

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00005000		2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Kathrynne B.		OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> JUL 2 PM 4 56 RECEIVED AUSTIN CITY CLERK </div>		
	NICKNAME LAST SUFFIX Kathie Tovo				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 W. 32nd St Austin, Tx 78705		Date Received Date Hand-delivered or Date Postmarked		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 565 - 5361				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joseph NICKNAME LAST SUFFIX Pinnelli				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 50038 Austin, Tx 78763			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-5958				
9 REPORT TYPE					
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>					
10 PERIOD COVERED					
<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 01 / 01 / 2015 </div> <div>THROUGH</div> <div> Month Day Year 06 / 30 / 2015 </div> </div>					
11 ELECTION					
ELECTION DATE Month Day Year / /			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE					
OFFICE HELD (if any) City Council District 9			13 OFFICE SOUGHT (if known)		

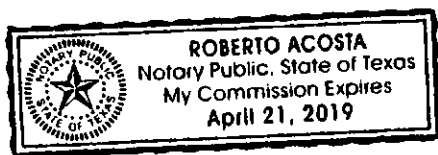
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Kathryne B. Tovo		15 Filer ID (Ethics Commission Filers) 00005000	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES		\$ 14,247.50
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 669.09
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 161,807.06

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said KATHRYNE B. TOVO, this the 2ND day of JULY, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

ROBERTO ACOSTA
 Printed name of officer administering oath

NOTARY
 Title of officer administering oath

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Kathryne B. Tovo		3 Filer ID (Ethics Commission Filers) 60005000	
4 Date 1/26/2015		5 Payee name Mr. David Butts			
6 Amount (\$) \$10,000		7 Payee address; City; State; Zip Code 1914 Patton Lane Austin, Tx 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting for Nov. 2014 general election	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 2/24/2015		Payee name Wells Fargo			
Amount (\$) \$7.00		Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting / banking		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly service fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 3/23/2015		Payee name Wells Fargo			
Amount (\$) \$7.00		Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting / banking		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly service fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Kathryne B. Tovo		3 Filer ID (Ethics Commission Filers) 00005000	
4 Date 4/22/2015		5 Payee name Wells Fargo			
6 Amount (\$) \$7.00		7 Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Accounting / banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly service fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/22/2015		Candidate / Officeholder name Office sought Office held			
Payee name Wells Fargo					
Amount (\$) \$7.00		Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting / banking		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly service fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 6/22/2015		Candidate / Officeholder name Office sought Office held			
Payee name Wells Fargo					
Amount (\$) \$7.00		Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting / banking		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly service fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Kathlyne B. Tovo		3 Filer ID (Ethics Commission Filers) 00005006	
4 Date 6/29/2015		5 Payee name Lynn Renaud CPA			
6 Amount (\$) \$190.00		7 Payee address; City; State; Zip Code 1708 Exposition Blvd. Austin Tx 78703			
PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Accounting / Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense preparation of forms 1099 and 1096	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
Amount (\$)		Office held			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
Amount (\$)		Office held			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
Amount (\$)		Office held			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
Amount (\$)		Office held			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
Amount (\$)		Office held			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Kathlyne B. Tovo		3 Filer ID (Ethics Commission Filers) 00005000	
4 Date 5/5/2015		5 Payee name Annie's List			
6 Amount (\$) \$300 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. Box 303277 Austin, Tx 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) contribution made by officeholder		(b) Description contribution <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 6/29/2015		Payee name Thompson & Knight LLP			
Amount (\$) \$722.50 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 98 San Jacinto Boulevard Austin, Tx 78701-4238			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) legal services		(b) Description legal fees for campaign matters <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 6/30/2015		Payee name Robert Levinski			
Amount (\$) \$3,000 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3979 River Place Boulevard Austin, Tx 78730			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description political consulting <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense for November 2014 general election	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Kathryne B. Tovo

3 Filer ID (Ethics Commission Filers)

00005 000

4 Date

1/22/2015

5 Name of person from whom amount is received

Griffith Descendants LLC

8 Amount (\$)

\$2,780.00

6 Address of person from whom amount is received; City; State; Zip Code

3536 Bee Caves Rd. #310

Austin, Tx 78746

7 Purpose for which amount is received

☐

Check if political contribution returned to filer

Security deposit for campaign office

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXEMPTION STATEMENT
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

Tovo Kathryne Beth
(Last) (First) (Middle)

ADDRESS: 809 West 32nd Street Austin Tx 78705

DATE OF FILING: 7/2/2015

STATEMENT

I/we, Kathie Tovo (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of January 1, 2015 through June 30, 2015. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Kathryne B Tovo
Signed by Candidate or Campaign Committee

6-29-15
Date

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