

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 11111111	2 PAGE # 1 of 38
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Ms. FIRST Leslie MI NICKNAME LAST Pool SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged
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4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 30th day before election</td> <td colspan="2"><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td colspan="2"><input type="checkbox"/> Final Report</td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report	
<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit												
<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)												
<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report												

5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td>Month Day Year</td> <td>Month Day Year</td> </tr> <tr> <td style="text-align: center;">07/01/2014</td> <td style="text-align: center;">THROUGH 09/25/2014</td> </tr> </table>	Month Day Year	Month Day Year	07/01/2014	THROUGH 09/25/2014
Month Day Year	Month Day Year				
07/01/2014	THROUGH 09/25/2014				

6 EXPLANATION OF CORRECTION
 Failed to check out-of-state PAC box for AFSCME contribution. Submitting AFSCME FEC Form 1 with this correction.


7 AFFIDAVIT

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

Check ONLY if applicable:

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

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Leslie Pool this the 7th day of October, 20 14.

to certify which, witness my hand and seal of office.

Ann Margaret Franklin Ann Margaret Franklin Notary

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

Leslie Pool Leslie Pool

Signature of Candidate or Officeholder

Remember To Attach Any Part Of The Campaign Finance Report Form

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 # 2 of 38
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Leslie		<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <div style="float: right; transform: rotate(90deg);"> AUSTIN CITY CLERK RECEIVED 20 OCT 7 AM 10:44 </div> </div>
	NICKNAME LAST SUFFIX Pool		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4503 Shoal Creek Blvd Austin, TX 78756		Date Received
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Chad		Receipt # Amount
	NICKNAME LAST SUFFIX Williams		Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 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 Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	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)
11111111

15 NOTICE
FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

16 CONTRIBUTION
TOTALS

1. 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
BALANCE

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

\$ 48,981.34

OUTSTANDING
LOAN TOTALS

6. 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Leslie Pool

Leslie Pool
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Leslie Pool, this the 7th day of October, 20 14, to certify which, witness my hand and seal of office.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/20 Report: 4/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 09/17/2014 **5 Full name of contributor** ☐ out-of-state PAC (ID# _____)
Aleshire, Bill

7 Amount of contribution (\$) **8 In-kind contribution description (if applicable)**

6 Contributor address; City; State; Zip Code
3605 Shady Valley Dr
Austin, TX 78739-4425

\$350.00

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

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Riggs Aleshire & Ray PC

Date 09/15/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Aisup, Marion

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
2311 Pruett St
Austin, TX 78703

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/25/2014 **Full name of contributor** ☒ out-of-state PAC (ID# _____)
AmericanFederation of State, County and Municipal Employees-AFL-CIO

Amount of contribution (\$) **In-kind contribution description (if applicable)**

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

\$350.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/03/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Arnow, David

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
1111 West 11th St
Austin, TX 78703

\$350.00

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

Principal occupation / Job title (See Instructions)
Head of Investment Management

Employer (See Instructions)
Castle Hill Partners

Date 08/11/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Black, Sinclair

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
208 W 4th St Ste 3A
Austin, TX 78701

\$350.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/20 Report: 5/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

07/29/2014

5 Full name of contributor ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/26/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date

09/20/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/19/2014

Full name of contributor ☐ 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) ☐

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: 6/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 07/16/2014 **5 Full name of contributor** ☐ out-of-state PAC (ID# _____)
Burgess, Linda

7 Amount of contribution (\$) **8 In-kind contribution description (if applicable)**

6 Contributor address; City; State; Zip Code
4401 Shoal Creek Blvd
Austin, TX 78756-3212

\$100.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 07/14/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Burke, Cecelia

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
6500 Santolina Cv
Austin, TX 78731

\$100.00

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date 08/26/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Burke, Cecelia

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
6500 Santolina Cv
Austin, TX 78731

\$100.00

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date 09/24/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Burke, Cecelia

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
6500 Santolina Cv
Austin, TX 78731-2806

\$100.00

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date 08/26/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Butts, David

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
1914 Patton Ln
Austin, TX 78723

\$350.00

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

Principal occupation / Job title (See Instructions)
Retired

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: 7/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

07/22/2014

5 Full name of contributor ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chimenti, Danette

08/16/2014

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) ☐

Principal occupation / Job title (See Instructions)
Computer Consulting

Employer (See Instructions)
Self-Employed

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Covert, Brent

09/15/2014

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) ☐

Principal occupation / Job title (See Instructions)
Senior VP, Water Resources

Employer (See Instructions)
Forester Group, Inc.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Creative Pickle, LLC

08/08/2014

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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Denkler, Ann

07/16/2014

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) ☐

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: 8/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date
09/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dickson, Betty

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$300.00

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

6 Contributor address; City, State; Zip Code
6504 Needham Ln
Austin, TX 78739

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
None

Date
09/25/2014

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

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$350.00

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

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

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
Waldorf School

Date
09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dileo, Tracy

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$350.00

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

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

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Killam Oil

Date
08/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Donovan, Brian

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

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

Contributor address; City, State; Zip Code
508 Genard St
Austin, TX 78751-1912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/08/2014

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

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$350.00

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

Contributor address; City, State; Zip Code
360 Nueces St
Apt 2701
Austin, TX 78701-4270

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/20 Report: 9/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 08/08/2014 **5 Full name of contributor** ☐ out-of-state PAC (ID# _____)
Duncan, Katy

7 Amount of contribution (\$) **8 In-kind contribution description (if applicable)**

6 Contributor address; City; State; Zip Code
360 Nueces St
Apt 2701
Austin, TX 78701

\$350.00

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

9 Principal occupation / Job title (See Instructions)
Homemaker

10 Employer (See Instructions)
None

Date 08/26/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Edgar, Donna

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
5409 Highland Crest Dr
Austin, TX 78731

\$150.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 08/08/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Ellison, Christopher

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
2500 Flora Cv
Austin, TX 78746-6902

\$350.00

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

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
UT-San Antonio

Date 09/25/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Esparza, Gregory

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
4603 Santa Anna St
Austin, TX 78721-2027

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 08/16/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Ferchill, Cary

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
2524 Tanglewood Trl
Austin, TX 78703-1540

\$350.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/20 Report: 10/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 08/18/2014 **5 Full name of contributor** ☐ out-of-state PAC (ID# _____)
Fero, Mary

7 Amount of contribution (\$) **8 In-kind contribution description (if applicable)**

6 Contributor address; City; State; Zip Code
2713 Pegram Ave
Austin, TX 78757

\$100.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 09/03/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Fike, Douglas

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
3711 Meredith St
Austin, TX 78703

\$350.00

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

Principal occupation / Job title (See Instructions)
Real Estate Broker

Employer (See Instructions)
Lands of America

Date 07/16/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Gibbons, Heidi

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
613 Hearn St
Austin, TX 78703-4517

\$25.00

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

Principal occupation / Job title (See Instructions)
Development Director

Employer (See Instructions)
Council on At-Risk Youth

Date 08/29/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Gibbons, Heidi

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
613 Hearn St
Austin, TX 78703

\$25.00

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

Principal occupation / Job title (See Instructions)
Development Director

Employer (See Instructions)
Council on At-Risk Youth

Date 09/25/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Gibbons, Heidi

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
613 Hearn Street
Austin, TX 78703

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 8/20 Report: 11/38	
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		7 Amount of contribution (\$) \$50.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751-4718			(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		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751-4718			(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		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3711 Taylors Dr Austin, TX 78703			(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		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3711 Taylors Dr Austin, TX 78703			(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		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2607 Pinewood Ter Austin, TX 78757			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Instructional Designer			Employer (See Instructions) Bell		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/20 Report: 12/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 07/14/2014
5 Full name of contributor ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)
Paralegal

10 Employer (See Instructions)
Allison & Associates

Date 07/16/2014
Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Radiologic Technologist

Employer (See Instructions)
Seton Medical Center

Date 09/25/2014
Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Food Service

Employer (See Instructions)
Jimmy Johns

Date 09/25/2014
Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Developer

Employer (See Instructions)
Soco Development Group

Date 09/24/2014
Full name of contributor ☐ 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) ☐

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: 13/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

11111111

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gutierrez, Nancy

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

08/29/2014

6 Contributor address; City; State; Zip Code
930 Grove Ln
Georgetown, TX 78626

\$100.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hartley, Ann

Amount of contribution (\$)

In-kind contribution description (if applicable)

08/16/2014

Contributor address; City; State; Zip Code
2111 Airole Way
Austin, TX 78704-3261

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hebner, Diane

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/19/2014

Contributor address; City; State; Zip Code
6304 Wilbur Dr
Austin, TX 78757-2751

\$200.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Lawyer

Law Office of Diane Hebner

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hess, Myron

Amount of contribution (\$)

In-kind contribution description (if applicable)

08/26/2014

Contributor address; City; State; Zip Code
1705 Margaret Street
Austin, TX 78704

\$125.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

08/26/2014

Contributor address; City; State; Zip Code
4114 Avenue H
Austin, TX 78751-4725

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/20 Report: 14/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

09/16/2014

5 Full name of contributor ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)
Judge

10 Employer (See Instructions)
Travis County

Date

07/30/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Clergy/Educator

Employer (See Instructions)
Retired

Date

09/14/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Psychologist

Employer (See Instructions)
Self

Date

07/16/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Self-employed

Date

09/20/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/20 Report: 15/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 07/16/2014
5 Full name of contributor ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)
Computer Scientist

10 Employer (See Instructions)
SciComp Inc.

Date 08/08/2014
Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 07/16/2014
Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/24/2014
Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/25/2014
Full name of contributor ☐ 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) ☐

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: 16/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date
09/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Launius, Douglas

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3501 Cherry Ln
Austin, TX 78703

\$350.00

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

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 ☐ out-of-state PAC (ID# _____)
Leifeste, Terry

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4518 Ramsey Ave
Austin, TX 78756

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/25/2014

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

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4509 Edgemont Dr
Austin, TX 78731-5223

\$250.00

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

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Austin Partners in Education

Date
07/17/2014

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

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4509 Edgemont Dr
Austin, TX 78731-5223

\$200.00

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

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Austin Partners in Education

Date
07/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mansbridge, Bruce

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7600 Valley Dale Dr
Austin, TX 78731-1236

\$350.00

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

Principal occupation / Job title (See Instructions)
Neurobiologist

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: 17/38	
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	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# _____) McGill, John <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 09/03/2014	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	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) 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	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# _____) Mitchell, John Kirk <hr/> Contributor address; City; State; Zip Code PO Box 4023 Austin, TX 78765		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/20 Report: 18/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 08/10/2014 5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Morrison, Susan

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
6005 Shoalwood Ave
Austin, TX 78757-3133

\$100.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 09/15/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Murfee, George

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1101 Capital of Texas Hwy South
Austin, TX 78746

\$350.00

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

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Press Murfee Engineering Co.

Date 09/11/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Nias, Jim

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1116 Reagan Ter
Austin, TX 78704

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/01/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Niland, Nona

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
210 Lavaca St
Apt 3005
Austin, TX 78701-4598

\$250.00

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

Principal occupation / Job title (See Instructions)
Retired MD

Employer (See Instructions)
None

Date 09/01/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Oden, Michael

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3213 French Pl
Austin, TX 78722-1917

\$200.00

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

Principal occupation / Job title (See Instructions)

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: 19/38	
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 <hr/> 6 Contributor address; City; State; Zip Code 4505 Shoal Creek Blvd Austin, TX 78756-2912		7 Amount of contribution (\$) \$100.00 <hr/> (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 <hr/> Contributor address; City; State; Zip Code 32205 Allison Dr Union City, CA 94587-3926		Amount of contribution (\$) \$350.00 <hr/> (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 <hr/> Contributor address; City; State; Zip Code 2104 Willow St Austin, TX 78702		Amount of contribution (\$) \$75.00 <hr/> (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 <hr/> Contributor address; City; State; Zip Code 2312 Lavendale Ct Austin, TX 78748-3440		Amount of contribution (\$) \$100.00 <hr/> (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 <hr/> Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731-5636		Amount of contribution (\$) \$100.00 <hr/> (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: 20/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

08/23/2014

5 Full name of contributor ☐ 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) ☐

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 ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
The Ruffing Firm, LLC

Date

08/08/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Software Developer

Employer (See Instructions)
Retired

Date

08/06/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Environmental consultant

Employer (See Instructions)
Self-Employed

Date

08/26/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Senior Planner

Employer (See Instructions)
Terra Group, Austin, TX

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 18/20 Report: 21/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

07/23/2014

5 Full name of contributor ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
None

Date

09/22/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date

09/01/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)
Seton Health Care

Date

08/04/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/20 Report: 22/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 08/22/2014 5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Umphress, John

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2604 Geraghty Ave
Austin, TX 78757

\$350.00

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

9 Principal occupation / Job title (See Instructions)
Consultant

10 Employer (See Instructions)
Austin Energy

Date 09/22/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wendler, Ed

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4803 Balcones Dr
Austin, TX 78731-5308

\$350.00

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

Principal occupation / Job title (See Instructions)
Real Estate Developer

Employer (See Instructions)
Self-Employed

Date 07/17/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Williams, Chad

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7500 Greenhaven Dr
Austin, TX 78757-1706

\$150.00

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

Principal occupation / Job title (See Instructions)
Social Media Marketing

Employer (See Instructions)
IBM

Date 08/26/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Williams, Chad & Giselle

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7500 Greenhaven Dr
Austin, TX 78757

\$200.00

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

Principal occupation / Job title (See Instructions)
Social Media Marketing

Employer (See Instructions)
IBM

Date 07/16/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wong, Paula

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6000 Cape Coral Dr
Austin, TX 78746-7211

\$100.00

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

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
Paula Wong Elementary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 20/20 Report: 23/38

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date
09/19/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wong, Paula

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$100.00

6 Contributor address; City; State; Zip Code
6000 Cape Coral Dr
Austin, TX 78746-7211

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

9 Principal occupation / Job title (See Instructions)
Teacher

10 Employer (See Instructions)
Paula Wong Piano Academy

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/2 Report: 24/38	
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# _____) Bintiff, 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)			Employer (See Instructions)		

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/2 Report: 25/38	
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 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 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 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: 26/38

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 ☐ 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
☒ none

15 Check if personal funds were deposited into political account
☒

16 GUARANTOR
INFORMATION

☒ not applicable

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal Occupation

21 Employer

Date of loan
09/18/2014

Name of lender ☐ 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
☒ none

Check if personal funds were deposited into political account
☒

GUARANTOR
INFORMATION

☒ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 27/38

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



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

☒ none

15 Check if personal funds were deposited into political account

☒

16 GUARANTOR
INFORMATION

☒ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation

21 Employer

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/11 Report: 28/38		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	
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	
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	
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	
Complete ONLY if direct expenditure		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: 29/38		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		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: 30/38		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	
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	
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	
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	
Complete ONLY if direct expenditure		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: 31/38		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	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: 32/38		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	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: 33/38		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	Candidate / Officeholder name Office sought: Office held:				

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/11 Report: 34/38		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				
9 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	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: 35/38		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		Candidate / Officeholder name Office sought: Office held:			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/11 Report: 36/38	2 FILER NAME Pool, Leslie (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 09/18/2014	5 Payee name US Postal Service
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6 Amount (\$) \$194.50	7 Payee address City, State, Zip Code 4300 Speedway Austin, TX 78705
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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:
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Date 09/22/2014	Payee name US Postal Service
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Amount (\$) \$56.10	Payee address City, State, Zip Code 2418 Spring Ln Austin, TX 78703
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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:
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Date 08/18/2014	Payee name Worley Printing
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Amount (\$) \$127.46	Payee address City, State, Zip Code 3217 N IH-35 Austin, TX 78722
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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:
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Date 08/26/2014	Payee name Worley Printing
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Amount (\$) \$119.08	Payee address City, State, Zip Code 3217 N IH-35 Austin, TX 78722
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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	Candidate / Officeholder name	Office sought:	Office held:
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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: 37/38		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	
9 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		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: 38/38	2 FILER NAME Pool, Leslie (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 09/17/2014	5 Payee name Worley Printing
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6 Amount (\$) \$113.66	7 Payee address City, State, Zip Code 3217 N IH-35 Austin, TX 78722
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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:
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Date 09/17/2014	Payee name Worley Printing
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Amount (\$) \$146.14	Payee address City, State, Zip Code 3217 N IH-35 Austin, TX 78722
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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:
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**FEC
FORM 1**
**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

ADDRESS (number and street) 1625 L Street NW
(Check if address is changed) Washington DC 20036
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

jtaggart@afscme.org

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

(Check if address is changed)

2. DATE 06 22 2012

3. FEC IDENTIFICATION NUMBER C C00011114

4. IS THIS STATEMENT NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LAURA M. REYES

Signature of Treasurer LAURA M. REYES

Date 06 22 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

Candidate
Party Affiliation

Office
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

☒

Labor Organization

Membership Organization

Trade Association

Cooperative

☒

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|-------|---------------|---|
| 1. | _____ | FEC ID number | C |
| 2. | _____ | FEC ID number | C |
| 3. | _____ | FEC ID number | C |
| 4. | _____ | FEC ID number | C |

Write or Type Committee Name

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES

Mailing Address 1625 L Street NW
Washington DC 20036
CITY STATE ZIP CODE
Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name CHARLES JURGONIS
Mailing Address 1625 L Street NW
Washington DC 20036
CITY STATE ZIP CODE
Title or Position DIRECTOR
Telephone number 202 429 1007

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer LAURA M. REYES
Mailing Address 1625 L Street NW
Washington DC 20036
CITY STATE ZIP CODE
Title or Position SECRETARY-TREASURER
Telephone number 202 429 1200

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

AMALGAMATED BANK

Mailing Address

275 7th Avenue

New York

NY

10001

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

730 15th Street NW

Washington

DC

20005

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 5

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address

125 Barclay Street

New York

NY

10007

CITY ●

STATE ●

ZIP CODE ●

Relationship:

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ●

CITY ●

STATE ●

ZIP CODE ●

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C