vation / Job title (See Instructions)	Employer (See In	<u> </u>				
	Date	Full name of contributor ut-of-state PAC (ID# Herczeg, Laszlo (Mr.)	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	07/01/2014	Contributor address; City; State; Zip Code 5003 Spicewood Springs Rd Austin, TX 78759		\$199.00				
				<u> </u>	Texas, complete Schedule T)			
	Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/22/2014	Contributor address; City; State; Zip Code 2903 Tarry Trail Austin, TX 78703		\$125.00	 			
L				*	Texas, complete Schedule T)			
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/22/2014	Contributor address; City; State; Zip Code 2903 Tarry Trail Austin, TX 78703		\$125.00	 			
				/16 temporal accidants	Toyon complete Sebadula m			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	 	Texas, complete Schedule T)			

SCHEDULE A

TDD 1-800-735-2989

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 25	5/58 Report: 28/90			
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hibbetts, Alegria Arce (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	07/15/2014	6 Contributor address; City; State; Zip Code 110 West 33rd St Austin, TX 78705		\$50.00	1 1 1			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup CPA	ation / Job title (See Instructions)	10 Employer (See In Self	structions)				
	Date	Full name of contributor out-of-state PAC (ID# Hibbetts, Charles (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	07/15/2014	Contributor address; City; State; Zip Code 110 West 33rd St Austin, TX 78705		\$50.00	 			
		Austin, 1770703		(16 Americal contained and	I			
<u> </u>	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)			
	Titleipai occup	anony dob this (dee instructions)	Employer (ode iii	ou doublis,				
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hill, Jo Vanna (Ms.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/26/2014	Contributor address; City; State; Zip Code 6410 Oak Masters Dr Spring, TX 77379		\$350.00	 			
		apring, 1x 17373		(If travel outside of	Texas, complete Schedule T)			
		ation / Job title (See Instructions) man Resources/Employment	Employer (See In Pagel, Davis &					
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/26/2014	Contributor address; City; State; Zip Code 6410 Oak Masters Dr Spring, TX 77379	••••	\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Pagel, Davis &					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/17/2014	Contributor address; City; State; Zip Code 7509 Stepdown Cove Austin, TX 78731		\$50.00	 			
				(If traval outside of	Texas, complete Schedule T)			
\vdash	Principal occup	ation / Job title (See Instructions)	Employer (See In		rexus, complete scriedule 1)			
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TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	1 S		SCHEDULE A
	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	1/59 Panest 20/00
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	i/58 Report: 29/90 (Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/25/2014	6 Contributor address; City; State; Zip Code 2637 West 49th St Austin, TX 78731		\$20.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/21/2014	Contributor address; City; State; Zip Code 5102 Avenue G Austin, TX 78758		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/24/2014	Contributor address; City; State; Zip Code 1801 West Ave. Austin, TX 78701		\$350.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occur Pharmacist	pation / Job title (See Instructions)	Employer (See In Seton Family of		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 11901 Palisades Pkwy Austin, TX 78732		\$100.00	!
					Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/28/2014	Contributor address; City; State; Zip Code 504 Pecan Grove Rd Austin, TX 78704		\$25.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		· ·
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	The Instruction	N Guide explains how to complete ti	his form.		1 PAGE # Schedule: 27	7/58 Report: 30/90
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor	t-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/22/2014	6 Contributor address; City; 4713 Duval St Austin, TX 78751	State; Zip Code		\$40.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See In	structions)	
	Date	Full name of contributor	it-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; 3012 West Ave. Austin, TX 78705	State; Zip Code		\$100.00	[
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor	t-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; 1604 East 11th St Austin, TX 78702	State; Zip Code		\$250.00	
					<u> </u>	Texas, complete Schedule T)
	Principal occup Legal Aid	ation / Job title (See Instructions)		Employer (See In Texas Rio Gran		
	Date	Full name of contributor	t-of-state PAC (ID#	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/01/2014	Contributor address; City; 3912 Mattie St Austin, TX 78723	State; Zip Code		\$25.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See in	structions)	
	Date	Full name of contributor	t-of-state PAC (ID#	<u>*)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/03/2014	Contributor address; City; 808 East 30th St Unit C Austin, TX 78705	State; Zip Code		\$150.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In	<u> </u>	
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	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	1/58 Report: 31/90			
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)			
4	Date	5 Full name of contributor ut-of-state PAC (ID# Justice, Ellen (Ms.)	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	09/04/2014	6 Contributor address; City; State; Zip Code 802 Winflo Dr. Austin, TX 78703		\$100.00	 			
ļ				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable)			
	07/08/2014	Contributor address; City; State; Zip Code 207 East 34th St Austin, TX 78705		\$50.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
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		- a			1 to blood on table the			
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/03/2014	Contributor address; City; State; Zip Code 1704 Briar St Austin, TX 78704		\$175.00	! !			
					Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/27/2014	Contributor address; City; State; Zip Code 8834 Honeysuckle Tr Austin, TX 78759		\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
├	Principal occur	vation / Job title (See Instructions)	Employer (See In	<u> </u>				
	Owner/Instru		TKO Świm					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/27/2014	Contributor address; City; State; Zip Code 8834 Honeysuckle Tr Austin, TX 78759		\$350.00	 			
				(It tenual entailes -	Texas, complete Schedule T)			
<u> </u>	Dainain -1	The state (Con leader of the state of the st	Employer /Co - !-	<u> </u>	reass, complete schedule 1)			
	Principal occup President	ation / Job title (See Instructions)	Employer (See In Yellow Cab Aus					

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

TDD 1-800-735-2989

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	The INSTRUCTION	N Guide explains how to complete this form.		1 PAGE # Schedule: 29	/58 Report: 32/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Karoly, David (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	07/02/2014	6 Contributor address; City; State; Zip Code 2610 Friar Tuck Lane Austin, TX 78704		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Engineer	ation / Job title (See Instructions)	10 Employer (See In Cirrus Logic	structions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/20/2014	Contributor address; City; State; Zip Code 2904 Bowman Ave		\$350.00	 		
		Austin, TX 78703			_		
				•	Texas, complete Schedule T)		
	Principal occup Consultant	eation / Job title (See Instructions)	Employer (See In Self-employed	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 3701 Bonnie Rd Austin, TX 78703		\$350.00	1 1		
				T -	Texas, complete Schedule T)		
	Principal occup Family Partne	vation / Job title (See Instructions)	Employer (See In Self-employed	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Kelly, Mike (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/01/2014	Contributor address; City; State; Zip Code 2603 Carnarvon Ln Austin, TX 78704		\$40.00	 		
				(If trave) outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Kendall, Joseph (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/01/2014	Contributor address; City; State; Zip Code 801 W. Gibson Austin, TX 78704		\$25.00	 		
		·		(If traval outside of	Texas, complete Schedule T)		
-	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	reads, complete schedule 1)		
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 30	/58 Report: 33/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kennedy, Sara (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 4105 Avenue B Austin, TX 78751		\$150.00	1 I I
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 2705 Twin Oaks Austin, TX 78757		\$100.00	}
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
_	Date	Full name of contributor ut-of-state PAC (ID:	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 1000 E Cesar Chavez Austin, TX 78702	. , , , , , , , , , , , , , , , , , , ,	\$100.00	
					Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<i>f</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; State; Zip Code 10524 Roy Butler Dr. Austin, TX 78717		\$350.00	
				<u> </u>	Texas, complete Schedule T)
3	Principal occup President	eation / Job title (See Instructions)	Employer (See In ATX Environme		
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; State; Zip Code 10524 Roy Butler Dr. Austin, TX 78717		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See In N/A	structions)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 31	/58 Report: 34/90
2	FILER NAME	Tovo, Kathryne (Ms.)	01-E 1 1 11	3 ACCOUNT# 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC King, David (Mr.)	(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Coo 1808 Kerr St Austin, TX 78704	de	\$150.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC Kirkpatrick, Mark (Mr.)	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2014	Contributor address; City; State; Zip Coo 718 Patterson Ave. Austin, TX 78703	de	\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Coo 4100 Avenue C, No 103 Austin, TX 78751	de	\$125.00	 -
				-	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/07/2014	Contributor address; City; State; Zip Coo 2700 Mountain Laurel Ln Austin, TX 78703	de	\$125.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor ut-of-state PAC Labow, Joanna (Ms.)	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2014	Contributor address; City; State; Zip Cot 2530 Longview Austin, TX 78705	de	\$30.00	
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

SCHEDULE A

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS						
	The Instruction	א Guide explains how to complete this form.		1 PAGE# Schedule: 32	/58 Report: 35/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Langenberg, Christy Krames (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	07/15/2014	6 Contributor address; City; State; Zip Code 1802 Vance Cir Austin, TX 78701		\$125.00 			
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Langenberg, Ray (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/15/2014	Contributor address; City; State; Zip Code 1802 Vance Cir Austin, TX 78701		\$125.00			
				L	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In: Scott, Douglass	structions) : & McConnico, LL	P		
	Date	Full name of contributor ut-of-state PAC (ID# Langenberg, Ray (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 1802 Vance Cir Austin, TX 78701	.,,	\$100.00 			
				·	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See in: Scott, Douglass	structions)	Р		
	Date	Full name of contributor ut-of-state PAC (ID# Lawrence, Kathleen (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/28/2014	Contributor address; City; State; Zip Code 4103 Avenue F Austin, TX 78751		\$50.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/28/2014	Contributor address; City; State; Zip Code 806 West 28 1/2 St Austin, TX 78705		\$25.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 33	/58 Report: 36/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Leibrock, Eric (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/04/2014	6 Contributor address; City; State; Zip Code 802 Winflo Dr Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 3979 River Place Blvd Austin, TX 78730		\$125.00	 		
				(If travel outside of	Texas, complete Schedule T)		
П	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/17/2014	Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731		\$75.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/17/2014	Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731		\$75.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 1002 Bouldin Ave. Austin, TX 78704		\$300.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Buyer	vation / Job title (See Instructions)	Employer (See In Whole Earth Pr	structions)	,		

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 34	/58 Report: 37/90	
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT# 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor Limon, John (Mr.)	out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	08/31/2014	6 Contributor address; 908 Calle Limon Austin, TX 78702	City; State; Zip Code		\$20.00	 	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)		
	Date	Full name of contributor Limon, John (Mr.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; 908 Calle Limon Austin, TX 78702	City; State; Zip Code	,	\$20.00	[[]	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occur	l pation / Job title (See Instruction	ıs) ,	Employer (See In		Tokad, complete concade 1)	
	Date	Full name of contributor Little, Emily (Ms.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/27/2014	Contributor address; 1001 East 8th St Austin, TX 78702	City; State; Zip Code		\$100.00	 	
					<u> </u>	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Lowerre, Richard (Mr.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; 725 Patterson Austin, TX 78703	City; State; Zip Code		\$200.00	 	
		· ·			(if travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	pation / Job title (See Instruction	ns)	Employer (See In Lowerre, Frede	structions) rick, Perales, Allm	on & Rockwell	
	Date	Full name of contributor Maclaine, Nancy (Ms.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; 2302 Del Curto Rd Austin, TX 78704	City; State; Zip Code		\$200.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Software test	pation / Job title (See Instruction er	ns)	Employer (See In Imperva	structions)		
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The Instru	сттом Guide explains how to complete this form.		1 PAGE#	/58 Report: 38/90
2 FILER NAM	E Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Magierski, Brian (Mr.)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/05/201	6 Contributor address; City; State; Zip Code 11 Niles Rd Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$350.00	
9 Principal oc CEO	cupation / Job title (See Instructions)	10 Employer (See In Appconomy	L -	Texas, complete Schedule T)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/01/201	4 Contributor address; City; State; Zip Code 38 Silver Maple Place The Woodlands, TX 77382	• • • • • • • • • • • • • • • • • • • •	\$350.00	1 1 1
			(If travel outside of	Texas, complete Schedule T)
Principal oc Geologist	cupation / Job title (See Instructions)	Employer (See In Anadarko	structions)	
Date	Full name of contributor out-of-state PAC (ID: Marak-Walker, Helen (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/09/201	Contributor address; City; State; Zip Code 4320 Scales St Austin, TX 78723	•••••	\$25.00	
				Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/22/201	4 Contributor address; City; State; Zip Code 1901 Travis Heights Blvd Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Martin, Cecile (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/05/201	4 Contributor address; City; State; Zip Code 411 Meadowlakes Dr Meadowlakes, TX 78654		\$350.00	
				Texas, complete Schedule T)
Principal oc Retired	cupation / Job title (See Instructions)	Employer (See In N/A	structions)	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 36	/58 Report: 39/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Martin, Sam (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/07/2014	6 Contributor address; City; State; Zip Code 1901 Travis Heights Blvd Austin, TX 78704		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup State Employ	oation / Job title (See Instructions) ree	10 Employer (See In Teacher Retirer	structions) ment System of Te	exas		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/26/2014	Contributor address; City; State; Zip Code 510 East 7th		\$350.00	 		
		Houston, TX 77007					
L	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
	Homemaker	and 17 out the (ese mented one)	N/A				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/26/2014	Contributor address; City; State; Zip Code 510 East 7th Houston, TX 77007		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup President	pation / Job title (See Instructions)	Employer (See In Texas Taxi, Inc				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/11/2014	Contributor address; City; State; Zip Code 1611 Alameda Dr. Austin, TX 78704		\$150.00	 		
L				1 '	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor out-of-state PAC (ID# Mathews, Elloa (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/02/2014	Contributor address; City; State; Zip Code 2610 Friar Tuck Ln. Austin, TX 78704		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Writer/Tutor	pation / Job title (See Instructions)	Employer (See In Self	structions)			

TDD 1-800-735-2989

SCHEDULE A

POLITICAL CONTRIBUTIONS

OTHER	OTHER THAN PLEDGES OR LOANS				
The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 37	/58 Report: 40/90	
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
	5 Full name of contributor □ out-of-state PAC (ID# Mayton, Emma Lea (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
•	6 Contributor address; City; State; Zip Code 7101 Daugherty St. Austin, TX 78757		\$40.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occupa	tion / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/20/2014	Contributor address; City; State; Zip Code 4120 Mattie St		\$200.00		
	Austin, TX 78754		(If travel outside of	Texas, complete Schedule T)	
Principal occupa Special Events	ution / Job title (See Instructions)	Employer (See In Barr Mansion	L		
Date	Full name of contributor ut-of-state PAC (ID# McCrank, Christopher (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/28/2014	Contributor address; City; State; Zip Code 1709 Bouldin Ave. Austin, TX 78704		\$100.00	! 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupa	ttion / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID# McGraw, Karen (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/15/2014	Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751	••••	\$25.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID# McGraw, Karen (Ms.)	<u>† </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/14/2014	Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751		\$25.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	structions)		

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

		<u> </u>			
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 38	/58 Report: 41/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# McGraw, Karen (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/12/2014	Contributor address; City; State; Zip Code 5202 Turnabout Ln Austin, TX 78731		\$50.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/20/2014	Contributor address; City; State; Zip Code 613 West 33rd St Austin, TX 78705		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In: N/A	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 5901 Cary Dr Austin, TX 78757		\$300.00	
				,	Texas, complete Schedule T)
	Principal occup Wholesaler	eation / Job title (See Instructions)	Employer (See In AMC Company	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# McMurtry, Nancy (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 5901 Cary Dr Austin, TX 78757		\$300.00	
	,			(If travel outside of	Texas, complete Schedule T)
	Principal occup Bookkeeper	nation / Job title (See Instructions)	Employer (See In AMC Company	structions)	
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 39	/58 Report: 42/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/14/2014	6 Contributor address; City; State; Zip Code 1800 San Gabriel St. Austin, TX 78701		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID Meisenbach, Megan (Mrs.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/14/2014	Contributor address; City; State; Zip Code 1800 San Gabriel St. Austin, TX 78701		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	`			
	•						
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/17/2014	Contributor address; City; State; Zip Code 509 East 38th St Austin, TX 78705		\$50.00	 		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/14/2014	Contributor address; City; State; Zip Code 800 West Lynn Street Austin, TX 78703	,.,.	\$75.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/14/2014	Contributor address; City; State; Zip Code 4305 Scales St Austin, TX 78723		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup None	ation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 40)/58 Report: 43/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (Millea, Susan (Ms.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/25/2014	6 Contributor address; City; State; Zip Cod 5806 Marilyn Dr Austin, TX 78757	e	\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
-	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/22/2014	Contributor address; City; State; Zip Cod 1308 Old 19th St	e	\$50.00	 		
		Austin, TX 78705					
	Driesiaal aggun	ation / Job title (See Instructions)	Employer (See In	`	Texas, complete Schedule T)		
	Рппсіраї оссир	Zilon 7 Job tale (See Instructions)	Employer (See II	istructions)			
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/06/2014	Contributor address; City; State; Zip Cod 720 Park Blvd Austin, TX 78751	е	\$300.00	 		
				<u>'</u>	Texas, complete Schedule T)		
	Principal occup Artist	ation / Job title (See Instructions)	Employer (See Ir Self-employed	istructions)			
	Date	Full name of contributor ut-of-state PAC (Miller, Marye (Ms.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/22/2014	Contributor address; City; State; Zip Cod 1308 Old 19th St Austin, TX 78705	e	\$50.00	1 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	D#)	Amount of contribution (\$)	in-kind contribution description (if applicable)		
	07/01/2014	Contributor address; City; State; Zip Cod P.O. Box 49130 Austin, TX 78765	e	\$350.00	 		
1				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Director/Pres	ation / Job title (See Instructions) ident	Employer (See In Baluarte Creek				
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 41	/58 Report: 44/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mills, Margaret (Ms.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/23/2014	6 Contributor address; City; State; Zip Code 1704 E 40th St Austin, TX 78722		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/17/2014	Contributor address; City; State; Zip Code P.O. Box 4023 Austin, TX 78767		\$350.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
		eation / Job title (See Instructions)	Employer (See In	structions)	, , , ,		
	Securities Inv	restment	Self-Employed				
	Date	Full name of contributor ut-of-state PAC (ID# Monroe, William (Mr.)	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/15/2014	Contributor address; City; State; Zip Code 1606 Pearl St Austin, TX 78701		\$10.00	 		
		Ausuii, 1776701		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	1 .	·		
	, ,						
	Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/26/2014	Contributor address; City; State; Zip Code 13600 Breton Ridge St Bldg 22A Houston, TX 77070		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Pharmaceutic	ation / Job title (See Instructions) cal Rep	Employer (See In Teva	structions)			
	Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/19/2014	Contributor address; City; State; Zip Code 6507 Lost Cove Austin, TX 78746		\$100.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
┢	Principal occup	pation / Job title (See Instructions)	Employer (See In	L.:	Tonas complete dellegale if		
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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 42	2/58 Report: 45/90
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Nixon, Mark (Mr.)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/07/2014	6 Contributor address; City; State; Zip Code 2700 Mountain Laurel Ln Austin, TX 78703		\$125.00	1 1 1
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/30/2014	Contributor address; City; State; Zip Code 2910 Kassarine Pass Austin, TX 78704		\$350.00	
				Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Travis County	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/05/2014	Contributor address; City; State; Zip Code 555 East 5th Suit 2725 Austin, TX 78701		\$250.00	
			(If travel outside of	f Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor	<u>*)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/05/2014	Contributor address; City; State; Zip Code 555 East 5th Suit 2725 Austin, TX 78701		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/01/2014	Contributor address; City; State; Zip Code 801 West Gibson St Austin, TX 78704		\$25.00	† [[
			(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 43	/58 Report: 46/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC Pascoe, Neil (Mr.)	(ID#)	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
	09/24/2014	6 Contributor address; City; State; Zip Co 2502 Hartford Rd. Austin, TX 78703	de	\$50.00	
		,		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	estructions)	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Co 2502 Hartford Rd. Austin, TX 78703	ode	\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Co	ode	\$50.00	
		Austin, TX 78751		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor uut-of-state PAC Patterson, Bradford (Mr.)	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/13/2014	Contributor address; City; State; Zip Co 1311 Newton St. Austin, TX 78704	ode	\$75.00	
	:			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Co 508 Harris Ave. Austin, TX 78705	de	\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See Ir NeuCo	nstructions)	

	The Instruction	אס Guide explains how to complete this form.	·	1 PAGE # Schedule: 44	/58 Report: 47/90	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Pounds, Shannon (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/24/2014	6 Contributor address; City; State; Zip Code 3304 Kerbey Ln Austin, TX 78703		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Presti, Diane (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/15/2014	Contributor address; City; State; Zip Code 205 Park Ln Austin, TX 78704		\$300.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In: None	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Ramsey, Frances (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/20/2014	Contributor address; City; State; Zip Code 2401 Pemberton Place Austin, TX 78703		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Ratliff, Gay (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/17/2014	Contributor address; City; State; Zip Code 3509 Hampton Rd. Austin, TX 78705		\$350.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup Interior Desig	nation / Job title (See Instructions)	Employer (See In Gay Ratliff Inter			
	Date	Full name of contributor ut-of-state PAC (ID# Ratliff, Shannon (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/17/2014	Contributor address; City; State; Zip Code 3509 Hampton Rd. Austin, TX 78705		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	eation / Job title (See Instructions)	Employer (See In Ratliff Law	•	,	
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TDD 1-800-735-2989 SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 45	i/58 Report: 48/90	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Reddy, Ian (Mr.)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/07/2014	6 Contributor address; City; State; Zip Code 1924 Newning Austin, TX 78704		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/31/2014	Contributor address; City; State; Zip Code 816 Congress Ave. Suite 1200 Austin, TX 78701		\$350.00	{ 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Self-employed	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Rips, Geoff (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/31/2014	Contributor address; City; State; Zip Code 1311 Ardenwood Rd Austin, TX 78722		\$50.00	 	
				(If trave) outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/02/2014	Contributor address; City; State; Zip Code 1000 Glen Oaks Ct. Austin, TX 78702		\$50.00	! 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>		
-	Date	Full name of contributor		Amount of	In-kind contribution	
	Dale	Roalson, Brad (Mr.)	J	contribution (\$)	description (if applicable)	
	09/20/2014	Contributor address; City; State; Zip Code 2006 S, 2nd St Austin, TX 78704	.,	\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	ļ. <u></u>	. .	
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 46	i/58 Report: 49/90
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#Roalson, Shay (Ms.)	<u>†</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/20/2014	6 Contributor address; City; State; Zip Code 2006 S, 2nd St Austin, TX 78704		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
9 Principal occup Engineer	pation / Job title (See Instructions)	10 Employer (See In HDR Engineerin		
Date	Full name of contributor ut-of-state PAC (ID# Rodriguez, James (Mr.)	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/26/2014	Contributor address; City; State; Zip Code 7515 Santa Fe Dr Houston, TX 77061		\$350.00	
			,	Texas, complete Schedule T)
Principal occup Vice Presider	pation / Job title (See Instructions) int	Employer (See In Texas Taxi, Inc		
Date	Full name of contributor ut-of-state PAC (ID# Sanderson, Stephen (Mr.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/28/2014	Contributor address; City; State; Zip Code 4103 Avenue F Austin, TX 78751		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/18/2014	Contributor address; City; State; Zip Code 67 St Stephens School Rd Austin, TX 78746		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Social Work	pation / Job title (See Instructions) Student	Employer (See In N/A	structions)	
Date	Full name of contributor	,)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/2014	Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Photographe	nation / Job title (See Instructions)	Employer (See In Self-employed	structions)	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 47	7/58 Report: 50/90
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Schneider, Robin (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/21/2014	6 Contributor address; City; State; Zip Code 2609 Sherwood Ln. Austin, TX 78704		\$350.00	
	·			(If travel outside of	Texas, complete Schedule T)
9	Principal occup Political Orga	ation / Job title (See Instructions) nizer	10 Employer (See In Texas Campaig	structions) gn for the Environr	ment
	Date	Full name of contributor ut-of-state PAC (ID# Schwitters, Karen (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/01/2014	Contributor address; City; State; Zip Code 1115 West 7th St #300 Austin, TX 78703		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete ouneable 17
		,			
-	Date	Full name of contributor ut-of-state PAC (ID# Seeger, Gary (Mr.)	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 6705 Winterberry Dr Austin, TX 78750		\$250.00	[[
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Management	ation / Job title (See Instructions)	Employer (See In Infoglide, A FIC		
	Date	Full name of contributor ut-of-state PAC (ID# Sessa, Robert (Mr.)	(Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/20/2014	Contributor address; City; State; Zip Code 813 James St Austin, TX 78704		\$150.00	
	_			(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Shieh, James (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/13/2014	Contributor address; City; State; Zip Code 2901 Windsor Rd Austin, TX 78703		\$150.00	
1				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
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SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE#	58 Report: 51/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/01/2014	6 Contributor address; City; State; Zip Code 300 Bowie St #2503 Austin, TX 78703		\$100.00			
				<u> </u>	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID Sibley, Jane (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/07/2014	Contributor address; City; State; Zip Code 2210 Windsor Rd Austin, TX 78703		\$350.00			
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/03/2014	Contributor address; City; State; Zip Code 7205 Daugherty St Austin, TX 78757	,	\$350.00			
		Ausuit, 1X 70797		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/17/2014	Contributor address; City; State; Zip Code P.O. Box 537 Austin, TX 78767		\$25.00 			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	•		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/22/2014	Contributor address; City; State; Zip Code 1912 Ridgemont Dr Austin, TX 78723		\$175.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	1 -	,,, , <u></u>		
Щ.					Electronic Filing Version 3.4.6		

The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 49	1/58 Report: 52/90	
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
1 ·	5 Full name of contributor □ out-of-state PAC (ID# Smith, Mark (Mr.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/13/2014	6 Contributor address; City; State; Zip Code 1 Northknoll Circle Longview, TX 75601		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occupa Engineer	tion / Job title (See Instructions)	10 Employer (See In DXP Enterprise			
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 7817 El Dorado Dr. Austin, TX 78737	. , . ,	\$50.00	 	
	Additity (A 1979)		(If travel outside of	Texas, complete Schedule T)	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor uut-of-state PAC (ID# Smith, Patricia (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/01/2014	Contributor address; City; State; Zip Code 1010 Westland Ridge Dripping Springs, TX 78620		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	structions)	<u> </u>	
Date	Full name of contributor	<i>†</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 4100 Jackson Ave. #205 Austin, TX 78731		\$250.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupa Retired	ttion / Job title (See Instructions)	Employer (See In N/A	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Soeur, Channy (Mr.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 7908 Cameron Rd Austin, TX 78754		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupa Engineer	ttion / Job title (See Instructions)	Employer (See In CAS Consulting			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 50	1/58 Report: 53/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT# 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Spears, David (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/26/2014	6 Contributor address; City; State; Zip Code 13600 Breton Ridge St Bldg 22A Houston, TX 77070		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup GM of Contac	ation / Job title (See Instructions) of Services	10 Employer (See In Greater Housto	structions) n Transportation			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/03/2014	Contributor address; City; State; Zip Code 1704 Briar St Austin, TX 78704		\$175.00	[-		
	· 	Ausuii, 17,76704		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Sprinkle, Patricia (Ms.)	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/27/2014	Contributor address; City; State; Zip Code 1114 Fieldcrest Dr. Austin, TX 78704		\$50.00	 		
		, , , , , , , , , , , , , , , , , , , ,			' 		
<u> </u>	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
	Finicipal occup	Auton 7 300 title (See Instructions)	Employer (dee in				
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/06/2014	Contributor address; City; State; Zip Code P.O. Box 40898 Austin, TX 78704		\$50.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<u>; </u>	Amount of contribution (S)	In-kind contribution description (if applicable)		
	07/17/2014	Contributor address; City; State; Zip Code 1818 Vance Cir		\$100.00	! !		
		Austin, TX 78701			_		
	57.77	and a lab state (On a last attack)	Parity 20	<u> </u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 51	/58 Report: 54/90		
2 FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/22/2014	6 Contributor address; City; State; Zip Code 2812 Buckeye Trail Cedar Park, TX 78613		\$100.00	Texas, complete Schedule T)		
9 Principal occup	Dation / Job title (See Instructions)	10 Employer (See In		Texas, complete conclude 17		
Date	Full name of contributor ut-of-state PAC (ID: Strubel, John (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/01/2014	Contributor address; City; State; Zip Code 10801 Plumewood Dr, Austin, TX 78750		\$20.00	 		
!			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (S)	In-kind contribution description (if applicable)		
07/15/2014	Contributor address; City; State; Zip Code 906 West 17th St Austin, TX 78701		\$100.00	} 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/22/2014	Contributor address; City; State; Zip Code 600 Bellevue Place Austin, TX 78705		\$100.00	 		
<u></u> .			`	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/26/2014	Contributor address; City; State; Zip Code 919 Congress Ave. Suite 1500 Austin, TX 78701	•••••	\$350.00	 		
			<u> </u>	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			

_	The Instruction	ON GUIDE explains how to complete	e this form.		1 PAGE# Schedule: 52	1/58 Report: 55/90	
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor Thomson, Phyllis (Ms.)	out-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/10/2014	6 Contributor address; City 608 West Croslin St Austin, TX 78752	; State; Zip Code		\$100.00	[
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See Ins	structions)		
	Date	Full name of contributor Tiemann, Donna (Ms.)	out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/20/2014	Contributor address; City 3203 Cupid Dr. Austin, TX 78735	; State; Zip Code		\$350.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Policy Adviso	pation / Job title (See Instructions)		Employer (See Ins			
	Folicy Adviso			Oity of Additi			
	Date	Full name of contributor Tipps, Lisa (Ms.)	out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City P.O. Box 300038 Austin, TX 78703	; State; Zip Code		\$50.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	nation / Job title (See Instructions)		Employer (See Ins	structions)		
	Date	Full name of contributor Todd, Wendy (Ms.)	out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/15/2014	Contributor address; City 709 East Monroe St Austin, TX 78704	; State; Zip Code		\$100.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)		Employer (See Ins	structions)		
	Date	Full name of contributor Torgrimson, Carol (Ms.)	out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; City 6104 Maury's Trail Austin, TX 78730	; State; Zip Code		\$350.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	nation / Job title (See Instructions)		Employer (See In: N/A	structions)		
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	/59. Donost: 55/00
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	/58 Report: 56/90 (Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Torgrimson, Peter (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/24/2014	6 Contributor address; City; State; Zip Code 6104 Maury's Trail Austin, TX 78730		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; State; Zip Code 1717 Briar St Austin, TX 78704	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Trybus, Janis (Ms.))	Amount of contribution (S)	In-kind contribution description (if applicable)
	07/09/2014	Contributor address; City; State; Zip Code 1704 Kerr Austin, TX 78704		\$30.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 2604 Geraghty Ave. Austin, TX 78757		\$350.00	 -
		Additi, 17,10,01		(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Austin Energy		Totals, abilipiole delicade 1)
-	Date	Full name of contributor	·)	Amount of contribution (S)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 606 West Lynn St #10		\$350.00	
		Austin, TX 78703			_
	Dubasan	orking / Joh Mills (Con January)	Employer (On a 1	1 -	Texas, complete Schedule T)
		eation / Job title (See Instructions) ector & General Counsel	Employer (See In Asian Americar	istructions) 1 Resource Centei	r, Inc

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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	The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 55	i/58 Report: 58/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor □ out-of-state PAC (ID# Warmingham, George (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/14/2014	6 Contributor address; City; State; Zip Code 800 West Lynn St. Austin, TX 78703		\$75.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/17/2014	Contributor address; City; State; Zip Code 310 Le Grande Austin, TX 78704		\$50.00	 		
		Addition 100000			Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/17/2014	Contributor address; City; State; Zip Code 310 Le Grande Austin, TX 78704		\$50.00	 		
					Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Warner, Phyllis (Ms.))	Amount of contribution (S)	In-kind contribution description (if applicable)		
	09/15/2014	Contributor address; City; State; Zip Code 5701 Trailridge Dr Austin, TX 78731		\$100.00	 		
ŀ				(If travel outside of	Texas, complete Schedule T)		
H	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	· —		
				·			
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/26/2014	Contributor address; City; State; Zip Code 608 Harthan St Austin, TX 78703		\$25.00	! ! !		
				(If trave) outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	- Same of the second se		

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 56	i/58 Report: 59/90
2	FILER NAME	Tovo, Kathryne (Ms.)			3 ACCOUNT # 00005000	(Ethics Commission filers)
4	Date	5 Full name of contributor Way, Heather (Ms.)	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/29/2014	6 Contributor address; 2108 Wright St Austin, TX 78704	City; State; Zip Code		\$200.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney/Lect	pation / Job title (See Instruction urer	is)	10 Employer (See In Univerity of Tex		
	Date	Full name of contributor Weed, Betty (Ms.)	ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/17/2014	Contributor address; 2218 Alta Vista Ave. Austin, TX 78704	City; State; Zip Code		\$100.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occur	l pation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	
			-			
	Date	Full name of contributor Weeks, Joelyn (Ms.)	ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; 6805 Moonmont Austin, TX 78745	City; State; Zip Code		\$100.00	
					1	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Werbner, Stuart (Mr.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/23/2014	Contributor address; 2118 Glendale Place Austin, TX 78704	City; State; Zip Code		\$50.00	!
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	is)	Employer (See In	structions)	
	Date	Full name of contributor Whatley, Bart (Mr.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; 907 E 37th St Austin, TX 78705	City; State; Zip Code		\$100.00	
		,			//f trough and aid	Toyon samplete Cabady's Ti
\vdash	Principal occur	pation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	- mopul occup	see the least household		,		

TDD 1-800-735-2989 SCHEDULE A

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 57	7/58 Report: 60/90	
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wilcox, Cynthia (Ms.)	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/25/2014	6 Contributor address; City; State; Zip Code 6705 West Highway 290 #502 Suite 234 Austin, TX 78735		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Wilson, Herminia (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/17/2014	Contributor address; City; State; Zip Code 4803 Avenue H Austin, TX 78751		\$50.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	РгілсіраІ оссир	ation / Job title (See Instructions)	Employer (See In:			
	Date	Full name of contributor ut-of-state PAC (ID# Wilson, Herminia (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/14/2014	Contributor address; City; State; Zip Code 4803 Avenue H Austin, TX 78751		\$50.00	} 	
				L '	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/17/2014	Contributor address; City; State; Zip Code 4803 Avenue H Austin, TX 78751		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/14/2014	Contributor address; City; State; Zip Code 4803 Avenue H Austin, TX 78751		\$50.00	! ! !	
L				1	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		

	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 58	/58 Report: 61/90		
2	FILER NAME	Tovo, Kathryne (Ms.)		3 ACCOUNT # 00005000	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (I Yevich, Elizabeth (Ms.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/09/2014	6 Contributor address; City; State; Zip Cod 2105 B Ann Arbor Ave. Austin, TX 78704	, Э	\$50.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)			
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/24/2014	Contributor address; City; State; Zip Cod 5507 Lemonwood Dr. Austin, TX 78731	9	\$20.00	 		
		, and a second s			l . •		
_	Principal occur	eation / Job title (See Instructions)	Employer (See Ir	· ·	Texas, complete Schedule T)		
	Timolpai oodap	2.007, 000 1.10 (000 1.101101.10)		,			

SCHEDULE F

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) Schedule: 1/27 Report: 63/90 00005000 5 Payee name AFL-CIO 09/01/2014 6 Amount (\$) Pavee address City; State; Zip Code 1106 Lavaca St #200 \$145.00 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Political Advertising Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Pavee name Date 09/01/2014 AFL-CIO Amount (\$) Payee address City; State; Zip Code 1106 Lavaca St #200 \$20.00 Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE **Event Tickets** Contributions/Donations Made By ΩE Candidate/Officeholder/Political Committee EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name AT&T 07/15/2014 Payee address City; State; Zip Code Amount (\$) 5700 Burnet Road \$56.73 Austin, TX 78756 Description (If travel outside of Texas, complete Schedule T)
Campaign office internet services Category (See Categories listed at the top of this schedule) PURPOSE Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 08/25/2014 AT&T Payee address City; State; Amount (\$) Zip Code 5700 Burnet Road \$54.98 Austin, TX 78756 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Campaign office internet services **PURPOSE** Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Advertising Expense Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) Schedule: 2/27 Report: 64/90 00005000 4 Date 5 Payee name Athenian Bar and Grill 07/17/2014 6 Amount (\$) Payee address City; State; Zip Code 600 Congress Ste C150 Austin, TX 78701 \$251.14 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Food for grand opening Event Expense EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Austin's Pizza 08/22/2014 Amount (\$) Pavee address City; State; Zip Code 1600 W 35th St Austin, TX 78703 \$162.40 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) PURPOSE Food for event Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Bouldin Creek Neighborhood Association 08/01/2014 City; State; Zip Code Amount (\$) Payee address 904 Ebony St Austin, TX 78704 \$168.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Politcal advertising PURPOSE Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Breed & Co., Inc. 08/22/2014 Pavee address City: State: Zip Code Amount (\$) 718 West 29th Street \$17.24 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Art supplies for event **PURPOSE** Event Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

direct expenditure

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 3/27 Report: 65/90 5 Payee name 4 Date Butts, David (Mr.) 07/01/2014 City; State; Zip Code 6 Amount (\$) Payee address 1914 Patton Ln \$800.00 Austin, TX 78723 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description Political Consulting **PURPOSE** Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Butts, David (Mr.) 08/01/2014 Pavee address City: State: Zip Code Amount (\$) 1914 Patton Ln \$800.00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Political consulting Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Butts, David (Mr.) 09/01/2014 Amount (\$) Payee address City; State; Zip Code 1914 Patton Ln \$800.00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Political consulting Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure to benefit C/OH Date Payee name Capitol Courier 07/10/2014 Payee address City; State; Zip Code Amount (\$) P.O. Box 3182 \$43.50 Austin, TX 78764 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Courier Services Office Overhead/Rental Expense OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held:

P.O.Box 12070

POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Expel Event Expense Fees	nse Gifts/Awards/Memorial Expense Sing Legal Services Sise Food/Beverage Expense Tipolling Expense Trinting Expense Co	URE CATEGORIES alaries/Wages/Contract Labor iolicitation/Fundraising Expense ravel In District office Overhead/Rental Expense explains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	explains now to complete this lon	3 ACCOUNT # (TEC filers)
Schedule: 4/27 F			00005000
4 Date 09/13/2014	5 Payee name Capitol Courier		
6 Amount (\$) \$11.75	7 Payee address City; State; Zip P.O. Box 3182 Austin, TX 78764	o Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Office Overhead/Rental Expense	Courier service	(If travel outside of Texas, complete Schedule T) CS TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	
Date	Payee name		
08/27/2014	Chambliss, Paul (Mr.)	Cada	· · · · · · · · · · · · · · · · · · ·
Amount (\$) \$1,125.00	Payee address City; State; Zip 16900 Fagerquist Rd. Del Valle, TX 78617	o Code	
PURPOSE OF	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	schedule) Description Contract Laborate	(If travel outside of Texas, complete Schedule T) or for campaign services
EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	pht: Office held:
Date	Payee name		
09/12/2014	Chambliss, Paul (Mr.)	. O. 4.	
Amount (\$) \$945.00	Payee address City; State; Zip 16900 Fagerquist Rd. Del Valle, TX 78617	o Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	Contract labo	(If travel outside of Texas, complete Schedule T) r for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, Office sou	TX, officeholder living expense oht: Office held:
Date	Payee name		
09/18/2014	CheckMark Typesetting		
Amount (\$) \$73.61	Payee address City; State; Zip 3217 N. IH 35 Austin, TX 78722	o Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Office Overhead/Rental Expense	Campaign of	(If travel outside of Texas, complete Schedule T) ice supplies - badges
	Occasional (Official)		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ht: Office held:

to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Legal Services Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel Out Of District Polling Expense Printing Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 5/27 Report: 67/90 4 Date 5 Payee name Cherrywood Neighborhood Association 07/30/2014 6 Amount (\$) Pavee address City; State; Zip Code P.O. Box 4631 Austin, TX 78765 \$100.00 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 Political Advertising **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Conans Pizza 07/17/2014 Amount (\$) Payee address City; State; Zip Code 603 W 29th St \$171.85 Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description Food for grand opening **PURPOSE** Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Cricket Wireless 07/15/2014 Payee address City; State; Zip Code Amount (\$) 8617 Research Blvd Ste 220 \$25.00 Austin, TX 78758 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Phone services Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Cricket Wireless 08/19/2014 Payee address City; State; Zip Code Amount (\$) 8617 Research Blvd Ste 220 \$43.33 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Phone services **PURPOSE** Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
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Texas Ethics Commission

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of I Printing Expense Office Overhea The Instruction Guide explains h	d/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 6/27 F	Tours Kothoune (Mo.)	00005000
4 Date	5 Payee name	3300030
09/17/2014	Cricket Wireless	
6 Amount (\$)	7 Payee address City; State; Zip Code	-
\$50.00	8617 Research Blvd Ste 220	
φ30.00	Austin, TX 78758	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Phone services
PURPOSE OF	Office Overhead/Rental Expense	Thore services
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Garlandate / Ginderfolder Harris	5.1105 501 . 5
to benefit C/OH		
Date	Payee name	
08/15/2014	Dahl-Stamnes, Erika (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$187.00	10900 Research Blvd #1600 Austin, TX 78759	
1	,	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor for campaign services
OF EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
09/01/2014	Dahl-Stamnes, Erika (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$209.00	10900 Research Blvd #1600	
	Austin, TX 78759	
 -	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract labor for campaign services
OF EXPENDITURE		
EXPENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
09/15/2014	Dahl-Stamnes, Erika (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$242.00	10900 Research Blvd #1600	
	Austin, TX 78759	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Contract labor for campaign services
OF	Salaries/Wages/Contract Labor	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•
to penetit C/OH	l	

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Polling Expense Printing Expense Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 7/27 Report: 69/90 4 Date Payee name 07/18/2014 David Thomas Photography City; State; Zip Code 6 Amount (\$) Payee address 2004 B East 9th Street Austin, TX 78702 \$200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 Photography services at opening event **PURPOSE** Event Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name De Los Santos, Drew (Ms.) 07/01/2014 Amount (\$) Payee address City; State; Zip Code 2601 Parker Ln \$1,250.00 Unit A Austin, TX 78701 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description Salary for Campaign Services PURPOSE Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name De Los Santos, Drew (Ms.) 07/15/2014 Amount (S) Payee address City; State; Zip Code 2601 Parker Ln \$1,250.00 Unit A Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description Salary for Campaign Services **PURPOSE** Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name De Los Santos, Drew (Ms.) 08/01/2014 Payee address City; State; Zip Code Amount (\$) 2601 Parker Ln \$1,250.00 Unit A Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Texas Ethics Commission **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Legal Services Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Event Expense Polling Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 8/27 Report: 70/90 Date Payee name De Los Santos, Drew (Ms.) 08/15/2014 6 Amount (\$) Payee address City; State; Zip Code 2601 Parker Ln \$1,250.00 Unit A Austin, TX 78701 (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name De Los Santos, Drew (Ms.) 09/01/2014 Amount (\$) Payee address City; State; Zip Code 2601 Parker Ln \$1,250.00 Unit A Austin, TX 78701 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Salary for campaign services Salaries/Wages/Contract Labor ΩF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name De Los Santos, Drew (Ms.) 09/15/2014 Amount (\$) Pavee address City; State; Zip Code 2601 Parker Ln \$1,250.00 Unit A Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name De Los Santos, Drew (Ms.) 09/17/2014 City; State; Zip Code Payee address Amount (\$) 2601 Parker Ln \$200.00 Unit A Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense

Office held:

Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES			
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gitts/Awards/Memorial Expense Salaries ing Legal Services Solicitat see Food/Beverage Expense Travel I Polling Expense Printing Expense Office O	Wages/Contract Labor Loan Repayment/Reimbursement	
		ains how to complete this form.	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)	
Schedule: 9/27 F	leport: 71/90 Tovo, Kathryne (Ms.)	00005000	
4 Date 07/30/2014	5 Payee name DeMayo Cellular		
6 Amount (\$)	7 Payee address City; State; Zip Code	•	
\$82.46	8617 Research Blvd Ste 220 Austin, TX 78758		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Phone services	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	
Date	Payee name		
07/15/2014	Dynamic Reprographics		
Amount (\$)	Payee address City; State; Zip Code)	
\$41.63	817 W 12th St Austin, TX 78701		
	Category (See Categories listed at the top of this sched	ule) Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Office Overhead/Rental Expense	Copy services —	
EXPENDITURE		_	
	<u> </u>	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	
Date	Payee name		
07/31/2014	Dynamic Reprographics		
Amount (\$)	Payee address City; State; Zip Code		
\$5.60	817 W 12th St Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	ule) Description (If travel outside of Texas, complete Schedule T) Copy services	
		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	
Date	Payee name		
07/31/2014	Facebook, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$10.00	1601 Willow Road Menlo Park, CA 94025		
	Category (See Categories listed at the top of this sched	ule) Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Advertising Expense	Political advertising	
EXPENDITURE			
		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	

SCHEDULE F

EXPENDITURE CATEGORIES				
Advertising Exper Accounting/Banki Consulting Exper Event Expense Fees	nse Gitts/Awards/Memorial Expense Salaries/Wages/C ing Legal Services Solicitation/Fundra	Contract Labor Loan Repaym aising Expense Transportatio Contributions trict Candidates Rental Expense OTHER (ente	nent/Reimbursement n Equipment & Related Expense //Donations Made By //Officeholder/Political Committee er a category not listed above)	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)	
Schedule: 10/27	Tour Kathayaa (Ma.)		00005000	
4 Date	5 Payee name		•	
08/31/2014	Facebook, Inc.			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$15.62	1601 Willow Road Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)	
PURPOSE	Advertising Expense	Political advertising	_	
OF EXPENDITURE		<u> _</u>		
		Check if Austin, TX, officehold		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	
Date	Payee name	**************************************		
09/12/2014	Fagan, Dennis (Mr.)			
Amount (\$)	Payee address City; State; Zip Code			
\$59.40	1601 West 38th Street			
Ф 39.40	#202			
	Austin, TX 78731			
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outsid Photography services	e of Texas, complete Schedule T)	
OF EXPENDITURE				
		Check if Austin, TX, officehold		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	
Date	Payee name			
07/17/2014	FedEx Office			
Amount (\$)	Payee address City; State; Zip Code			
\$40.03	6406 I-35 N Austin, TX 78752			
PURPOSE OF	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outsid Supplies for grand openi	le of Texas, complete Schedule T) ng	
EXPENDITURE		Check if Austin, TX, officehold	der living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	
Date	Payee name			
07/01/2014	Griffith Descendants, LLC			
Amount (\$)	Payee address City; State; Zip Code			
\$2,780.00	3536 Bee Caves Rd #310 Austin, TX 78746			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	le of Texas, complete Schedule T)	
PURPOSE	Office Overhead/Rental Expense	Campaign office rent	_	
OF EXPENDITURE		<u> </u>		
		Check If Austin, TX, officehole	der living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	

SCHEDULE F

	EXPENDITURE CATEGO	ORIES	
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wages/Co ing Legal Services Solicitation/Fundrai	ntract Labor Loan Repayme Transportation Contributions/D Candidate/O OTHER (enter	int/Reimbursement Equipment & Related Expense Jonations Made By Afficieholder/Political Committee a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 11/27	Taylo Katharas (Ma)		00005000
4 Date 08/01/2014	5 Payee name Griffith Descendants, LLC		
6 Amount (\$)	7 Payee address City; State; Zip Code		•
\$2,780.00	3536 Bee Caves Rd #310 Austin, TX 78746		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside Campaign office rent	of Texas, complete Schedule T)
		Check If Austin, TX, officeholde	er living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
09/01/2014	Griffith Descendants, LLC		
Amount (\$)	Payee address City; State; Zip Code		,
\$2,780.00	3536 Bee Caves Rd #310 Austin, TX 78746		•
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside Campaign office rent	of Texas, complete Schedule T)
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	Candidate? Onicendide Hame	Office Sought.	Office field.
Date	Payee name		
08/15/2014	Harland Clarke Corporation		
Amount (\$)	Payee address City; State; Zip Code		
\$25.03	10931 Laureate Drive Austin, TX 78249		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside Campaign check fees	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
09/15/2014	Haule, Margaret (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$220.00			

Category (See Categories listed at the top of this schedule)

Salaries/Wages/Contract Labor

Candidate / Officeholder name

PURPOSE

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH Office held:

Description (If travel outside of Texas, complete Schedule T) Contract labor for campaign services

Check if Austin, TX, officeholder living expense

Office sought:

Texas Ethics Commission

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 12/27 Report: 74/90 4 Date 5 Payee name HEB 07/17/2014 6 Amount (\$) Payee address City; State; Zip Code 1000 E. 41st Street Austin, TX 78751 \$12.36 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Drinks for grand opening **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name HEB 08/19/2014 City; State; Zip Code Amount (\$) Payee address 2400 S. Congress Ave. Austin, TX 78704 \$11.37 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Breakfast for block walkers Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name HEB 08/22/2014 Amount (\$) Payee address City; State; Zip Code 1801 East 51st Street \$113.27 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Food and Beverages for event **PURPOSE Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name **HEB Cafe Mueller** 08/22/2014 Amount (\$) Payee address City; State; Zip Code 1801 East 51st Street \$35.72 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Lunch for campaign staff Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH

to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Advertising Expense Legal Services Accounting/Banking Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Printing Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 13/27 Report: 75/90 Date Payee name 07/01/2014 Hughes, William (Mr.) 6 Amount (\$) Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745 \$1,650.00 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 07/15/2014 Hughes, William (Mr.) Amount (\$) Payee address City; State; Zip Code 1009 Hillside Oaks Dr. \$1,650.00 Austin, TX 78745 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Hughes, William (Mr.) 08/01/2014 Amount (\$) Payee address City; State; Zip Code 1009 Hillside Oaks Dr. \$1,650.00 Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Payee name Date Hughes, William (Mr.) 08/15/2014 Pavee address City: State: Zip Code Amount (\$) 1009 Hillside Oaks Dr. \$1,650.00 Austin, TX 78745 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Polling Expense Printing Expense Event Expense OTHER (enter a category not listed above) Fees The INSTRUCTION Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 14/27 Report: 76/90 5 Payee name 4 Date 09/01/2014 Hughes, William (Mr.) Pavee address City; State; Zip Code 6 Amount (\$) 1009 Hillside Oaks Dr. Austin, TX 78745 \$1,650.00 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Hughes, William (Mr.) 09/15/2014 Amount (\$) Payee address City; State; Zip Code 1009 Hillside Oaks Dr. \$1,650.00 Austin, TX 78745 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY it Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Idealist.org 07/15/2014 Pavee address City; State; Zip Code Amount (\$) 302 Fifth Avenue, 11th Floor \$25.00 New York, NY 10001 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Student intern posting

Office Overhead/Rental Expense

City; State; Zip Code

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Payee name InFocus Campaigns

Payee address

P.O. Box 10726

Fort Worth, TX 76114

Advertising Expense

Candidate / Officeholder name

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

08/21/2014

\$29.04

Amount (\$)

PURPOSE

Complete ONLY if direct expenditure to benefit C/OH

OF EXPENDITURE

Date

Office held:

(If travel outside of Texas, complete Schedule T)

Office held:

Check If Austin, TX, officeholder living expense

Check if Austin, TX, officeholder living expense

Office sought:

Description

Automated calling

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Legal Services Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Event Expense Polling Expense OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 15/27 Report: 77/90 4 Date 5 Payee name InFocus Campaigns 09/02/2014 6 Amount (\$) Pavee address City; State; Zip Code P.O. Box 10726 \$34.92 Fort Worth, TX 76114 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) **Automated Calling PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kelly Graphics 07/14/2014 Amount (\$) Payee address City; State; Zip Code 1409 Quaker Ridge \$5,918.22 Austin, TX 78746 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign yard signs Printing Expense ΩE **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Kiolbassa, Jolene (Ms.) 07/01/2014 Amount (\$) Pavee address City: State: Zip Code 3007 West Ave \$1,250.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Salary for campaign services **PURPOSE** Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kiolbassa, Jolene (Ms.) 07/15/2014 Payee address City; State; Zip Code Amount (\$) 3007 West Ave \$1,250.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Polling Expense Printing Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) 00005000 Schedule: 16/27 Report: 78/90 4 Date 5 Payee name 08/01/2014 Kiolbassa, Jolene (Ms.) 6 Amount (\$) Payee address City: State; Zip Code 3007 West Ave Austin, TX 78705 \$1,250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE

		Check if Austin, TX, officehold	er living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		WW T
08/15/2014	Kiolbassa, Jolene (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$1,250.00	3007 West Ave Austin, TX 78705		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside Salary for campaign servi	of Texas, complete Schedule T) Ces
EXPENDITORIE		Check if Austin, TX, officeholds	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
09/01/2014	Kiolbassa, Jolene (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$1,250.00	3007 West Ave Austin, TX 78705		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside Salary for campaign servi	of Texas, complete Schedule T) CeS
2,0 2,10110112		Check if Austin, TX, officeholds	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
09/15/2014	Kiolbassa, Jolene (Ms.)		
Amount (\$)	Payee address City; State; Zip Code	· · · · · ·	
\$1,250.00	3007 West Ave Austin, TX 78705		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Salary for campaign servi	ces
OF EXPENDITURE	-	Check if Austin, TX, officehold	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
			Electronic Filing Version 3.4

Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Polling Expense Printing Expense Event Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 17/27 Report: 79/90 5 Payee name 4 Date La Mexicana Bakery 07/26/2014 6 Amount (\$) Payee address City; State; Zip Code 1924 South 1st Austin, TX 78704 \$24.36 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Volunteer breakfast Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Date	Payee name	
07/17/2014	Michaels	
Amount (\$)	Payee address City; State; Zip Code	
\$41.38	5601 Brodie Ln Ste 200 Austin, TX 78745	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Campaign office supplies
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/21/2014	Miller Blueprint Company	
Amount (\$)	Payee address City; State; Zip Code	
\$6.75	501 West Sixth St Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Art supplies Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/15/2014	Minguell, Tomas (Mr.)	
Amount (\$)	Payee address City; State; Zip Code	
\$154.00	2614 Canterbury Austin, TX 78759	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor for campaign services
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Texas Ethics Commission

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Legal Services Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) Schedule: 18/27 Report: 80/90 00005000 4 Date Payee name 09/01/2014 Minguell, Tomas (Mr.) Pavee address City; State; Zip Code 6 Amount (\$) 2614 Canterbury Austin, TX 78759 \$231.00 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Contract labor for campaign services Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Minguell, Tomas (Mr.) 09/15/2014 Amount (\$) Payee address City; State; Zip Code 2614 Canterbury \$154.00 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Contract labor for campaign services **PURPOSE** Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **Net Victories** 07/25/2014 Amount (\$) Payee address City; State; Zip Code 4203 Montrose Blvd \$58.80 Suite 350 Houston, TX 77006 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **Email services PURPOSE** Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Payee name Date **Net Victories** 08/15/2014 Payee address City; State; Amount (\$) Zip Code 4203 Montrose Blvd \$200.00 Suite 350 Houston, TX 77006 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **Email Services PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a redecement listed above)

Fees	Printing Expense Office Overhead The Instruction Guide explains hor	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 19/27	Take Mathematica (Mar.)	00005000
4 Date	5 Payee name	J 00000000
08/25/2014	Net Victories	
6 Amount (\$)	7 Payee address City; State; Zip Code	
	4203 Montrose Blvd	
\$58.80	Suite 350	
	Houston, TX 77006	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Email services
OF EXPENDITURE		<u> </u> _
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
09/24/2014	Net Victories	
Amount (\$)	Payee address City; State; Zip Code	
\$58.80	4203 Montrose Blvd	
Ψ00.00	Suite 350	
	Houston, TX 77006	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Email Services
EXPENDITURE		
0.000	O a didata / Office badden asses	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		<u> </u>
Date	Payee name	· · ·
09/05/2014	North University Neighborhood Association	
Amount (\$)	Payee address City; State; Zip Code	
\$50.00	502 West 33rd Street	
	Austin, TX 78705	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Political Advertising
OF	Advertising Expense	- Community
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		
to benefit C/OH	<u> </u>	
Date	Payee name	•
07/17/2014	Office Max	
Amount (\$)	Payee address City; State; Zip Code	
\$43.92	4615 North Lamar Blvd Austin, TX 78756	
	- many in roll of	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Campaign office supplies - name tags, paper
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Legal Services Travel In District Travel Out Of District Food/Beverage Expense Polling Expense Printing Expense Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 20/27 Report: 82/90 4 Date 5 Payee name 07/23/2014 Office Max Payee address City; State; Zip Code 6 Amount (\$) 4615 North Lamar Blvd Austin, TX 78756 \$106.05 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Office supplies - toner, stickers, paper **PURPOSE** Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/22/2014 Office Max Amount (\$) Payee address City; State; Zip Code 4615 North Lamar Blvd \$32.43 Austin, TX 78756 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) PURPOSE Art supplies for event **Event Expense** ΩF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Office Max 08/27/2014 Pavee address City: State: Zip Code Amount (\$) 4615 North Lamar Blvd \$4.11 Austin, TX 78756 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description Office supplies - stickers **PURPOSE** Office Overhead/Rental Expense EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Opinion Analysts, Inc 08/08/2014 Payee address City; State; Zip Code Amount (\$) 906 Rio Grande St \$11,500.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Polling **PURPOSE** Polling Expense ΩF EXPENDITURE Check if Austin, TX, officeholder living expense

Office held:

Complete ONLY if

direct expenditure to penefit C/OH

Candidate / Officeholder name

P.O.Box 12070 Texas Ethics Commission **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Consulting Expense Travel Out Of District Event Expense Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) Schedule: 21/27 Report: 83/90 00005000 5 Payee name 4 Date Piryx, Inc. 09/25/2014 6 Amount (\$) Payee address City; State; Zip Code 144 2nd St. 1st floor \$1,195.57 San Francisco, CA 94105 Description (If travel outside of Texas, complete Schedule T) Cumulative donation processing fees for reporting (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF period EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Ratliff, Gay (Ms.) 08/15/2014 City; State; Zip Code Amount (\$) Pavee address 3509 Hampton Rd Austin, TX 78705 \$350.00 Description (If tra Donation Refund Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Pavee name Date Rindy & Associates, Inc. 07/15/2014 Payee address City; State; Zip Code Amount (\$) 2401 East 6th Street #1003 \$300.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Political Advertising Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Rindy & Associates, Inc. 09/11/2014 Payee address City; State; Zip Code Amount (\$) 2401 East 6th Street #1003 \$2,048.94 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Political Advertising Advertising Expense OF **EXPENDITURE**

Office held:

Check if Austin, TX, officeholder living expense

Candidate / Officeholder name

Complete ONLY if

direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Advertising Expense Legal Services Accounting/Banking Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Printing Expense Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 22/27 Report: 84/90 5 Payee name 4 Date Rindy & Associates, Inc. 09/13/2014 6 Amount (\$) Payee address City; State; Zip Code 2401 East 6th Street #1003 \$9,300.00 Austin, TX 78702 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 Political Advertising **PURPOSE** Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/11/2014 Salvation Pizza Amount (\$) Payee address City; State; Zip Code 624 W 34th St \$61.67 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Dinner for campaign staff Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name SignOutfitters.com 08/15/2014 Payee address City; State; Zip Code Amount (\$) 4176 6th Street \$93.61 Wyandotte, MI 48192 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Signs and stands for event **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name South Austin Democrats 08/30/2014 City; State; Zip Code Payee address Amount (\$) P.O. Box 152592 \$100.00 Austin, TX 78715 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Sponsorship Contributions/Donations Made By OF Candidate/Officeholder/Political Committee EXPENDITURE Check if Austin, TX, officeholder living expense

Office held:

direct expenditure to benefit C/OH

Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Legal Services Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Printing Expense Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Tovo, Kathryne (Ms.) 00005000 Schedule: 23/27 Report: 85/90 4 Date 5 Payee name 09/04/2014 Speedy Inks 6 Amount (\$) Payee address City; State; Zip Code 3788 Heinemann St. \$25.58 Long Beach, CA 90808 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Office supplies - toner cartridges **PURPOSE** Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense g Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Star Stop 74 08/30/2014 Amount (\$) Payee address City; State; Zip Code 2819 Guadalupe \$3.99 Austin, TX 78705 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Beverage for volunteers Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure to benefit C/OH Date Payee name Sweetish Hill Bakery 07/19/2014 Amount (\$) Pavee address City; State; Zip Code 1120 W 6th Street \$37.89 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Breakfast for campaign volunteers **PURPOSE** Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Taco Shack 08/16/2014 Payee address City; State; Zip Code Amount (\$) 2825 Guadalupe \$23.25 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Breakfast for campaign workers Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Printing Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 24/27 Report: 86/90 5 Payee name 4 Date Taco Shack 08/23/2014 6 Amount (\$) Payee address City; State; Zip Code 2825 Guadalupe Austin, TX 78705 \$15.50 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description R **PURPOSE** Breakfast for campaign workers Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Taco Shack 08/30/2014 Payee address Amount (\$) City; State; Zip Code 2825 Guadalupe Austin, TX 78705 \$11.63 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Breakfast for campaign workers Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Taço Shack 09/06/2014 Payee address City; State; Zip Code Amount (\$) 2825 Guadalupe \$27.67 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Breakfast for campaign workers Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Taco Shack 09/20/2014 City; State; Zip Code Payee address Amount (\$) 2825 Guadalupe \$22.44 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Breakfast for campaign workers Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

Texas Ethics Commission

direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Travel Out Of District Polling Expense Printing Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 25/27 Report: 87/90 Date 5 Payee name Texas Made Productions 07/10/2014 6 Amount (\$) Pavee address City; State; Zip Code 3707 Manchaca #177 \$100.00 Austin, TX 78704 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description Video Services **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/22/2014 The Maids Amount (\$) Payee address City; State; Zip Code 8514 Cameron Rd \$104.57 Austin, TX 78754 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description Campaign office cleaning services **PURPOSE** Office Overhead/Rental Expense ΩF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/15/2014 The Maids Amount (\$) Pavee address City: State: Zip Code 8514 Cameron Rd \$89.95 Austin, TX 78754 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Office cleaning services **PURPOSE** Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Pavee name Tops 08/01/2014 Amount (\$) Payee address City; State; Zip Code 1300 E. 5th Street \$151.55 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Printer Office Overhead/Rental Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Office sought: Complete ONLY if

P.O.Box 12070

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District Travel Out Of District Event Expense Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Tovo, Kathryne (Ms.) 00005000 Schedule: 26/27 Report: 88/90 Date Payee name United States Postal Service - Central Park Station 09/19/2014 Payee address City; State; Zip Code 6 Amount (\$) 3507 North Lamar Blvd \$49.00 Austin, TX 78705 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Van Haitsma, Susan (Ms.) 07/17/2014 Amount (\$) Payee address City; State; Zip Code 706 W 31st \$60.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Contract labor for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Van Haitsma, Susan (Ms.) 07/28/2014 Amount (\$) Pavee address City; State; Zip Code 706 W 31st \$30.00 Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract labor for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Рауее пате Van Haitsma, Susan (Ms.) 08/01/2014 Pavee address City; State; Zip Code Amount (\$) 706 W 31st \$30.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Contract labor for campaign services **PURPOSE** Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITIC	AL EXPENDITURES			SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense ing Legal Services se Food/Beverage Expense Polling Expense Printing Expense	TURE CATEGORIES Salaries/Wages/Contract Labo Solicitation/Fundraising Expen Travel In District Travel Out Of District Office Overhead/Rental Exper DE explains how to complete	Contributions/Donation Candidate/Officehouse OTHER (enter a cate	imbursement ment & Related Expense ons Made By older/Political Committee egory not listed above)
1 PAGE#	2 FILER NAME Tovo, Kathryne (Ms.)			ACCOUNT # (TEC filers)
Schedule: 27/27	Report: 89/90 1000, Katiffylle (MS.) 5 Payee name			00005000
4 Date 08/13/2014	Van Haitsma, Susan (Ms.)			
6 Amount (\$)	7 Payee address City; State; Z	ip Code		
\$30.00	706 W 31st Austin, TX 78705			
8 PURPOSE OF	(a) Category (See Categories listed at the top of the Salaries/Wages/Contract Labor	is schedule) (b) Des	scription (If travel outside of Tex ntract labor for campaign se	(as, complete Schedule T) rvices
EXPENDITURE		☐ Che	eck if Austin, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
08/15/2014	Wells Fargo			·
Amount (\$) \$5.00	Payee address City; State; Z 501 S Congress Ave Austin, TX 78704	čip Code		
PURPOSE OF	Category (See Categories listed at the top of th Accounting/Banking		scription (If travel outside of Tex nk fee	kas, complete Schedule T)
EXPENDITURE		□ chr	ck if Austin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
08/22/2014	Worley Printing Co, Inc.		_	
Amount (\$) \$1,530.66	Payee address City; State; Z 3217 North IH 35 Austin, TX 78722	ip Code		
PURPOSE OF	Calegory (See Categories listed at the top of the Printing Expense	is schedule) De: Ca	scription (If travel outside of Tex mpaign road signs, bumper	kas, complete Schedule T) Stickers
EXPENDITURE	·	☐ Chr	eck if Austin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

Austin, Texas 78711-2070

SCHEDULE G

TDD 1-800-735-2989

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Tovo, Kathryne (Ms.) 00005000 Schedule: 1/1 Report: 90/90 5 Payee name 08/15/2014 Capital Area Democratic Women 6 Amount (\$) Payee address City; State; Zip Code P.O. Box 12962 \$39.00 Austin, TX 78711 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event tickets Contributions/Donations Made By Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Capital Area Democratic Women 09/16/2014 Amount (\$) Payee address City; State; Zip Code P.O. Box 12962 \$154.00 Austin, TX 78711 Reimbursement from political contributions intended (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Membership Dues Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Pavee name Capital Area Democratic Women 09/17/2014 Amount (\$) Pavee address City; State; Zip Code P.O. Box 12962 \$31.90 Austin, TX 78711 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Event tickets Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Stonewall Democrats of Austin 07/29/2014 City; State; Zip Code Payee address Amount (\$) P.O. Box 40898 \$30.00 Austin, TX 78704 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Membership Dues **EXPENDITURE** Check if Austin, TX, officeholder living expense

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
AMERICAN FEDER	ATION OF STATE C	COUNTY & MUNICIF	PAL EMPLO	YEES PEO	PLE
1555550	1625 L Street NW				
ADDRESS (number and street)	The second of th		tood on a subsequent and one of the subsequence of		
(Check if address is changed)	Washington		DC . 2	0036	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one e jtaggan@afscme.org	-mail address)			
(Check if address is changed)					
COMMITTEE'S WEB PAGE AC	DDRESS (URL) NONE				
(Check if address is changed)					
2. DATE 06 2	2012				
3. FEC IDENTIFICATION N	UMBER C C	00011114			
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		٠	
certify that I have examined to	his Statement and to the best	of my knowledge and belief it	t is true correct ar	rd complete	
Type or Print Name of Treasure	LAUGA M OENGO		, , , , , , , , , , , , , , , , , , ,	o dompieto.	
LAUR. Signature of Treasurer	A M. REYES		Date 06	22 2	2012
NOTE: Submission of false, errore	eous, or incomplete information a			e penalties of 2 U.S.C	C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM (Revised 02/2009)	

(a)	This committee is a principal cam	paign committee. (Comp	lete the candidate	information belov	v.)
(b)		committee, and is NOT a	principal campaign	n committee. (Co	mplete the candidate
Name of Candidate	,	منتشف فالمنظوم والكناوات مستوماتها والمنتقفات والمهادور بير	·		
Candidate Party Alfilia	Office Sought	: House	Senate	President	State District
c)	This committee supports/opposes	only one candidate, and	is NOT an authori	ized committee.	
Candidate					
Party Co	mmittee:				
(d)	This committee is a	•	ommittee of the		(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):				
(e) X	This committee is a separate seg	regated fund. (Identify co	nnected organizatio	n on line 6.) Its co	onnected organization is a
	Corporation	Corper	ation w/o Capital Si	tock X	Labor Organization
	Membership Organization	Trade a	Association		Cooperative
	X In addition, this cor	nmittee is a Lobbylst/Reg	istrant PAC.		•
(1)			candidate, and is f	NOT a separate :	segregated fund or party
	In addition, this committee	is a Lobbyist/Registrant f	AC.		
	In addition, this committee	is a Leadership PAC. (Ide	entify sponsor on line	e 6.)	
oint Fun	draising Representative:				
g)	This committee collects contribution committees/organizations, at least of	ns, pays fundraising expe one of which is an author	nses and disburses ized committee of a	net proceeds for federal candidate	two or more political a.
n)					two or more political
Con	nmittees Participating in Joint Fu	ndraiser			
1.		e e e e e e e e e e e e e e e e e e e	FEC ID n	nwper C	
2.			FEC ID n	umber C	
	•	•	FEC ID n	umber C	
٥.	in the second control of the second control of the second	المتعلقة لمجالي الماليان متهادي والتو		umber C	
	Candidate (a) (b) Name of Candidate Candidate Party Affilial c) Name of Candidate Party Con (d) Political J (f) (f) (oint Funce (a) (n) Con	(b) This committee is an authorized of information below.) Name of Candidate Candidate Candidate Candidate Candidate Committee supports/opposes Name of Candidate Party Committee: (d) This committee is a Political Action Committee (PAC): (e) X This committee is a separate seg Carporation Membership Organization X In addition, this committee Coint Fundraising Representative: (a) This committee collects contribution committees/organizations, at least of the committees of t	Candidate Committee: (a) This committee is a principal campaign committee. (Composition of Candidate Candidate Can	Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate (b) This committee is an authorized committee, and is NOT a principal campaign information below.) Name of Candidate Party Committee: ((National, State or subordinate) committee of the or subordinate) committee of the political Action Committee (PAC): ((a) This committee is a separate segregated fund, (identify connected organization Carporation Corporation Corporation w/o Capital Si Membership Organization Trade Association In addition, this committee is a Lobby/st/Registrant PAC. ((i) This committee supports/opposes more than one Federal candidate, and is it committee. (i.e., nonconnected committee) In addition, this committee is a Leadership PAC. (Identify sponsor on line committee) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a recommittee of a committees organizations, none of which is an authorized committee of a lederal committees Participating in Joint Fundraiser 1. FEC ID in FEC	Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below information below.) This committee is an authorized committee. and is NOT a principal campaign committee. (Co information below.) Name of Candidate Party Committee: (National, State or subordinate) committee of the Political Action Committee (PAC): This committee is a separate segregated lund. (Identify connected organization on line 6.) its or Carporation Carporation Carporation Candidate Candidate Political Action Committee (PAC): This committee is a separate segregated lund. (Identify connected organization on line 6.) its or Carporation by Capital Stock Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) In In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C

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5. Name of Any	Connected Organization, A	Miliated Committee, Join	t Fundraising Representative	or Leadership PAC Sponsor
AMERICAN	FEDERATION OF S	TATE COUNTY 8	MUNICIPAL EMPLO	YEES
Mailing Addres	1625 L Street I	NW	o supulada - hisdaddi indib dd ikiddidiinos 1000	
	Washington	and the second s	DC	
		CITY	STATE	ZIP CODE
Relationship:	★ Connected Organization	Affitiated Committee	Joint Fundraising Represent	ative Leadership PAC Sponso
Custodian of books and reco		ddress (phone number ··	optional) and position of the p	erson in possession of committee
full Name	CHARLES JURGONIS			
Mailing Addres	1625 L Street	NW		
	Washington		DC .	20036
Title or Position	n	CITY	STATE	ZIP CODE
DIRECTOR		The second second	Tetephone number	202 429 1007
	t the name and address (phor		the treasurer of the committee	and the name and address of
	d agent (e.g., assistant treasur	er).		
any designated	LAURA M. REYES			
any designated	LAURA M. REYES			
any designated Full Name of Treasurer	LAURA M. REYES 1625 L Street I Washington		DC	20036
any designated Full Name of Treasurer	LAURA M. REYES 1625 L Street N Washington		OC STATE	20036 ZIP CODE

FEC Form 1 (R	evised 02/2009)		Pa
Full Name of			
Designated Agent		,	
Mailing Address	1		
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	
safety deposit boxes or Name of Bank, Deposit	•	nich the committee deposits fu	nds, holds accounts,
safety deposit boxes or Name of Bank, Deposit AM	r maintains funds. tory, etc.		nds, holds accounts,
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. ALGAMATED BANK		nds, holds accounts,
safety deposit boxes or Name of Bank, Deposit AM	r maintains funds. tory, etc. ALGAMATED BANK		. 10001
safety deposit boxes or Name of Bank, Deposit AM	r maintains funds. tory, etc. ALGAMATED BANK 275 7th Avenue		
safety deposit boxes or Name of Bank, Deposit AM	r maintains funds. tory, etc. ALGAMATED BANK 275 7th Avenue New York CITY		. 10001
safety deposit boxes or Name of Bank, Deposit AM Mailing Address	r maintains funds. tory, etc. ALGAMATED BANK 275 7th Avenue New York CITY		. 10001
Safety deposit boxes or Name of Bank, Deposit AM	r maintains funds. tory, etc. ALGAMATED BANK 275 7th Avenue New York CITY tory, etc.		. 10001
safety deposit boxes or Name of Bank, Deposit AM Mailing Address	MALGAMATED BANK 275 7th Avenue New York CITY TORY, etc. NK OF AMERICA		. 10001
Safety deposit boxes or Name of Bank, Deposit AM	MALGAMATED BANK 275 7th Avenue New York CITY TORY, etc. NK OF AMERICA		. 10001

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

	FEC Form 1S (Revised 08/2
intains funds.	or Other Depositories: deposit boxes or maintains of Bank, Depository, etc.
	i e e e e
 	
	Address
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CITY A STATE A ZIP CODE A	
[ADDITION Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor , AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PE	ICT COUNCIL 37, AFS
400 Davidson Court	
125 Barclay Street	ng Address L
	Ļ
New York NY 10007	L
CITY STATE ZIP CODE &	
Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor	p: cted Organization
[ADDITIONAL	nated Agent
<u> </u>	Name
	·
	ng Address
	-
CITY & STATE ZIP CODE &	or Position 🛡
Telephone number	
(ADDITIONAL	undraiser Participant
CITY & STATE Z	or Position