

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 00005000	2 PAGE # 1 of 90
-----------------------------	-------------------------

3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Kathryne NICKNAME LAST SUFFIX Kathie Tovo	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report	2014 OCT 27 PM 2 RECEIVED AUSTIN CITY CLERK
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 07/01/2014 THROUGH 09/25/2014	Date Imaged

6 EXPLANATION OF CORRECTION

Updated information was received for employer/occupation of donor Jo Vanna Hill so this amendment reflects that correction. The original COH did not have the box marked for an out-of-state PAC on Schedule A. This amendment corrects that and includes FEC Form 1, the Statement of Organization for that PAC. Some of the online donation processing fees for the reporting period were inadvertently included twice so this amendment also includes a correction that reduces the cumulative fees reported.

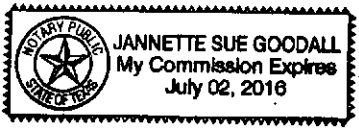
7 AFFIDAVIT

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

Check ONLY if applicable:

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

☒ **Other reports** (excluding semiannual reports): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

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

Jannette Sue Goodall Jannette Sue Goodall Notary

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Kathryne Tovo Kathryne B Tovo

Signature of Candidate or Officeholder

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections.**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00005000	2 PAGE # 2 of 90
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kathryne	MI
	NICKNAME Kathie	LAST Tovo	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 W 32nd Street Austin, TX 78705		
	<input type="checkbox"/> Change of Address		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joseph	MI
	NICKNAME	LAST Pinnelli	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 50038 Austin, TX 78763		
	AREA CODE PHONE NUMBER EXTENSION (512) 478-5958		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2014 THROUGH 09/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any) City Council Place 3		12 OFFICE SOUGHT (if known) City Council District 9
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Tovo, Kathrynne (Ms.)**14 ACCOUNT #** (Ethics Commission filers)
00005000**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

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

\$

45,466.00

**EXPENDITURE
TOTALS**

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

75,599.97

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

\$

65,917.57

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

\$

141,807.06

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kathryne Tovo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/58 Report: 4/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/22/2014

5 Full name of contributor ☒ out-of-state PAC (ID# C00011114)
AFSCME PEOPLE

6 Contributor address; City; State; Zip Code
1625 L Street, NW
Washington, DC 20036

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alvis, Grant (Mr.)

Contributor address; City; State; Zip Code
4002 Petes Path
Austin, TX 78731

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Anderson, Maurice (Mr.)

Contributor address; City; State; Zip Code
3901 Arbor Glen Way
Austin, TX 78731

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Contractor

Employer (See Instructions)
M.F. Anderson Construction Inc.

Date

09/16/2014

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

Contributor address; City; State; Zip Code
2318 Canterbury St
Austin, TX 78702

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Structure Development

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Anthony, Dana (Ms.)

Contributor address; City; State; Zip Code
709 31 St
Austin, TX 78705

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/58 Report: 5/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/14/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Aparicio, Eduardo (Mr.)

6 Contributor address; City; State; Zip Code
9906 Dorset Dr
Austin, TX 78753

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Owner/President

10 Employer (See Instructions)
Aparicio Publishing

Date

09/25/2014

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

Contributor address; City; State; Zip Code
11504 Oakwood Dr.
Austin, TX 78753

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bailey, Debra (Ms.)

Contributor address; City; State; Zip Code
8500 Andreas Cove
Austin, TX 78759

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bailey, Kris (Mr.)

Contributor address; City; State; Zip Code
8418 Spring Valley Dr
Austin, TX 78736

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Insurance Adjuster

Employer (See Instructions)
Self-Employed

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bailey, Pam (Ms.)

Contributor address; City; State; Zip Code
8204 Red Willow Dr
Austin, TX 78736

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/58 Report: 6/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/14/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Balaka, Gerald (Mr.)

6 Contributor address; City; State; Zip Code
1800 W 34th St
Austin, TX 78703

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barrett, Rick (Mr.)

Contributor address; City; State; Zip Code
16606 Sperry Gardens Dr
Houston, TX 77095

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Greater Houston Transportation

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bartz, Joan (Ms.)

Contributor address; City; State; Zip Code
6713 Tulsa Cove
Austin, TX 78723

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Basciano, Joyce (Ms.)

Contributor address; City; State; Zip Code
1907 W 34th St.
Austin, TX 78703

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

09/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Basciano, Joyce (Ms.)

Contributor address; City; State; Zip Code
1907 W 34th St.
Austin, TX 78703

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/58 Report: 7/90	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beinecke, Bridgette (Ms.) 6 Contributor address; City; State; Zip Code 2320 Tom Miller St Austin, TX 78723	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Architectural Project Manager		10 Employer (See Instructions) Beinecke Preservation Planning and Project Management	
Date 07/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berry, Clare (Ms.) Contributor address; City; State; Zip Code 1505 Brentwood Austin, TX 78757	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bilodeau, James (Mr.) Contributor address; City; State; Zip Code 502 E. Mary Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) PreFix Inc.	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blythe, Sharon (Ms.) Contributor address; City; State; Zip Code 9206 Brigadoon Cove Austin, TX 78750	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) State of Texas	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bornstein, Sue (Ms.) Contributor address; City; State; Zip Code 909 Post Oak St. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) PATH Advantage Associated	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/58 Report: 8/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/24/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Boston, David (Mr.)

6 Contributor address; City; State; Zip Code
4004 Vineland Dr.
Austin, TX 78722

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Boyle, James (Mr.)

Contributor address; City; State; Zip Code
7509 Steardown Cove
Austin, TX 78731

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/31/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown, Lisa (Ms.)

Contributor address; City; State; Zip Code
P.O. Box 4767
Austin, TX 78765

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown, Lucy (Ms.)

Contributor address; City; State; Zip Code
1616 Westlake Dr
Austin, TX 78746

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Real estate investor

Employer (See Instructions)
Self-employed

Date

09/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown, Sharon (Ms.)

Contributor address; City; State; Zip Code
4213 Ave. F
Austin, TX 78751

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 6/58 Report: 9/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

08/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Browning, Molly (Ms.)

6 Contributor address; City; State; Zip Code
1209 Bickler Rd
Austin, TX 78704

7 Amount of
contribution (\$)

\$30.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Buoy, Kang (Mr.)

Contributor address; City; State; Zip Code
514 Ladin Ln
Lakeway, TX 78734

Amount of
contribution (\$)

\$175.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Buoy, Savy (Mr.)

Contributor address; City; State; Zip Code
514 Ladin Ln
Lakeway, TX 78734

Amount of
contribution (\$)

\$175.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Burnham, Joan (Ms.)

Contributor address; City; State; Zip Code
4004 Avenue H
Austin, TX 78751

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

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

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

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/58 Report: 10/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

07/15/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Buttrey, Barbara (Ms.)

6 Contributor address; City; State; Zip Code
103 West 33rd
Austin, TX 78705

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Buttrey, Barbara (Ms.)

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

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Buttrey, Jerrold (Mr.)

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

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Buttrey, Jerrold (Mr.)

Contributor address; City; State; Zip Code
103 W 33rd St
Austin, TX 78705

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cabaniss, Boyce (Mr.)

Contributor address; City; State; Zip Code
209 East Elizabeth
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/58 Report: 11/90	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 08/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cabluck, Ellen (Ms.) 6 Contributor address; City; State; Zip Code 1808 Eva St Austin, TX 78704	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cabluck, Harry (Mr.) Contributor address; City; State; Zip Code 1808 Eva St Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Elizabeth (Ms.) Contributor address; City; State; Zip Code 3011 West Ave Austin, TX 78705	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cannatti, Mike (Mr.) Contributor address; City; State; Zip Code 2100 Stamford Ln. Austin, TX 78703	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Terrile, Cannatti, Chambers & Holland, LLP	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartlidge, Ron (Mr.) Contributor address; City; State; Zip Code 1802 Woodland Ave Austin, TX 78741	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/58 Report: 12/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 07/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartledge, Sharon (Ms.) 6 Contributor address; City; State; Zip Code 1802 Woodland Ave Austin, TX 78741	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catterall, Kate (Ms.) Contributor address; City; State; Zip Code 408 West Johanna St Austin, TX 78704	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catterall, Matt (Mr.) Contributor address; City; State; Zip Code 408 West Johanna St Austin, TX 78704	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chafetz, Norm (Mr.) Contributor address; City; State; Zip Code 11000 Rustic Manor Ln Austin, TX 78750	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cocke, Paula (Ms.) Contributor address; City; State; Zip Code 1608 West Ninth Street Austin, TX 78703	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/58 Report: 13/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

07/16/2014

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

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

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Coldwell, George (Mr.)

Contributor address; City; State; Zip Code
710 West Gibson
Austin, TX 78704

Amount of
contribution (\$)

\$102.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cole, Allan (Mr.)

Contributor address; City; State; Zip Code
803 Park Blvd
Austin, TX 78704

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Professor/Associate Dean

Employer (See Instructions)
UT Austin

Date

07/03/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Conner, David (Mr.)

Contributor address; City; State; Zip Code
3820 Avenue F
Austin, TX 78751

Amount of
contribution (\$)

\$15.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Conner, David (Mr.)

Contributor address; City; State; Zip Code
3820 Avenue F
Austin, TX 78751

Amount of
contribution (\$)

\$10.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/58 Report: 14/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Lanette (Ms.) 6 Contributor address; City; State; Zip Code 5008 Eilers Ave Austin, TX 78751	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Courtade, Alexander (Mr.) Contributor address; City; State; Zip Code 609 W 35th St Austin, TX 78705	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, Chris (Ms.) Contributor address; City; State; Zip Code 1604 Leigh Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Art Gallery Director		Employer (See Instructions) Women and Their Work	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Dan (Mr.) Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Lindsey (Ms.) Contributor address; City; State; Zip Code 3018 West Ave. Austin, TX 78705	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/58 Report: 15/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00005000

4 Date

08/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Crow, Steven (Mr.)

6 Contributor address; City; State; Zip Code
3018 West Ave.
Austin, TX 78705

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Crumpton, Carolyn (Ms.)

08/02/2014

Contributor address; City; State; Zip Code
4808 Avenue F
Austin, TX 78751

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Psychologist

Employer (See Instructions)
Self-employed

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Curry, Michael (Mr.)

09/24/2014

Contributor address; City; State; Zip Code
700 Lavaca
Suite 1400
Austin, TX 78701

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Mediator

Employer (See Instructions)
Self-employed

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
DasGupta, Sumit (Mr.)

09/19/2014

Contributor address; City; State; Zip Code
8900 Bluegrass Dr
Austin, TX 78759

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Denko, John Scott (Mr.)

09/25/2014

Contributor address; City; State; Zip Code
1506 West 31st St
Austin, TX 78703

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/58 Report: 16/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dileo, Michael (Mr.)

6 Contributor address; City; State; Zip Code
9 Niles Rd
Austin, TX 78703

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Teacher

10 Employer (See Instructions)
Austin Waldorf School

Date

09/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dittmar, Ronald (Mr.)

Contributor address; City; State; Zip Code
904 Ebony
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Doherty, Penelope (Ms.)

Contributor address; City; State; Zip Code
914 E 49th St
Austin, TX 78751

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/18/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Downer, Jane (Ms.)

Contributor address; City; State; Zip Code
517 East Mary
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dunn, Beverly (Ms.)

Contributor address; City; State; Zip Code
607 Patterson Ave.
Austin, TX 78703

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/58 Report: 17/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/10/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Eckelcamp, Carol (Ms.)

6 Contributor address; City; State; Zip Code
1204 Brentwood Rd
Austin, TX 78722

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/22/2014

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

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

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Embree, Alice (Ms.)

Contributor address; City; State; Zip Code
1210 Norwood Rd.
Austin, TX 78722

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Faris, Mary (Ms.)

Contributor address; City; State; Zip Code
2400 Elm Glen
Austin, TX 78704

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fath, Shudde (Ms.)

Contributor address; City; State; Zip Code
1006 Bluebonnet Ln
Austin, TX 78704

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/58 Report: 18/90	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Faust, Sarah (Ms.) 6 Contributor address; City; State; Zip Code 821 E. 53rd St Austin, TX 78751	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferguson, Frances (Ms.) Contributor address; City; State; Zip Code 1013 Harwood Place Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fink, Tom (Mr.) Contributor address; City; State; Zip Code 2607 S. 3rd St Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Finnell, Susanna (Ms.) Contributor address; City; State; Zip Code 700 West Monroe St Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fiske, Patricia (Ms.) Contributor address; City; State; Zip Code 2601 Del Curto Rd #103 Austin, TX 78704	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/58 Report: 19/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

08/13/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Flores, Nicole (Ms.)

6 Contributor address; City; State; Zip Code
312 Eanes School Rd
Austin, TX 78746

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Senior Vice President

10 Employer (See Instructions)
City Real Estate Advisors Inc.

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fries, Mark (Mr.)

Contributor address; City; State; Zip Code
4105 Avenue B
Austin, TX 78751

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gaston, George (Mr.)

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

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Republic National Distributing Co.

Date

09/02/2014

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

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

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gealy, Susanne (Ms.)

Contributor address; City; State; Zip Code
3310 Bryker Dr.
Austin, TX 78703

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/58 Report: 20/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/10/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gest, Darrell (Mr.)

6 Contributor address; City; State; Zip Code
1204 Brentwood Rd
Austin, TX 78722

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gettelman, Barbara (Ms.)

Contributor address; City; State; Zip Code
505 Lockhart Dr
Austin, TX 78704

Amount of
contribution (\$)

\$30.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gill, Hubert (Mr.)

Contributor address; City; State; Zip Code
1707 Palma Plaza
Austin, TX 78703

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self-employed

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gillespie, Alexandra (Ms.)

Contributor address; City; State; Zip Code
909 Post Oak St.
Austin, TX 78704

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)
PATH Advantage Associated

Date

08/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gimson, Susana (Ms.)

Contributor address; City; State; Zip Code
610 Harthan St
Austin, TX 78703

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/58 Report: 21/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Girard, Denise (Ms.) 6 Contributor address; City; State; Zip Code 4520 Red River St Austin, TX 78751	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Israel (Mr.) Contributor address; City; State; Zip Code 3501 Manor Rd Austin, TX 78723	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Civil Engineer/Land Surveyor		Employer (See Instructions) IT Gonzalez Engineers	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodman, Kim (Ms.) Contributor address; City; State; Zip Code 4416 Sam Bass Rd. Round Rock, TX 78681	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, William (Mr.) Contributor address; City; State; Zip Code 6103 Cary Dr. Austin, TX 78757	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gosselink, Margaret (Ms.) Contributor address; City; State; Zip Code 903 West 14th St Austin, TX 78701	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/58 Report: 22/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Grady-Sessa, Ellen (Ms.)

6 Contributor address; City; State; Zip Code
813 James St
Austin, TX 78704

7 Amount of
contribution (\$)

\$150.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/31/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Greenberg, Alan (Mr.)

Contributor address; City; State; Zip Code
5400 Woodview Ave
Austin, TX 78756

Amount of
contribution (\$)

\$60.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Guerra, Luis (Mr.)

Contributor address; City; State; Zip Code
1808 Kerr St
Austin, TX 78704

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Self-employed

Date

07/06/2014

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

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

Amount of
contribution (\$)

\$65.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

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

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

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 20/58 Report: 23/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/21/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Guthikonda, Amini (Ms.)

6 Contributor address; City; State; Zip Code
P.O. Box 200388
Austin, TX 78720

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Yoga Instructor/Student

10 Employer (See Instructions)
Self-employed

Date

09/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Guthikonda, Gopal (Mr.)

Contributor address; City; State; Zip Code
P.O. Box 200388
Austin, TX 78720

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
CP&Y Inc.

Date

09/05/2014

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

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

Amount of
contribution (\$)

\$175.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2014

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

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

Amount of
contribution (\$)

\$175.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/01/2014

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

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

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 21/58 Report: 24/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

07/18/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hanna, Jett (Mr.)

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

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Texas Lawyers' Insurance

Date

09/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harden, Joi (Ms.)

Contributor address; City; State; Zip Code
10507 Cooper Hill Dr.
Austin, TX 78758

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harriman, Suzie (Ms.)

Contributor address; City; State; Zip Code
2304 Euclid Ave.
Austin, TX 78704

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/31/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harris, Lisa (Ms.)

Contributor address; City; State; Zip Code
4522 Avenue F
Austin, TX 78751

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harry, Thomas (Mr.)

Contributor address; City; State; Zip Code
606 West Lynn St #10
Austin, TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Professor/Physician

Employer (See Instructions)
Texas A&M/Baylor, Scott & White Hospital

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/58 Report: 25/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 08/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harter, Steven (Mr.) 6 Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Chairman		10 Employer (See Instructions) Texas Taxi, Inc.	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harter, Suzanne (Ms.) Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Anne (Ms.) Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Harutunian Engineering, Inc.	
Date 09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Kegham (Mr.) Contributor address; City; State; Zip Code 21 Stillmeadow Round Rock, TX 78664	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Harutunian Engineering, Inc.	
Date 09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Shant (Mr.) Contributor address; City; State; Zip Code 21 Stillmeadow Round Rock, TX 78664	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Harutunian Engineering, Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 23/58 Report: 26/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/16/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Harutunian, Takoohy (Mr.)

6 Contributor address; City; State; Zip Code
P.O. Box W
Austin, TX 78713

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
CEO

10 Employer (See Instructions)
Harutunian Engineering, Inc.

Date

09/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harutunian, Vigain (Mr.)

Contributor address; City; State; Zip Code
21 Stillmeadow
Round Rock, TX 78664

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Mechanical Engineer

Employer (See Instructions)
Harutunian Engineering, Inc.

Date

09/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hatch, Donald (Mr.)

Contributor address; City; State; Zip Code
2101 Newton
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/18/2014

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

Contributor address; City; State; Zip Code
1102-B East 8th St
Austin, TX 78702

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Hatch, Ulland, Owen Architects

Date

09/25/2014

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

Contributor address; City; State; Zip Code
5403 Musket Ridge
Austin, TX 78759

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 24/58 Report: 27/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/14/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Heath, Jena (Ms.)

6 Contributor address; City; State; Zip Code
6514 Santolina Cove
Austin, TX 78731

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Heinen, Anne (Ms.)

Contributor address; City; State; Zip Code
3010 Washington Sq.
Austin, TX 78705

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Herczeg, Laszlo (Mr.)

Contributor address; City; State; Zip Code
5003 Spicewood Springs Rd
Austin, TX 78759

Amount of
contribution (\$)

\$199.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Herndon, David (Mr.)

Contributor address; City; State; Zip Code
2903 Tarry Trail
Austin, TX 78703

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Herndon, Dealey (Ms.)

Contributor address; City; State; Zip Code
2903 Tarry Trail
Austin, TX 78703

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 25/58 Report: 28/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

07/15/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hibbetts, Alegria Arce (Ms.)

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

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
CPA

10 Employer (See Instructions)
Self

Date

07/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hibbetts, Charles (Mr.)

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

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hill, Jo Vanna (Ms.)

Contributor address; City; State; Zip Code
6410 Oak Masters Dr
Spring, TX 77379

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Paralegal-Human Resources/Employment

Employer (See Instructions)
Pagel, Davis & Hill, P.C.

Date

08/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hill, Martyn (Mr.)

Contributor address; City; State; Zip Code
6410 Oak Masters Dr
Spring, TX 77379

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Pagel, Davis & Hill, PC

Date

09/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hinckley Boyle, Carolyn (Ms.)

Contributor address; City; State; Zip Code
7509 Stepdown Cove
Austin, TX 78731

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 26/58 Report: 29/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

07/25/2014

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

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

7 Amount of
contribution (\$)

\$20.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hoffman, Lisa (Ms.)

Contributor address; City; State; Zip Code
5102 Avenue G
Austin, TX 78758

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Howard, Jo Sue (Ms.)

Contributor address; City; State; Zip Code
1801 West Ave.
Austin, TX 78701

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Pharmacist

Employer (See Instructions)
Seton Family of Hospitals

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Islam, Rashed (Mr.)

Contributor address; City; State; Zip Code
11901 Palisades Pkwy
Austin, TX 78732

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ivey, Virginia (Ms.)

Contributor address; City; State; Zip Code
504 Pecan Grove Rd
Austin, TX 78704

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 27/58 Report: 30/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

07/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jansa, Ruth (Ms.)

6 Contributor address; City; State; Zip Code
4713 Duval St
Austin, TX 78751

7 Amount of
contribution (\$)

\$40.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jimenez, Kisha (Ms.)

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

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Johnson, D'Ann (Ms.)

Contributor address; City; State; Zip Code
1604 East 11th St
Austin, TX 78702

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Legal Aid

Employer (See Instructions)
Texas Rio Grande Legal Aid

Date

07/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jones, Christina (Ms.)

Contributor address; City; State; Zip Code
3912 Mattie St
Austin, TX 78723

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jones, Russell (Mr.)

Contributor address; City; State; Zip Code
808 East 30th St Unit C
Austin, TX 78705

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 28/58 Report: 31/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/04/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Justice, Ellen (Ms.)

6 Contributor address; City; State; Zip Code
802 Winflo Dr.
Austin, TX 78703

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kaler, Robert (Mr.)

Contributor address; City; State; Zip Code
207 East 34th St
Austin, TX 78705

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kallendorf Speer, Carol (Ms.)

Contributor address; City; State; Zip Code
1704 Briar St
Austin, TX 78704

Amount of
contribution (\$)

\$175.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kargbo, Christy (Ms.)

Contributor address; City; State; Zip Code
8834 Honeysuckle Tr
Austin, TX 78759

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Owner/Instructor

Employer (See Instructions)
TKO Swim

Date

08/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kargbo, Edward (Mr.)

Contributor address; City; State; Zip Code
8834 Honeysuckle Tr
Austin, TX 78759

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Yellow Cab Austin

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/58 Report: 32/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 07/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karoly, David (Mr.) 6 Contributor address; City; State; Zip Code 2610 Friar Tuck Lane Austin, TX 78704	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) Cirrus Logic	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keeton, Carole (Ms.) Contributor address; City; State; Zip Code 2904 Bowman Ave Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Karen (Ms.) Contributor address; City; State; Zip Code 3701 Bonnie Rd Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Family Partner		Employer (See Instructions) Self-employed	
Date 08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Mike (Mr.) Contributor address; City; State; Zip Code 2603 Carnarvon Ln Austin, TX 78704	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendall, Joseph (Mr.) Contributor address; City; State; Zip Code 801 W. Gibson Austin, TX 78704	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 30/58 Report: 33/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kennedy, Sara (Ms.)

6 Contributor address; City; State; Zip Code
4105 Avenue B
Austin, TX 78751

7 Amount of
contribution (\$)

\$150.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kern, Paulette (Ms.)

Contributor address; City; State; Zip Code
2705 Twin Oaks
Austin, TX 78757

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kim, Jennifer (Ms.)

Contributor address; City; State; Zip Code
1000 E Cesar Chavez
Austin, TX 78702

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kim, Paul (Mr.)

Contributor address; City; State; Zip Code
10524 Roy Butler Dr.
Austin, TX 78717

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
ATX Environmental Solutions

Date

07/17/2014

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

Contributor address; City; State; Zip Code
10524 Roy Butler Dr.
Austin, TX 78717

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
N/A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 31/58 Report: 34/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
King, David (Mr.)

6 Contributor address; City; State; Zip Code
1808 Kerr St
Austin, TX 78704

7 Amount of
contribution (\$)

\$150.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/29/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kirkpatrick, Mark (Mr.)

Contributor address; City; State; Zip Code
718 Patterson Ave.
Austin, TX 78703

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kuykendall, Chris (Mr.)

Contributor address; City; State; Zip Code
4100 Avenue C, No 103
Austin, TX 78751

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kyle, Catherine (Ms.)

Contributor address; City; State; Zip Code
2700 Mountain Laurel Ln
Austin, TX 78703

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Labow, Joanna (Ms.)

Contributor address; City; State; Zip Code
2530 Longview
Austin, TX 78705

Amount of
contribution (\$)

\$30.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 32/58 Report: 35/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

07/15/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Langenberg, Christy Krames (Ms.)

6 Contributor address; City; State; Zip Code
1802 Vance Cir
Austin, TX 78701

7 Amount of
contribution (\$)

\$125.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Langenberg, Ray (Mr.)

Contributor address; City; State; Zip Code
1802 Vance Cir
Austin, TX 78701

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Scott, Douglass & McConnico, LLP

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Langenberg, Ray (Mr.)

Contributor address; City; State; Zip Code
1802 Vance Cir
Austin, TX 78701

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Scott, Douglass & McConnico, LLP

Date

07/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lawrence, Kathleen (Ms.)

Contributor address; City; State; Zip Code
4103 Avenue F
Austin, TX 78751

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lazar, Jennifer (Ms.)

Contributor address; City; State; Zip Code
806 West 28 1/2 St
Austin, TX 78705

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 33/58 Report: 36/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/04/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Leibrock, Eric (Mr.)

6 Contributor address; City; State; Zip Code
802 Winflo Dr
Austin, TX 78703

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Levinski, Bobby (Mr.)

Contributor address; City; State; Zip Code
3979 River Place Blvd
Austin, TX 78730

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lewis, Dawn (Ms.)

Contributor address; City; State; Zip Code
4509 Edgemont Dr
Austin, TX 78731

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lewis, Fred (Mr.)

Contributor address; City; State; Zip Code
4509 Edgemont Dr
Austin, TX 78731

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lewis, Kevin (Mr.)

Contributor address; City; State; Zip Code
1002 Bouldin Ave.
Austin, TX 78704

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Buyer

Employer (See Instructions)
Whole Earth Provision Co.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 34/58 Report: 37/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

08/31/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Limon, John (Mr.)

6 Contributor address; City; State; Zip Code
908 Calle Limon
Austin, TX 78702

7 Amount of
contribution (\$)

\$20.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Limon, John (Mr.)

Contributor address; City; State; Zip Code
908 Calle Limon
Austin, TX 78702

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Little, Emily (Ms.)

Contributor address; City; State; Zip Code
1001 East 8th St
Austin, TX 78702

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

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

Contributor address; City; State; Zip Code
725 Patterson
Austin, TX 78703

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Lowerre, Frederick, Perales, Allmon & Rockwell

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
MacLaine, Nancy (Ms.)

Contributor address; City; State; Zip Code
2302 Del Curto Rd
Austin, TX 78704

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Software tester

Employer (See Instructions)
Imperva

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 35/58 Report: 38/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

08/05/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Magierski, Brian (Mr.)

6 Contributor address; City; State; Zip Code
11 Niles Rd
Austin, TX 78703

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
CEO

10 Employer (See Instructions)
Appconomy

Date

08/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mahon, Keith (Mr.)

Contributor address; City; State; Zip Code
38 Silver Maple Place
The Woodlands, TX 77382

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Geologist

Employer (See Instructions)
Anadarko

Date

09/09/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marak-Walker, Helen (Ms.)

Contributor address; City; State; Zip Code
4320 Scales St
Austin, TX 78723

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martin, Carol (Ms.)

Contributor address; City; State; Zip Code
1901 Travis Heights Blvd
Austin, TX 78704

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martin, Cecile (Ms.)

Contributor address; City; State; Zip Code
411 Meadowlakes Dr
Meadowlakes, TX 78654

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/58 Report: 39/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Sam (Mr.) 6 Contributor address; City; State; Zip Code 1901 Travis Heights Blvd Austin, TX 78704	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) State Employee		10 Employer (See Instructions) Teacher Retirement System of Texas	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Diana (Ms.) Contributor address; City; State; Zip Code 510 East 7th Houston, TX 77007	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Roman (Mr.) Contributor address; City; State; Zip Code 510 East 7th Houston, TX 77007	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Taxi, Inc.	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mather, Jean (Ms.) Contributor address; City; State; Zip Code 1611 Alameda Dr. Austin, TX 78704	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathews, Elloa (Ms.) Contributor address; City; State; Zip Code 2610 Friar Tuck Ln. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Writer/Tutor		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 37/58 Report: 40/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

07/30/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mayton, Emma Lea (Ms.)

6 Contributor address; City; State; Zip Code
7101 Daugherty St.
Austin, TX 78757

7 Amount of
contribution (\$)

\$40.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/20/2014

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

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

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Special Events

Employer (See Instructions)
Barr Mansion

Date

08/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McCrack, Christopher (Mr.)

Contributor address; City; State; Zip Code
1709 Bouldin Ave.
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/15/2014

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

Contributor address; City; State; Zip Code
4315 Avenue C
Austin, TX 78751

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2014

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

Contributor address; City; State; Zip Code
4315 Avenue C
Austin, TX 78751

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 38/58 Report: 41/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/25/2014

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

6 Contributor address; City; State; Zip Code
4315 Avenue C
Austin, TX 78751

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McHorse, Cathy (Ms.)

Contributor address; City; State; Zip Code
5202 Turnabout Ln
Austin, TX 78731

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McLellan, William (Mr.)

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

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

09/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McMurtry, Alan (Mr.)

Contributor address; City; State; Zip Code
5901 Cary Dr
Austin, TX 78757

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Wholesaler

Employer (See Instructions)
AMC Company

Date

09/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McMurtry, Nancy (Ms.)

Contributor address; City; State; Zip Code
5901 Cary Dr
Austin, TX 78757

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Bookkeeper

Employer (See Instructions)
AMC Company

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 39/58 Report: 42/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/14/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Meisenbach, Albert (Mr.)

6 Contributor address; City; State; Zip Code
1800 San Gabriel St.
Austin, TX 78701

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Meisenbach, Megan (Mrs.)

Contributor address; City; State; Zip Code
1800 San Gabriel St.
Austin, TX 78701

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Melancon, Rebecca (Ms.)

Contributor address; City; State; Zip Code
509 East 38th St
Austin, TX 78705

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Merriam, Rosemary (Ms.)

Contributor address; City; State; Zip Code
800 West Lynn Street
Austin, TX 78703

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mick, Dennis (Mr.)

Contributor address; City; State; Zip Code
4305 Scales St
Austin, TX 78723

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
None

Employer (See Instructions)
N/A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/58 Report: 43/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Millea, Susan (Ms.) 6 Contributor address; City; State; Zip Code 5806 Marilyn Dr Austin, TX 78757	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Deron (Mr.) Contributor address; City; State; Zip Code 1308 Old 19th St Austin, TX 78705	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Gayle (Ms.) Contributor address; City; State; Zip Code 720 Park Blvd Austin, TX 78751	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self-employed	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Marye (Ms.) Contributor address; City; State; Zip Code 1308 Old 19th St Austin, TX 78705	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller III, Laurence (Mr.) Contributor address; City; State; Zip Code P.O. Box 49130 Austin, TX 78765	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director/President		Employer (See Instructions) Baluarte Creek Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 41/58 Report: 44/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mills, Margaret (Ms.)

6 Contributor address; City; State; Zip Code
1704 E 40th St
Austin, TX 78722

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mitchell, John Kirk (Mr.)

Contributor address; City; State; Zip Code
P.O. Box 4023
Austin, TX 78767

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Securities Investment

Employer (See Instructions)
Self-Employed

Date

07/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Monroe, William (Mr.)

Contributor address; City; State; Zip Code
1606 Pearl St
Austin, TX 78701

Amount of
contribution (\$)

\$10.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/26/2014

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

Contributor address; City; State; Zip Code
13600 Breton Ridge St Bldg 22A
Houston, TX 77070

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Pharmaceutical Rep

Employer (See Instructions)
Teva

Date

09/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Naeve, Chuck (Mr.)

Contributor address; City; State; Zip Code
6507 Lost Cove
Austin, TX 78746

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 42/58 Report: 45/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/07/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Nixon, Mark (Mr.)6 Contributor address; City; State; Zip Code
2700 Mountain Laurel Ln
Austin, TX 787037 Amount of
contribution (\$)

\$125.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nuckols, Tom (Mr.)Contributor address; City; State; Zip Code
2910 Kassarine Pass
Austin, TX 78704Amount of
contribution (\$)

\$350.00

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

Date

07/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
O'Hara, Beverly (Ms.)Contributor address; City; State; Zip Code
555 East 5th Suit 2725
Austin, TX 78701Amount of
contribution (\$)

\$250.00

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

Date

07/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
O'Hara, William (Mr.)Contributor address; City; State; Zip Code
555 East 5th Suit 2725
Austin, TX 78701Amount of
contribution (\$)

\$250.00

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

Date

07/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Overton, Linda (Ms.)Contributor address; City; State; Zip Code
801 West Gibson St
Austin, TX 78704Amount of
contribution (\$)

\$25.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 43/58 Report: 46/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/24/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Pascoe, Neil (Mr.)

6 Contributor address; City; State; Zip Code
2502 Hartford Rd.
Austin, TX 78703

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pascoe, Susan (Ms.)

Contributor address; City; State; Zip Code
2502 Hartford Rd.
Austin, TX 78703

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Patrick, Mary (Ms.)

Contributor address; City; State; Zip Code
612 Genard St
Austin, TX 78751

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/13/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Patterson, Bradford (Mr.)

Contributor address; City; State; Zip Code
1311 Newton St.
Austin, TX 78704

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Piche, Stephen (Mr.)

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

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
NeuCo

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/58 Report: 47/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pounds, Shannon (Ms.) 6 Contributor address; City; State; Zip Code 3304 Kerbey Ln Austin, TX 78703	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Presti, Diane (Ms.) Contributor address; City; State; Zip Code 205 Park Ln Austin, TX 78704	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsey, Frances (Ms.) Contributor address; City; State; Zip Code 2401 Pemberton Place Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ratliff, Gay (Ms.) Contributor address; City; State; Zip Code 3509 Hampton Rd. Austin, TX 78705	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Interior Design		Employer (See Instructions) Gay Ratliff Interiors	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ratliff, Shannon (Mr.) Contributor address; City; State; Zip Code 3509 Hampton Rd. Austin, TX 78705	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ratliff Law	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 45/58 Report: 48/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/07/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Reddy, Ian (Mr.)

6 Contributor address; City; State; Zip Code
1924 Newning
Austin, TX 78704

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/31/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Richards, Daniel (Mr.)

Contributor address; City; State; Zip Code
816 Congress Ave. Suite 1200
Austin, TX 78701

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self-employed

Date

08/31/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rips, Geoff (Mr.)

Contributor address; City; State; Zip Code
1311 Ardenwood Rd
Austin, TX 78722

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rivera, Jane (Ms.)

Contributor address; City; State; Zip Code
1000 Glen Oaks Ct.
Austin, TX 78702

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Roalson, Brad (Mr.)

Contributor address; City; State; Zip Code
2006 S. 2nd St
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/58 Report: 49/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roalson, Shay (Ms.) 6 Contributor address; City; State; Zip Code 2006 S, 2nd St Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) HDR Engineering Inc	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, James (Mr.) Contributor address; City; State; Zip Code 7515 Santa Fe Dr Houston, TX 77061	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Texas Taxi, Inc.	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanderson, Stephen (Mr.) Contributor address; City; State; Zip Code 4103 Avenue F Austin, TX 78751	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saxena, Shubhada (Ms.) Contributor address; City; State; Zip Code 67 St Stephens School Rd Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Social Work Student		Employer (See Instructions) N/A	
Date 09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, Nancy (Ms.) Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self-employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 47/58 Report: 50/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/21/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Schneider, Robin (Ms.)

6 Contributor address; City; State; Zip Code
2609 Sherwood Ln.
Austin, TX 78704

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Political Organizer

10 Employer (See Instructions)
Texas Campaign for the Environment

Date

07/01/2014

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

Contributor address; City; State; Zip Code
1115 West 7th St #300
Austin, TX 78703

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Seeger, Gary (Mr.)

Contributor address; City; State; Zip Code
6705 Winterberry Dr
Austin, TX 78750

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Management

Employer (See Instructions)
Infoglide, A FICO Company

Date

09/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sessa, Robert (Mr.)

Contributor address; City; State; Zip Code
813 James St
Austin, TX 78704

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/13/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shieh, James (Mr.)

Contributor address; City; State; Zip Code
2901 Windsor Rd
Austin, TX 78703

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 48/58 Report: 51/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

08/01/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Shipley, Thomas (Mr.)

6 Contributor address; City; State; Zip Code
300 Bowie St #2503
Austin, TX 78703

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sibley, Jane (Ms.)

Contributor address; City; State; Zip Code
2210 Windsor Rd
Austin, TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

08/03/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sisson, Mary (Ms.)

Contributor address; City; State; Zip Code
7205 Daugherty St
Austin, TX 78757

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Smith, David (Mr.)

Contributor address; City; State; Zip Code
P.O. Box 537
Austin, TX 78767

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Smith, Gregory (Mr.)

Contributor address; City; State; Zip Code
1912 Ridgemont Dr
Austin, TX 78723

Amount of
contribution (\$)

\$175.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/58 Report: 52/90	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Mark (Mr.) 6 Contributor address; City; State; Zip Code 1 Northknoll Circle Longview, TX 75601	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) DXP Enterprises	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Mark C (Mr.) Contributor address; City; State; Zip Code 7817 El Dorado Dr. Austin, TX 78737	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Patricia (Ms.) Contributor address; City; State; Zip Code 1010 Westland Ridge Dripping Springs, TX 78620	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Snyder, Suzanne (Ms.) Contributor address; City; State; Zip Code 4100 Jackson Ave. #205 Austin, TX 78731	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Soeur, Channy (Mr.) Contributor address; City; State; Zip Code 7908 Cameron Rd Austin, TX 78754	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CAS Consulting	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 50/58 Report: 53/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

08/26/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Spears, David (Mr.)

6 Contributor address; City; State; Zip Code
13600 Breton Ridge St Bldg 22A
Houston, TX 77070

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
GM of Contact Services

10 Employer (See Instructions)
Greater Houston Transportation

Date

09/03/2014

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

Contributor address; City; State; Zip Code
1704 Briar St
Austin, TX 78704

Amount of
contribution (\$)

\$175.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sprinkle, Patricia (Ms.)

Contributor address; City; State; Zip Code
1114 Fieldcrest Dr.
Austin, TX 78704

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stonewall Democrats of Austin PAC

Contributor address; City; State; Zip Code
P.O. Box 40898
Austin, TX 78704

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stott, William (Mr.)

Contributor address; City; State; Zip Code
1818 Vance Cir
Austin, TX 78701

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 51/58 Report: 54/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Strayhorn, Eddie (Mr.)

6 Contributor address; City; State; Zip Code
2812 Buckeye Trail
Cedar Park, TX 78613

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Strubel, John (Mr.)

Contributor address; City; State; Zip Code
10801 Plumewood Dr.
Austin, TX 78750

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Swaffar, Bob (Mr.)

Contributor address; City; State; Zip Code
906 West 17th St
Austin, TX 78701

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Team, Lin (Ms.)

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

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Taxi PAC

Contributor address; City; State; Zip Code
919 Congress Ave. Suite 1500
Austin, TX 78701

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/58 Report: 55/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomson, Phyllis (Ms.) 6 Contributor address; City; State; Zip Code 608 West Croslin St Austin, TX 78752	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tiemann, Donna (Ms.) Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) City of Austin	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tipps, Lisa (Ms.) Contributor address; City; State; Zip Code P.O. Box 300038 Austin, TX 78703	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd, Wendy (Ms.) Contributor address; City; State; Zip Code 709 East Monroe St Austin, TX 78704	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torgimson, Carol (Ms.) Contributor address; City; State; Zip Code 6104 Maury's Trail Austin, TX 78730	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/58 Report: 56/90	
2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torgimson, Peter (Mr.) 6 Contributor address; City; State; Zip Code 6104 Maury's Trail Austin, TX 78730	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trejo, Deborah (Ms.) Contributor address; City; State; Zip Code 1717 Briar St Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trybus, Janis (Ms.) Contributor address; City; State; Zip Code 1704 Kerr Austin, TX 78704	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John (Mr.) Contributor address; City; State; Zip Code 2604 Geraghty Ave. Austin, TX 78757	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Austin Energy	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Varghese, Lesley (Ms.) Contributor address; City; State; Zip Code 606 West Lynn St #10 Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Executive Director & General Counsel		Employer (See Instructions) Asian American Resource Center, Inc	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 55/58 Report: 58/90	
2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00005000	
4 Date 09/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warmingham, George (Mr.) 6 Contributor address; City; State; Zip Code 800 West Lynn St. Austin, TX 78703	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warneke, Bob (Mr.) Contributor address; City; State; Zip Code 310 Le Grande Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warneke, Jean (Ms.) Contributor address; City; State; Zip Code 310 Le Grande Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warner, Phyllis (Ms.) Contributor address; City; State; Zip Code 5701 Trailridge Dr Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waugh, Gene (Ms.) Contributor address; City; State; Zip Code 608 Harthan St Austin, TX 78703	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 56/58 Report: 59/90

2 FILER NAME Tovo, Kathryn (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

08/29/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Way, Heather (Ms.)

6 Contributor address; City; State; Zip Code
2108 Wright St
Austin, TX 78704

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Attorney/Lecturer

10 Employer (See Instructions)
University of Texas

Date

08/17/2014

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

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

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Weeks, Joelyn (Ms.)

Contributor address; City; State; Zip Code
6805 Moonmont
Austin, TX 78745

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Werbner, Stuart (Mr.)

Contributor address; City; State; Zip Code
2118 Glendale Place
Austin, TX 78704

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Whatley, Bart (Mr.)

Contributor address; City; State; Zip Code
907 E 37th St
Austin, TX 78705

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 57/58 Report: 60/90

2 FILER NAME Tovo, Kathrynne (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00005000

4 Date

09/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilcox, Cynthia (Ms.)

6 Contributor address; City; State; Zip Code
6705 West Highway 290
#502 Suite 234
Austin, TX 78735

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilson, Herminia (Ms.)

Contributor address; City; State; Zip Code
4803 Avenue H
Austin, TX 78751

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilson, Herminia (Ms.)

Contributor address; City; State; Zip Code
4803 Avenue H
Austin, TX 78751

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2014

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

Contributor address; City; State; Zip Code
4803 Avenue H
Austin, TX 78751

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2014

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

Contributor address; City; State; Zip Code
4803 Avenue H
Austin, TX 78751

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 58/58 Report: 61/90

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

00005000

4 Date

09/09/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Yevich, Elizabeth (Ms.)**6** Contributor address; City; State; Zip Code
2105 B Ann Arbor Ave.
Austin, TX 78704**7** Amount of
contribution (\$)

\$50.00

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

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zent, Shelley (Ms.)Contributor address; City; State; Zip Code
5507 Lemonwood Dr.
Austin, TX 78731Amount of
contribution (\$)

\$20.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 62/90

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

00005000

4

TOTAL OF UNITEMIZED LOANS:

⇒⇒⇒⇒⇒⇒

\$

5 Date of loan

09/23/2014

7 Name of lender

Tovo, Kathrynne (Ms.)

☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)

\$40,000.00

6 Is lender a
financial institution?

No

8 Lender address; City; State; Zip Code809 W 32nd Street
Austin, TX 78705**10** Interest rate

N/A

11 Maturity date**12** Principal occupation / Job title (See Instructions)

City Council

13 Employer (See Instructions)

City of Austin

14 Description of Collateral☒ none**15** Check if personal funds were deposited into political account☒**16** GUARANTOR
INFORMATION☒ not applicable**17** Name of guarantor**18** Guarantor address; City; State; Zip Code**19** Amount Guaranteed (\$)**20** Principal Occupation**21** Employer

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/27 Report: 63/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 09/01/2014		5 Payee name AFL-CIO			
6 Amount (\$) \$145.00		7 Payee address City: State: Zip Code 1106 Lavaca St #200 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/01/2014		Payee name AFL-CIO			
Amount (\$) \$20.00		Payee address City: State: Zip Code 1106 Lavaca St #200 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Tickets <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/15/2014		Payee name AT&T			
Amount (\$) \$56.73		Payee address City: State: Zip Code 5700 Burnet Road Austin, TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office internet services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/25/2014		Payee name AT&T			
Amount (\$) \$54.98		Payee address City: State: Zip Code 5700 Burnet Road Austin, TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office internet services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/27 Report: 64/90		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 07/17/2014	5 Payee name Athenian Bar and Grill			
6 Amount (\$) \$251.14	7 Payee address City: State: Zip Code 600 Congress Ste C150 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for grand opening	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/22/2014	Payee name Austin's Pizza			
Amount (\$) \$162.40	Payee address City: State: Zip Code 1600 W 35th St Austin, TX 78703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for event	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/01/2014	Payee name Bouldin Creek Neighborhood Association			
Amount (\$) \$168.00	Payee address City: State: Zip Code 904 Ebony St Austin, TX 78704			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/22/2014	Payee name Breed & Co., Inc.			
Amount (\$) \$17.24	Payee address City: State: Zip Code 718 West 29th Street Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Art supplies for event	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/27 Report: 65/90		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/01/2014	5 Payee name Butts, David (Mr.)				
6 Amount (\$) \$800.00	7 Payee address City; State; Zip Code 1914 Patton Ln Austin, TX 78723				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/01/2014	Payee name Butts, David (Mr.)				
Amount (\$) \$800.00	Payee address City; State; Zip Code 1914 Patton Ln Austin, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/01/2014	Payee name Butts, David (Mr.)				
Amount (\$) \$800.00	Payee address City; State; Zip Code 1914 Patton Ln Austin, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/10/2014	Payee name Capitol Courier				
Amount (\$) \$43.50	Payee address City; State; Zip Code P.O. Box 3182 Austin, TX 78764				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Courier Services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/27 Report: 66/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 09/13/2014	5 Payee name Capitol Courier				
6 Amount (\$) \$11.75	7 Payee address City; State; Zip Code P.O. Box 3182 Austin, TX 78764				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Courier services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/27/2014	Payee name Chambliss, Paul (Mr.)				
Amount (\$) \$1,125.00	Payee address City; State; Zip Code 16900 Fagerquist Rd. Del Valle, TX 78617				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/12/2014	Payee name Chambliss, Paul (Mr.)				
Amount (\$) \$945.00	Payee address City; State; Zip Code 16900 Fagerquist Rd. Del Valle, TX 78617				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/18/2014	Payee name CheckMark Typesetting				
Amount (\$) \$73.61	Payee address City; State; Zip Code 3217 N. IH 35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - badges		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/27 Report: 67/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/30/2014	5 Payee name Cherrywood Neighborhood Association				
6 Amount (\$) \$100.00	7 Payee address City: State: Zip Code P.O. Box 4631 Austin, TX 78765				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/17/2014	Payee name Conans Pizza				
Amount (\$) \$171.85	Payee address City: State: Zip Code 603 W 29th St Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for grand opening		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2014	Payee name Cricket Wireless				
Amount (\$) \$25.00	Payee address City: State: Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone services		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/19/2014	Payee name Cricket Wireless				
Amount (\$) \$43.33	Payee address City: State: Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone services		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/27 Report: 68/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 09/17/2014	5 Payee name Cricket Wireless				
6 Amount (\$) \$50.00	7 Payee address City; State; Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 08/15/2014	Payee name Dahl-Stamnes, Erika (Ms.)				
Amount (\$) \$187.00	Payee address City; State; Zip Code 10900 Research Blvd #1600 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) <input type="checkbox"/> Contract Labor for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 09/01/2014	Payee name Dahl-Stamnes, Erika (Ms.)				
Amount (\$) \$209.00	Payee address City; State; Zip Code 10900 Research Blvd #1600 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) <input type="checkbox"/> Contract labor for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 09/15/2014	Payee name Dahl-Stamnes, Erika (Ms.)				
Amount (\$) \$242.00	Payee address City; State; Zip Code 10900 Research Blvd #1600 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) <input type="checkbox"/> Contract labor for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/27 Report: 69/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/18/2014		5 Payee name David Thomas Photography			
6 Amount (\$) \$200.00		7 Payee address City; State; Zip Code 2004 B East 9th Street Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography services at opening event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/01/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for Campaign Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/15/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for Campaign Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/01/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/27 Report: 70/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 08/15/2014		5 Payee name De Los Santos, Drew (Ms.)			
6 Amount (\$) \$1,250.00		7 Payee address City: State: Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/01/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$1,250.00		Payee address City: State: Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/15/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$1,250.00		Payee address City: State: Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/17/2014		Payee name De Los Santos, Drew (Ms.)			
Amount (\$) \$200.00		Payee address City: State: Zip Code 2601 Parker Ln Unit A Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/27 Report: 71/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/30/2014	5 Payee name DeMayo Cellular				
6 Amount (\$) \$82.46	7 Payee address City; State; Zip Code 8617 Research Blvd Ste 220 Austin, TX 78758				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2014	Payee name Dynamic Reprographics				
Amount (\$) \$41.63	Payee address City; State; Zip Code 817 W 12th St Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copy services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/31/2014	Payee name Dynamic Reprographics				
Amount (\$) \$5.60	Payee address City; State; Zip Code 817 W 12th St Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copy services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/31/2014	Payee name Facebook, Inc.				
Amount (\$) \$10.00	Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/27 Report: 72/90		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 08/31/2014		5 Payee name Facebook, Inc.			
6 Amount (\$) \$15.62		7 Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Fagan, Dennis (Mr.)			
Amount (\$) \$59.40		Payee address City; State; Zip Code 1601 West 38th Street #202 Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/17/2014		Payee name FedEx Office			
Amount (\$) \$40.03		Payee address City; State; Zip Code 6406 I-35 N Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for grand opening <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/01/2014		Payee name Griffith Descendants, LLC			
Amount (\$) \$2,780.00		Payee address City; State; Zip Code 3536 Bee Caves Rd #310 Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office rent <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/27 Report: 73/90		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 08/01/2014	5 Payee name Griffith Descendants, LLC				
6 Amount (\$) \$2,780.00	7 Payee address City; State; Zip Code 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 of Texas, complete Schedule T) <input type="checkbox"/> Campaign office rent		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/01/2014	Payee name Griffith Descendants, LLC				
Amount (\$) \$2,780.00	Payee address City; State; Zip Code 3536 Bee Caves Rd #310 Austin, TX 78746				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office rent		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/15/2014	Payee name Harland Clarke Corporation				
Amount (\$) \$25.03	Payee address City; State; Zip Code 10931 Laureate Drive Austin, TX 78249				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign check fees		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/15/2014	Payee name Haule, Margaret (Ms.)				
Amount (\$) \$220.00	Payee address City; State; Zip Code 3405 Texas Topaz Dr. Austin, TX 78728				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/27 Report: 74/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 07/17/2014	5 Payee name HEB			
6 Amount (\$) \$12.36	7 Payee address City; State; Zip Code 1000 E. 41st Street Austin, TX 78751			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Drinks for grand opening	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/19/2014	Payee name HEB			
Amount (\$) \$11.37	Payee address City; State; Zip Code 2400 S. Congress Ave. Austin, TX 78704			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for block walkers	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/22/2014	Payee name HEB			
Amount (\$) \$113.27	Payee address City; State; Zip Code 1801 East 51st Street Austin, TX 78723			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and Beverages for event	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/22/2014	Payee name HEB Cafe Mueller			
Amount (\$) \$35.72	Payee address City; State; Zip Code 1801 East 51st Street Austin, TX 78723			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for campaign staff	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/27 Report: 75/90		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/01/2014	5 Payee name Hughes, William (Mr.)				
6 Amount (\$) \$1,650.00	7 Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2014	Payee name Hughes, William (Mr.)				
Amount (\$) \$1,650.00	Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/01/2014	Payee name Hughes, William (Mr.)				
Amount (\$) \$1,650.00	Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/15/2014	Payee name Hughes, William (Mr.)				
Amount (\$) \$1,650.00	Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 14/27 Report: 76/90		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 09/01/2014	5 Payee name Hughes, William (Mr.)				
6 Amount (\$) \$1,650.00	7 Payee address City: State: Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/15/2014	Payee name Hughes, William (Mr.)				
Amount (\$) \$1,650.00	Payee address City: State: Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2014	Payee name Idealist.org				
Amount (\$) \$25.00	Payee address City: State: Zip Code 302 Fifth Avenue, 11th Floor New York, NY 10001				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Student intern posting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/21/2014	Payee name InFocus Campaigns				
Amount (\$) \$29.04	Payee address City: State: Zip Code P.O. Box 10726 Fort Worth, TX 76114				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated calling		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 15/27 Report: 77/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 09/02/2014	5 Payee name InFocus Campaigns			
6 Amount (\$) \$34.92	7 Payee address City; State; Zip Code P.O. Box 10726 Fort Worth, TX 76114			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Calling	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 07/14/2014	Payee name Kelly Graphics			
Amount (\$) \$5,918.22	Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign yard signs	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 07/01/2014	Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00	Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 07/15/2014	Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00	Payee address City; State; Zip Code 3007 West Ave Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 16/27 Report: 78/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 08/01/2014		5 Payee name Kiolbassa, Jolene (Ms.)			
6 Amount (\$) \$1,250.00		7 Payee address City: State: Zip Code 3007 West Ave Austin, TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/15/2014		Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00		Payee address City: State: Zip Code 3007 West Ave Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/01/2014		Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00		Payee address City: State: Zip Code 3007 West Ave Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/15/2014		Payee name Kiolbassa, Jolene (Ms.)			
Amount (\$) \$1,250.00		Payee address City: State: Zip Code 3007 West Ave Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 17/27 Report: 79/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/26/2014		5 Payee name La Mexicana Bakery			
6 Amount (\$) \$24.36		7 Payee address City; State; Zip Code 1924 South 1st Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer breakfast <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/17/2014		Payee name Michaels			
Amount (\$) \$41.38		Payee address City; State; Zip Code 5601 Brodie Ln Ste 200 Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/21/2014		Payee name Miller Blueprint Company			
Amount (\$) \$6.75		Payee address City; State; Zip Code 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) <input type="checkbox"/> Art supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/15/2014		Payee name Minguell, Tomas (Mr.)			
Amount (\$) \$154.00		Payee address City; State; Zip Code 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) <input type="checkbox"/> Contract Labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 18/27 Report: 80/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 09/01/2014	5 Payee name Minguell, Tomas (Mr.)				
6 Amount (\$) \$231.00	7 Payee address City: State: Zip Code 2614 Canterbury Austin, TX 78759				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/15/2014	Payee name Minguell, Tomas (Mr.)				
Amount (\$) \$154.00	Payee address City: State: Zip Code 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) <input type="checkbox"/> Contract labor for campaign services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/25/2014	Payee name Net Victories				
Amount (\$) \$58.80	Payee address City: State: Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/15/2014	Payee name Net Victories				
Amount (\$) \$200.00	Payee address City: State: Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 19/27 Report: 81/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 08/25/2014	5 Payee name Net Victories				
6 Amount (\$) \$58.80	7 Payee address City; State; Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/24/2014	Payee name Net Victories				
Amount (\$) \$58.80	Payee address City; State; Zip Code 4203 Montrose Blvd Suite 350 Houston, TX 77006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/05/2014	Payee name North University Neighborhood Association				
Amount (\$) \$50.00	Payee address City; State; Zip Code 502 West 33rd Street Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/17/2014	Payee name Office Max				
Amount (\$) \$43.92	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office supplies - name tags, paper		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 20/27 Report: 82/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/23/2014		5 Payee name Office Max			
6 Amount (\$) \$106.05		7 Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies - toner, stickers, paper <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/22/2014		Payee name Office Max			
Amount (\$) \$32.43		Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Art supplies for event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/27/2014		Payee name Office Max			
Amount (\$) \$4.11		Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies - stickers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/08/2014		Payee name Opinion Analysts, Inc			
Amount (\$) \$11,500.00		Payee address City: State: Zip Code 906 Rio Grande St Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 21/27 Report: 83/90		2 FILER NAME Tovo, Kathryn (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 09/25/2014	5 Payee name Pirya, Inc.				
6 Amount (\$) \$1,195.57	7 Payee address City: State: Zip Code 144 2nd St. 1st floor San Francisco, CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative donation processing fees for reporting period		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/15/2014	Payee name Ratliff, Gay (Ms.)				
Amount (\$) \$350.00	Payee address City: State: Zip Code 3509 Hampton Rd Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/15/2014	Payee name Rindy & Associates, Inc.				
Amount (\$) \$300.00	Payee address City: State: Zip Code 2401 East 6th Street #1003 Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/11/2014	Payee name Rindy & Associates, Inc.				
Amount (\$) \$2,048.94	Payee address City: State: Zip Code 2401 East 6th Street #1003 Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 22/27 Report: 84/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 09/13/2014	5 Payee name Rindy & Associates, Inc.			
6 Amount (\$) \$9,300.00	7 Payee address City: State: Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/11/2014	Payee name Salvation Pizza			
Amount (\$) \$61.67	Payee address City: State: Zip Code 624 W 34th St Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dinner for campaign staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/15/2014	Payee name SignOutfitters.com			
Amount (\$) \$93.61	Payee address City: State: Zip Code 4176 6th Street Wyandotte, MI 48192			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs and stands for event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/30/2014	Payee name South Austin Democrats			
Amount (\$) \$100.00	Payee address City: State: Zip Code P.O. Box 152592 Austin, TX 78715			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 23/27 Report: 85/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 09/04/2014	5 Payee name Speedy Inks				
6 Amount (\$) \$25.58	7 Payee address City; State; Zip Code 3788 Heinemann St. Long Beach, CA 90808				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies - toner cartridges		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/30/2014	Payee name Star Stop 74				
Amount (\$) \$3.99	Payee address City; State; Zip Code 2819 Guadalupe Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Beverage for volunteers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/19/2014	Payee name Sweetish Hill Bakery				
Amount (\$) \$37.89	Payee address City; State; Zip Code 1120 W 6th Street Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign volunteers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/16/2014	Payee name Taco Shack				
Amount (\$) \$23.25	Payee address City; State; Zip Code 2825 Guadalupe Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 24/27 Report: 86/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 08/23/2014	5 Payee name Taco Shack				
6 Amount (\$) \$15.50	7 Payee address City: State: Zip Code 2825 Guadalupe Austin, TX 78705				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/30/2014	Payee name Taco Shack				
Amount (\$) \$11.63	Payee address City: State: Zip Code 2825 Guadalupe Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/06/2014	Payee name Taco Shack				
Amount (\$) \$27.67	Payee address City: State: Zip Code 2825 Guadalupe Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/20/2014	Payee name Taco Shack				
Amount (\$) \$22.44	Payee address City: State: Zip Code 2825 Guadalupe Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for campaign workers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 25/27 Report: 87/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 07/10/2014	5 Payee name Texas Made Productions				
6 Amount (\$) \$100.00	7 Payee address City: State: Zip Code 3707 Manchaca #177 Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Video Services		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/22/2014	Payee name The Maids				
Amount (\$) \$104.57	Payee address City: State: Zip Code 8514 Cameron Rd Austin, TX 78754				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office cleaning services		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/15/2014	Payee name The Maids				
Amount (\$) \$89.95	Payee address City: State: Zip Code 8514 Cameron Rd Austin, TX 78754				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office cleaning services		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/01/2014	Payee name Tops				
Amount (\$) \$151.55	Payee address City: State: Zip Code 1300 E. 5th Street Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 26/27 Report: 88/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 09/19/2014	5 Payee name United States Postal Service - Central Park Station			
6 Amount (\$) \$49.00	7 Payee address City; State; Zip Code 3507 North Lamar Blvd Austin, TX 78705			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 07/17/2014	Payee name Van Haitzma, Susan (Ms.)			
Amount (\$) \$60.00	Payee address City; State; Zip Code 706 W 31st Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 07/28/2014	Payee name Van Haitzma, Susan (Ms.)			
Amount (\$) \$30.00	Payee address City; State; Zip Code 706 W 31st Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/01/2014	Payee name Van Haitzma, Susan (Ms.)			
Amount (\$) \$30.00	Payee address City; State; Zip Code 706 W 31st Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 27/27 Report: 89/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000
4 Date 08/13/2014	5 Payee name Van Haitzma, Susan (Ms.)			
6 Amount (\$) \$30.00	7 Payee address City; State; Zip Code 706 W 31st Austin, TX 78705			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/15/2014	Payee name Wells Fargo			
Amount (\$) \$5.00	Payee address City; State; Zip Code 501 S Congress Ave Austin, TX 78704			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 08/22/2014	Payee name Worley Printing Co, Inc.			
Amount (\$) \$1,530.66	Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign road signs, bumper stickers	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 90/90		2 FILER NAME Tovo, Kathrynne (Ms.)		3 ACCOUNT # (TEC filers) 00005000	
4 Date 08/15/2014		5 Payee name Capital Area Democratic Women			
6 Amount (\$) \$39.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code P.O. Box 12962 Austin, TX 78711			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event tickets <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/16/2014		Payee name Capital Area Democratic Women			
Amount (\$) \$154.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code P.O. Box 12962 Austin, TX 78711			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/17/2014		Payee name Capital Area Democratic Women			
Amount (\$) \$31.90 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code P.O. Box 12962 Austin, TX 78711			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event tickets <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 07/29/2014		Payee name Stonewall Democrats of Austin			
Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code P.O. Box 40898 Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

**FEC
FORM 1**
**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines. 12FE4M5

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

ADDRESS (number and street) 1625 L Street NW
(Check if address is changed) Washington DC 20036
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
jtaggart@afscme.org

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)
NONE

(Check if address is changed)

2. DATE 06 22 2012

3. FEC IDENTIFICATION NUMBER C C00011114

4. IS THIS STATEMENT NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LAURA M. REYES

Signature of Treasurer LAURA M. REYES

Date 06 22 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

Candidate
Party Affiliation

Office
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

☒

Labor Organization

Membership Organization

Trade Association

Cooperative

☒

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | |
|----|---------------|---|
| 1. | FEC ID number | C |
| 2. | FEC ID number | C |
| 3. | FEC ID number | C |
| 4. | FEC ID number | C |

Write or Type Committee Name

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES**

Mailing Address 1625 L Street NW

Washington DC 20036

CITY STATE ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.**

Full Name CHARLES JURGONIS

Mailing Address 1625 L Street NW

Washington DC 20036

CITY STATE ZIP CODE

DIRECTOR Telephone number 202 429 1007

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer LAURA M. REYES

Mailing Address 1625 L Street NW

Washington DC 20036

CITY STATE ZIP CODE

SECRETARY-TREASURER Telephone number 202 429 1200

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

AMALGAMATED BANK

Mailing Address

275 7th Avenue

New York

NY

10001

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

730 15th Street NW

Washington

DC

20005

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 08/2011)

Page 5

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address

125 Barclay Street

New York

NY

10007

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ●

CITY ●

STATE ●

ZIP CODE ●

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C