

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) 11111111	2 PAGE # 1 of 37
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Leslie NICKNAME LAST SUFFIX Pool		OFFICE USE ONLY Date Received 2014 OCT 6 PM 2:04 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS 4503 Shoal Creek Blvd Austin, TX 78756 <input type="checkbox"/> Change of Address		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Chad NICKNAME LAST SUFFIX Williams		
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) 7500 Greenhaven Dr Austin, TX 78757		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 451-6976		
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 ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/04/2014		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Austin City Council District 7
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Pool, Leslie (Ms.)

14 ACCOUNT # (Ethics Commission filers)
1111111115 NOTICE
FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 995.00

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

\$ 21,295.00

EXPENDITURE
TOTALS

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

\$ 228.72

4. TOTAL POLITICAL EXPENDITURES

\$ 14,730.14

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 48,981.34

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 40,500.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leslie Pool, this the 3 day
of Oct., 20 14, to certify which, witness my hand and seal of office.

Armandina V. Castaneda
Signature of officer administering oath

Armandina V. Castaneda
Print name of officer administering oath

Notary Public
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: 1/20 Report: 3/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aleshire, Bill 6 Contributor address; City; State; Zip Code 3605 Shady Valley Dr Austin, TX 78739-4425	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) Attorney		10 Employer (See Instructions) Riggs Aleshire & Ray PC	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alsup, Marion Contributor address; City; State; Zip Code 2311 Pruett St Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AmericanFederation of State, County and Municipal Employees-AFL-CIO Contributor address; City; State; Zip Code 1625 L Street NW Washington, DC 20036	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnow, David Contributor address; City; State; Zip Code 1111 West 11th St Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Head of Investment Management		Employer (See Instructions) Castle Hill Partners	
Date 08/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Black, Sinclair Contributor address; City; State; Zip Code 208 W 4th St Ste 3A Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Black & Vernooy	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/20 Report: 4/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 07/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bottoms, Shirley 6 Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bottoms, Shirley Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731	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 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradley, Kaye Contributor address; City; State; Zip Code 3717 Williamsburg Cir Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Broberg, Emily Contributor address; City; State; Zip Code 8406 Persimmon Grove Austin, TX 78737	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 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Broberg, Steven Contributor address; City; State; Zip Code 8406 Persimmon Grove Austin, TX 78737	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: 3/20 Report: 5/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 07/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burgess, Linda 6 Contributor address; City; State; Zip Code 4401 Shoal Creek Blvd Austin, TX 78756-3212	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 07/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burke, Cecelia Contributor address; City; State; Zip Code 6500 Santolina Cv 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) Retired		Employer (See Instructions) None	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burke, Cecelia Contributor address; City; State; Zip Code 6500 Santolina Cv 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) Retired		Employer (See Instructions) None	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burke, Cecelia Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731-2806	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butts, David Contributor address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723	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) Political 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: 4/20 Report: 6/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 07/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chapmond, Thomas 6 Contributor address; City; State; Zip Code 1706 Mistywood Dr Austin, TX 78746-7802	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 08/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chimenti, Danette Contributor address; City; State; Zip Code 200 The Cir Austin, TX 78704-2418	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) Computer Consulting		Employer (See Instructions) Self-Employed	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covert, Brent Contributor address; City; State; Zip Code 2701 Scenic Dr 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) Senior VP, Water Resources		Employer (See Instructions) Forester Group, Inc.	
Date 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Creative Pickle, LLC Contributor address; City; State; Zip Code 3505 Fleetwood Dr Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) In-kind contribution of web site work (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denkler, Ann Contributor address; City; State; Zip Code 6112 Highlandale 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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/20 Report: 7/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dickson, Betty 6 Contributor address; City; State; Zip Code 6504 Needham Ln Austin, TX 78739	7 Amount of contribution (\$) \$300.00	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) None	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dileo, Michael Contributor address; City; State; Zip Code 9 Niles 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) Teacher		Employer (See Instructions) Waldorf School	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dileo, Tracy Contributor address; City; State; Zip Code 9 Niles 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) Director		Employer (See Instructions) Killam Oil	
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, Brian Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751-1912	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 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James Contributor address; City; State; Zip Code 360 Nueces St Apt 2701 Austin, TX 78701-4270	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) City Planner		Employer (See Instructions) Duncan Associates	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/20 Report: 8/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Katy 6 Contributor address; City; State; Zip Code 360 Nueces St Apt 2701 Austin, TX 78701	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) Homemaker		10 Employer (See Instructions) None	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edgar, Donna Contributor address; City; State; Zip Code 5409 Highland Crest Dr Austin, TX 78731	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 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellison, Christopher Contributor address; City; State; Zip Code 2500 Flora Cv Austin, TX 78746-6902	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT-San Antonio	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Esparza, Gregory Contributor address; City; State; Zip Code 4603 Santa Anna St Austin, TX 78721-2027	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 08/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferchill, Cary Contributor address; City; State; Zip Code 2524 Tanglewood Trl Austin, TX 78703-1540	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) Lawyer		Employer (See Instructions) Reed & Scardino	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/20 Report: 9/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fero, Mary 6 Contributor address; City; State; Zip Code 2713 Pegram Ave Austin, TX 78757	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 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fike, Douglas Contributor address; City; State; Zip Code 3711 Meredith St Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Lands of America	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703-4517	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) Development Director		Employer (See Instructions) Council on At-Risk Youth	
Date 08/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi Contributor address; City; State; Zip Code 613 Hearn 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) Development Director		Employer (See Instructions) Council on At-Risk Youth	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi Contributor address; City; State; Zip Code 613 Hearn Street Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Council on At-Risk Youth	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/20 Report: 10/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 07/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Ann <hr/> 6 Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751-4718	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) arts administrator		10 Employer (See Instructions) People + Art = Building Community	
Date 09/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Ann <hr/> Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751-4718	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) arts administrator		Employer (See Instructions) People + Art = Building Community	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffith, Balie <hr/> Contributor address; City; State; Zip Code 3711 Taylors Dr 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) None	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffith, Beverly <hr/> Contributor address; City; State; Zip Code 3711 Taylors Dr 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) None	
Date 07/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grover, David <hr/> Contributor address; City; State; Zip Code 2607 Pinewood Ter 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) Instructional Designer		Employer (See Instructions) Dell Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/20 Report: 11/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 07/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grover, Rhonda 6 Contributor address; City; State; Zip Code 2607 Pinewood Ter Austin, TX 78757	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) Paralegal		10 Employer (See Instructions) Allison & Associates	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grover, Will Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756-2912	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) Radiologic Technologist		Employer (See Instructions) Seton Medical Center	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grover, William Contributor address; City; State; Zip Code 5512 Evans Ave Austin, TX 78751-1329	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) Food Service		Employer (See Instructions) Jimmy Johns	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gurasich, William Contributor address; City; State; Zip Code 3813 Travis County Cir Austin, TX 78735	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Soco Development Group	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guthrie, Carol Contributor address; City; State; Zip Code 241 S San Gabriel Loop Liberty Hill, TX 78642-5747	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: 10/20 Report: 12/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gutierrez, Nancy <hr/> 6 Contributor address; City; State; Zip Code 930 Grove Ln Georgetown, TX 78626	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 08/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartley, Ann <hr/> Contributor address; City; State; Zip Code 2111 Airole Way Austin, TX 78704-3261	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 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hebner, Diane <hr/> Contributor address; City; State; Zip Code 6304 Wilbur Dr Austin, TX 78757-2751	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) Lawyer		Employer (See Instructions) Law Office of Diane Hebner	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hess, Myron <hr/> Contributor address; City; State; Zip Code 1705 Margaret Street Austin, TX 78704	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hohengarten, Nancy <hr/> Contributor address; City; State; Zip Code 4114 Avenue H Austin, TX 78751-4725	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) Judge		Employer (See Instructions) Travis County	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/20 Report: 13/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hohengarten, Nancy 6 Contributor address; City; State; Zip Code 4114 Avenue H Austin, TX 78751-4725	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) Judge		10 Employer (See Instructions) Travis County	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Donald & Rachele Contributor address; City; State; Zip Code 5415 Lakeside Blvd Van Buren Point, NY 14166-8835	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) Clergy/Educator		Employer (See Instructions) Retired	
Date 09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Rebecca Contributor address; City; State; Zip Code 1755 S Beeler St 1-J Denver, CO 80247-2806	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) Psychologist		Employer (See Instructions) Self	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Elliot Contributor address; City; State; Zip Code 1354 The High Rd Austin, TX 78746-2250	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) Architect		Employer (See Instructions) Self-employed	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Elliot Contributor address; City; State; Zip Code 1354 The High Rd Austin, TX 78746-2250	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) Architect		Employer (See Instructions) Self-employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/20 Report: 14/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 07/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kant, Elaine 6 Contributor address; City; State; Zip Code 7600 Valley Dale Dr Austin, TX 78731-1236	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) Computer Scientist		10 Employer (See Instructions) SciComp Inc.	
Date 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Bill Contributor address; City; State; Zip Code 4507 Shoal Creek Blvd Austin, TX 78756-2912	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 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Robert Contributor address; City; State; Zip Code 4212 Park Hollow Ct Austin, TX 78746-1249	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# _____) Kramer, Ken Contributor address; City; State; Zip Code 4204 Sinclair Ave Austin, TX 78756-3527	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# _____) Kuhn, Tracy Contributor address; City; State; Zip Code 2604 Great Oaks Pkwy Austin, TX 78756	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/20 Report: 15/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Launius, Douglas 6 Contributor address; City; State; Zip Code 3501 Cherry Ln Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Real Estate Broker		10 Employer (See Instructions) Marketplace Real Estate Group	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leifeste, Terry Contributor address; City; State; Zip Code 4518 Ramsey Ave Austin, TX 78756	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Dawn Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Austin Partners in Education	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Dawn & Fred Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223	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) Manager		Employer (See Instructions) Austin Partners in Education	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mansbridge, Bruce Contributor address; City; State; Zip Code 7600 Valley Dale Dr Austin, TX 78731-1236	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) Psychologist		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: 14/20 Report: 16/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Hilda <hr/> 6 Contributor address; City; State; Zip Code 11503 Wiginton Dr Austin, TX 78758	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 08/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGill, John <hr/> Contributor address; City; State; Zip Code 2111 Aireole Way Austin, TX 78704-3261	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 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKinnerney, John <hr/> Contributor address; City; State; Zip Code 2501 McCullough St Austin, TX 78703	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) President		Employer (See Instructions) Castle Hill Partners	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melcic, Veronica <hr/> Contributor address; City; State; Zip Code 170 Eaton Ln Austin, TX 78737-4514	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 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, John Kirk <hr/> Contributor address; City; State; Zip Code PO Box 4023 Austin, TX 78765	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) Freelancer		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: 15/20 Report: 17/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Susan 6 Contributor address; City; State; Zip Code 6005 Shoalwood Ave Austin, TX 78757-3133	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 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murfee, George Contributor address; City; State; Zip Code 1101 Capital of Texas Hwy South 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) Engineer		Employer (See Instructions) Press Murfee Engineering Co.	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nias, Jim Contributor address; City; State; Zip Code 1116 Reagan Ter 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 09/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Niland, Nona Contributor address; City; State; Zip Code 210 Lavaca St Apt 3005 Austin, TX 78701-4598	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired MD		Employer (See Instructions) None	
Date 09/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oden, Michael Contributor address; City; State; Zip Code 3213 French Pl Austin, TX 78722-1917	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) Teacher		Employer (See Instructions) University of Texas at Austin	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/20 Report: 18/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pattie, Jonathan 6 Contributor address; City; State; Zip Code 4505 Shoal Creek Blvd Austin, TX 78756-2912	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 09/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Payne, Chris Contributor address; City; State; Zip Code 32205 Allison Dr Union City, CA 94587-3926	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Mission Valley Veterinary Clinic, Inc.	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perales, Marisa Contributor address; City; State; Zip Code 2104 Willow St Austin, TX 78702	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Frank Contributor address; City; State; Zip Code 2312 Lavendale Ct Austin, TX 78748-3440	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 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Joseph Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731-5636	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: 17/20 Report: 19/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian 6 Contributor address; City; State; Zip Code 1112 W 9th St Austin, TX 78703-4926	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) Real Estate Investment		10 Employer (See Instructions) Rodgers & Reichle, Inc.	
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruffing, Therese Contributor address; City; State; Zip Code 5512 Oakwood Cv Apt 181 Austin, TX 78731-4894	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) The Ruffing Firm, LLC	
Date 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandomirsky, Sharon Contributor address; City; State; Zip Code 2500 Flora Cv Austin, TX 78746-6902	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) Software Developer		Employer (See Instructions) Retired	
Date 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Brigid Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757-2328	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) Environmental consultant		Employer (See Instructions) Self-Employed	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonleitner, Karen Contributor address; City; State; Zip Code 1712 Pasadena Dr. Austin, TX 78757	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Senior Planner		Employer (See Instructions) Travis County Auditor's Office	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/20 Report: 20/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 07/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speights, Sara 6 Contributor address; City; State; Zip Code 2701 W 49 1/2 Street Austin, TX 78731	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) None	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speights, Sara Contributor address; City; State; Zip Code 2701 W 49 1/2 Street 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) Retired		Employer (See Instructions) None	
Date 09/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sprute, Dana Contributor address; City; State; Zip Code 5109 Turnabout Ln Austin, TX 78731-5631	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) Seton Health Care	
Date 08/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party Contributor address; City; State; Zip Code 4818 E Ben White Ste 104 Austin, TX 78741	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) In-kind contribution of VAN access (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Triana, Gisela Contributor address; City; State; Zip Code 5504 Fort Benton Dr Austin, TX 78735-7912	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) Judge		Employer (See Instructions) State of Texas	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/20 Report: 21/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John <hr/> 6 Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757	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) Consultant		10 Employer (See Instructions) Austin Energy	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Ed <hr/> Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731-5308	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self-Employed	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Chad <hr/> Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757-1706	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) Social Media Marketing		Employer (See Instructions) IBM	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Chad & Giselle <hr/> Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Social Media Marketing		Employer (See Instructions) IBM	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wong, Paula <hr/> Contributor address; City; State; Zip Code 6000 Cape Coral Dr Austin, TX 78746-7211	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) Teacher		Employer (See Instructions) Paula Wong Piano Academy	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/20 Report: 22/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wong, Paula 6 Contributor address; City; State; Zip Code 6000 Cape Coral Dr Austin, TX 78746-7211	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) Teacher		10 Employer (See Instructions) Paula Wong Piano Academy	

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 23/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 TOTAL OF UNITEMIZED PLEDGES: ➡ ➡ ➡ ➡ ➡ ➡		\$ 40.00	
5 Date 09/25/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Bintliff, David 7 Pledgor address; City; State; Zip Code 6303 Danwood Dr Austin, TX 78759	8 Amount of pledge (\$) \$100.00	9 In-kind description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 09/25/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Ewbank, Jim Pledgor address; City; State; Zip Code 2501 Frostwind Dr Spicewood, TX 78669	Amount of pledge (\$) \$200.00	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cokinos, Bosien & Young PC	
Date 09/25/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanna, Jett Pledgor address; City; State; Zip Code 6112 Highlandale Dr Austin, TX 78731	Amount of pledge (\$) \$100.00	In-kind 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Jennifer Pledgor address; City; State; Zip Code 755 E Oltorf St Austin, TX 78704	Amount of pledge (\$) \$100.00	In-kind 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Dawn & Fred Pledgor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	Amount of pledge (\$) \$250.00	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Austin Partners in Education	

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/2 Report: 24/37	
2 FILER NAME Pool, Leslie (Ms.)				3 ACCOUNT # (Ethics Commission filers) 11111111	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨				\$ 40.00	
5 Date 09/25/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Carlos <hr/> 7 Pledgor address; City; State; Zip Code 10305 James Ryan Way Austin, TX 78730	8 Amount of pledge (\$) \$100.00	9 In-kind description (if applicable)		
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date 09/25/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) McCreary, Lou <hr/> Pledgor address; City; State; Zip Code 901 S Mopac Ste 300 Austin, TX 78746	Amount of pledge (\$) \$100.00	In-kind 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Mark <hr/> Pledgor address; City; State; Zip Code 4911 Strass Austin, TX 78731	Amount of pledge (\$) \$250.00	In-kind description (if applicable)		
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions) VP, Regulatory Affairs			Employer (See Instructions) NRG Energy Company		

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 25/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄			\$
5 Date of loan 07/10/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Leslie		9 Loan Amount (\$) \$500.00
6 Is lender a financial Institution? No	8 Lender address; City, State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756		10 Interest rate 0
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Executive Assistant		13 Employer (See Instructions) Travis County	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City, State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 09/18/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Leslie		Loan Amount (\$) \$18,000.00
Is lender a financial Institution? No	Lender address; City, State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756		Interest rate 0
			Maturity date
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Travis County	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City, State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 26/37	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄		\$	
5 Date of loan 09/25/2014	7 Name of lender Pool, Leslie <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) \$22,000.00	
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756	10 Interest rate 0	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Executive Assistant		13 Employer (See Instructions) Travis County	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> 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: 1/11 Report: 27/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 08/04/2014		5 Payee name Action ID			
6 Amount (\$) \$123.32		7 Payee address City: State: Zip Code 1101 15th St NW Ste 500 Washington, DC 20005			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> NGP VAN cost <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 Austin AFL-CIO			
Amount (\$) \$145.00		Payee address City: State: Zip Code PO Box 301074 Austin, TX 78703			
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"/> Labor Day program ad <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 Austin Chronicle			
Amount (\$) \$2,113.00		Payee address City: State: Zip Code PO Box 49066 Austin, TX 78765			
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"/> Campaign ads <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 08/07/2014		Payee name CheckMark Typesetting			
Amount (\$) \$37.89		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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Name 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: 2/11 Report: 28/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 08/15/2014		5 Payee name CheckMark Typesetting			
6 Amount (\$) \$155.14		7 Payee address City: State: Zip Code 3217 N IH-35 Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lapel stickers <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 08/14/2014		Payee name Constant Contact			
Amount (\$) \$76.00		Payee address City: State: Zip Code 1601 Trapelo Rd Waltham, MA 02451			
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"/> Constant Contact subscription <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 09/07/2014		Payee name Costco			
Amount (\$) \$83.45		Payee address City: State: Zip Code 10401 Research Blvd Austin, TX 78759			
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"/> Snacks for campaign 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 09/18/2014		Payee name Counts, Diane			
Amount (\$) \$500.00		Payee address City: State: Zip Code 1508 Arcadia Ave Austin, TX 78757			
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"/> Campaign staffing <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: 3/11 Report: 29/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 08/08/2014	5 Payee name CreativePickle, LLC				
6 Amount (\$) \$3,277.27	7 Payee address City: State: Zip Code 3505 Fleetwood Dr 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"/> Website design and development		
	<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 David Thomas Photography				
Amount (\$) \$150.00	Payee address City: State: Zip Code 2004-B E 9th St Austin, TX 78702				
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"/> Photo shoot		
	<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 09/22/2014	Payee name Emmons, Joe				
Amount (\$) \$237.00	Payee address City: State: Zip Code 403 Blackson Ave Austin, TX 78752				
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"/> Campaign staffing		
	<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 08/26/2014	Payee name FedEx Office				
Amount (\$) \$84.98	Payee address City: State: Zip Code 3300 Bee Caves Rd 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"/> Printing sign 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: 4/11 Report: 30/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/23/2014		5 Payee name Gibbons, Heidi			
6 Amount (\$) \$500.00		7 Payee address City; State; Zip Code 613 Hearn St Austin, TX 78703			
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"/> Campaign staffing <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 07/30/2014		Payee name Miller Blueprint Co			
Amount (\$) \$70.36		Payee address City; State; Zip Code 501 W 6th St Austin, TX 78701			
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"/> Greeting cards <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 NGP VAN, Inc.			
Amount (\$) \$45.00		Payee address City; State; Zip Code 1101 15th St NW Ste 500 Washington, DC 20005			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Monthly VAN 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 09/01/2014		Payee name NGP VAN, Inc.			
Amount (\$) \$45.00		Payee address City; State; Zip Code 1101 15th St NW Ste 500 Washington, DC 20005			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Monthly VAN 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:	

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: 5/11 Report: 31/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 08/13/2014		5 Payee name OfficeMax			
6 Amount (\$) \$216.69		7 Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756			
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"/> Event invitation supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/14/2014		Payee name OfficeMax			
Amount (\$) \$28.13		Payee address City; State; Zip Code 4615 N 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 <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 08/14/2014		Payee name OfficeMax			
Amount (\$) \$166.15		Payee address City; State; Zip Code 4615 N 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 <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 OfficeMax			
Amount (\$) \$8.28		Payee address City; State; Zip Code 907 W 5th 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"/> Supplies for campaign 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: 6/11 Report: 32/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/03/2014		5 Payee name OfficeMax			
6 Amount (\$) \$33.11		7 Payee address City: State: Zip Code 4615 N 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 <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 09/21/2014		Payee name OfficeMax			
Amount (\$) \$51.94		Payee address City: State: Zip Code 4615 N 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 <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 08/31/2014		Payee name Sage Payment Solutions			
Amount (\$) \$169.89		Payee address City: State: Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online contribution 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 09/21/2014		Payee name Smith, Natasha			
Amount (\$) \$495.00		Payee address City: State: Zip Code 2207 Leon St 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"/> Campaign staffing <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: 7/11 Report: 33/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 08/13/2014		5 Payee name South Austin Democrats			
6 Amount (\$) \$55.00		7 Payee address City: State: Zip Code PO Box 152592 Austin, TX 78715-2592			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yeller Dawg awards sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/04/2014		Payee name Texas Democratic Party			
Amount (\$) \$550.00		Payee address City: State: Zip Code 4818 E Ben White Ste 104 Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> VAN access <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 The Frisco Shop			
Amount (\$) \$426.61		Payee address City: State: Zip Code 6801 Burnet Rd Austin, TX 78757			
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 at 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 07/15/2014		Payee name UPS			
Amount (\$) \$118.50		Payee address City: State: Zip Code 1101 West 34th St Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailbox rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/11 Report: 34/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 08/13/2014	5 Payee name US Postal Service				
6 Amount (\$) \$184.00	7 Payee address City: State: Zip Code 4300 Speedway 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 stamps		
	<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 08/14/2014	Payee name US Postal Service				
Amount (\$) \$204.00	Payee address City: State: Zip Code 2418 Spring Ln Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps		
	<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 08/18/2014	Payee name US Postal Service				
Amount (\$) \$93.50	Payee address City: State: Zip Code 2418 Spring Ln Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps		
	<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 US Postal Service				
Amount (\$) \$27.20	Payee address City: State: Zip Code 2418 Spring Ln Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps		
	<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: 9/11 Report: 35/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/18/2014		5 Payee name US Postal Service			
6 Amount (\$) \$194.50		7 Payee address City: State: Zip Code 4300 Speedway 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 stamps <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 09/22/2014		Payee name US Postal Service			
Amount (\$) \$56.10		Payee address City: State: Zip Code 2418 Spring Ln Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps <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 08/18/2014		Payee name Worley Printing			
Amount (\$) \$127.46		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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing postcards <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 08/26/2014		Payee name Worley Printing			
Amount (\$) \$119.08		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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing campaign paraphernalia <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: 10/11 Report: 36/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/04/2014		5 Payee name Worley Printing			
6 Amount (\$) \$433.00		7 Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing printed campaign materials <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 Worley Printing			
Amount (\$) \$81.19		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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing words and/or graphics on items to be used in campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/10/2014		Payee name Worley Printing			
Amount (\$) \$2,347.53		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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 09/12/2014		Payee name Worley Printing			
Amount (\$) \$411.35		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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing pushcards <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: 11/11 Report: 37/37		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111
4 Date 09/17/2014	5 Payee name Worley Printing			
6 Amount (\$) \$113.66	7 Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing event invitations	
			<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 09/17/2014	Payee name Worley Printing			
Amount (\$) \$146.14	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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing postcards	
			<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: