FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

·					
1 ACCOUNT # 11111111	PAGE # 1 of 38				
CANDIDATE/ Ms. Ms/MRs/MR FIRST Ms. Leslie	OFFICE SE ONLY Date Received				
NAME NICKNAME LAST POOL	SUFFIX A D O				
A ORIGINAL REPORT TYPE July 15 Exceeding the service of the ser	ded \$500 limit Other (specify) Date Indide Section of the property of the pr				
appoin = appoin	ay after treasurer Intrinent (officeholder only) Report Recoil®* Recoil®				
5 ORIGINAL Month Day Year PERIOD COVERED	Month Day Year Legal Totals				
07/01/2014 THROL	JGH 09/25/2014 Date Processed Company of the Imaged Company of the Imaged				
Failed to report 9/19 expense to Austin Chronicle and 9/14 expense	to Constant Contact.				
7 AFFIDAVIT	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.				
ARMANDINA V. CASTANEDA MY COMMISSION EXPIRES December 11, 2016	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.				
ASSEMBLICATION OF A LOCAL LIBERTY	Leslie Pool Cealur Good				
Sworn to and subscribed before me by Leslie Pacto certify which, witness my hand and seal of office. Cumanding V. (astand Armandina)	Signature of Candidate or Officeholder ol this the 1 day of Nov , 2014, V- Castaneda Notary Public				
Signature of officer administering oath Printed name of officer at Remember To Attach Any Part Of	dministering oath Title of officer administering oath The Campaign Finance Report Form				
Needed To Report And Explain Corrections					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 1.11111111	2 PAGE # 2 of 38	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	Ms. Leslie NICKNAME LAST Pool	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; 4503 Shoal Creek Blvd Austin, TX 78756	CITY; STATE; ZIP CODE	Date Hand delikered Postmarked AT 2: Description Postmarked	
5 CAMPAIGN	MS / MRS / MR FIRST		┫	
TREASURER	Chad	WII	7,3	
NAME	NICKNAME LAST		Date Imageḋ	
	Williams	SULLIA		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 7500 Greenhaven Dr Austin, TX 78757	SUITE#; CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 451-6976	EXTENSION		
8 REPORT TYPE	January 15 X 30th day before 6	election Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before el	lection Exceeded \$500 limit	Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year	Month Day	Year	
3072 1125	τ⊦ 07/01/2014	нгои с н 09/25/20	014	
10 ELECTION	ELECTION DATE ELECTION Month Day Year Prid 11/04/2014	N TYPE Mary Runoff X	General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	n)	
		Austin City Cour	ncil District 7	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

loor rokira	- IOIALO			OVER	
13 C/OH NAME Pool,	Leslie (Ms.)		14 ACC	DUNT# (E	thics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the total the candidate's or officeholder's knowledge or consent. Candidate or consent candidate or consent.			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS		<u> </u>	
,	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		•	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	,	\$	995.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	21,295.00
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS			\$	228.72	
	4. TOTAL	POLITICAL EXPENDITURES		\$	16,919.14
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD		\$	48,981.34
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD .	HE.	\$	40,500.00
17 AFFIDAVIT			•		-
		I swear, or affirm, under pena is true and correct and include me under Title 15, Election C	es all informa		, , ,
	NEMANDINA V. CAST/ MY COMMISSION EXI December 11, 201	PIRES	eie (200	9
To straight			f Candidate o	r Officehold	ier
AFFIX NOTARY S	STAMP / SEAL ABO\	/E			
Sworn to and subscrib			, this	sthe	day
or 1000	20 <u> </u>	rtify which, witness my hand and seal of office.		_	
Signature of officer admi	. Castano d inistering oath	Print name of officer administering oath	Not Title of o	fficer admin	stering oath

	The INSTRUCTION	on Guide explains how to complete this form.		1 PAGE# Schedule: 1/2	20 Report: 4/38
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (IDa Aleshire, Bill	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/2014	6 Contributor address; City; State; Zip Code 3605 Shady Valley Dr Austin, TX 78739-4425		\$350.00	
		ţ.		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Riggs Aleshire		
	Date	Full name of contributor ut-of-state PAC (ID: Alsup, Marion	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	Contributor address; City; State; Zip Code 2311 Pruett St Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$100.00	
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1625 L Street NW Washington, DC 20036		\$350.00	I
				(16 terms) costalida es	Towar complete Schoolule Ti
	Principal occur	ation / Job title (See Instructions)	Employer (See In	· '	Texas, complete Schedule T)
	т ппоры осоар	and the tree instructions,	Employer (Ode in	suddions)	·
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/03/2014	Contributor address; City; State; Zip Code 1111 West 11th St Austin, TX 78703		\$350.00	i
			•	(If traval autoido of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete schedule 1)
		stment Management	Castle Hill Parti		<u> </u>
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/11/2014	Contributor address; City; State; Zip Code 208 W 4th St Ste 3A Austin, TX 78701		\$350.00	
					Texas, complete Schedule T)
	Principal occup Architect	ation / Job title (See Instructions)	Employer (See In Black & Vernoo		

P.O.Box 12070

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2	20 Report: 5/38	
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Bottoms, Shirley)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	07/29/2014	6 Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Bottoms, Shirley)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/26/2014	Contributor address; City; State; Zip Code 3903 Ridglea Dr Austin, TX 78731	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$50.00	 	
				L.'	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Bradley, Kaye)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/03/2014	Contributor address; City; State; Zip Code 3717 Williamsburg Cir Austin, TX 78731		\$350.00	 	
				,	Texas, complete Schedule T)	
	Retired	ation / Job title (See Instructions)	Employer (See In None	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/20/2014	Contributor address; City; State; Zip Code 8406 Persimmon Grove Austin, TX 78737		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Broberg, Steven)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/19/2014	Contributor address; City; State; Zip Code 8406 Persimmon Grove Austin, TX 78737	************	\$100.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	L '	, , , , , , , , , , , , , , , , , , ,	
	·					

L			_		
	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/2	20 Report: 6/38
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Burgess, Linda)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/16/2014	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 occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2014	Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In	structions)	
	Retired		None		
	Date	Full name of contributor ut-of-state PAC (ID# Burke, Cecelia)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/26/2014	Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731		\$100.00	
]				()5 travel extelde of	Towns complete Schodule Ti
<u> </u>	- A			1 '	Texas, complete Schedule T)
L	Retired	ation / Job title (See Instructions)	Employer (See In None	istructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731-2806		\$100.00	
		Austin, 17 (0.21-2000			_
L				i '	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In None	estructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/26/2014	Contributor address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occurs	ation / Job title (See Instructions)	Employer (See In	<u> </u>	. oneo, complete consesso ()
	Political Cons		Self-Employed	isiructions)	

_					
	The Instruction	ON GUIDE explains how to complete this form.	<u>-</u>	1 PAGE# Schedule: 4/3	20 Report: 7/38
2	FILER NAME	Pool, Leslie (Ms.)	•	3 ACCOUNT # 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Chapmond, Thomas	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/22/2014	6 Contributor address; City; State; Zip Code 1706 Mistywood Dr Austin, TX 78746-7802		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/16/2014	Contributor address; City; State; Zip Code 200 The Cir Austin, TX 78704-2418		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Origainal assur	eation / Job title (See Instructions)	Employer (See In	-	Texas, complete schedule 1/
	Computer Co		Self-Employed	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	Contributor address; City; State; Zip Code 2701 Scenic Dr Austin, TX 78703		\$350.00	
					Texas, complete Schedule T)
		ation / Job title (See Instructions) ater Resources	Employer (See In Forester Group		
	Date	Full name of contributor ut-of-state PAC (ID#	:	Amount of	In-kind contribution
		Creative Pickle, LLC		contribution (\$)	description (if applicable) In-kind contribution of
	08/08/2014	Contributor address; City; State; Zip Code 3505 Fleetwood Dr Austin, TX 78704		\$350.00	web site work
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	Contributor address; City; State; Zip Code 6112 Highlandale Dr Austin, TX 78731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

P.O.Box 12070

······································					
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/2	20 Report: 8/38	
2 FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID# Dickson, Betty	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
09/25/2014	6 Contributor address; City; State; Zip Code 6504 Needham Ln Austin, TX 78739		\$300.00	· · -	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In None	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Dileo, Michael	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/25/2014	Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Teacher	ation / Job title (See Instructions)	Employer (See In Waldorf School			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/25/2014	Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$350.00	 	
			1 -	Texas, complete Schedule T)	
Principal occup Director	pation / Job title (See Instructions)	Employer (See In Killam Oil	structions)		
Date	Full name of contributor ☐ out-of-state PAC (ID≴ Donovan, Brian	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/19/2014	Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751-1912		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Duncan, James	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/08/2014	Contributor address, City, State, Zip Code 360 Nueces St Apt 2701 Austin, TX 78701-4270		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup City Planner	pation / Job title (See Instructions)	Employer (See In Duncan Associa			

	· · · · · · · · · · · · · · · · · · ·						
	The Instruction	on Guide explains how to complete this form.		1 PAGE#			
_	<u>. </u>	· · · · · · · · · · · · · · · · · · ·		Schedule: 6/2	20 Report: 9/38		
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT # 11111111	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/08/2014	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 occup Homemaker	ation / Job title (See Instructions)	10 Employer (See In None	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Edgar, Donna)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/26/2014	Contributor address; City; State; Zip Code 5409 Highland Crest Dr Austin, TX 78731		\$150.00] 		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/08/2014	Contributor address; City; State; Zip Code 2500 Flora Cv Austin, TX 78746-6902		\$350.00	 		
					<u>'</u>		
_	Principal cocus	ation / Joh title (See Instructions)	Employer /See In		Texas, complete Schedule T)		
	Professor	ation / Job title (See Instructions)	Employer (See In UT-San Antonio				
	Date	Full name of contributor ut-of-state PAC (ID# Esparza, Gregory)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 4603 Santa Anna St Austin, TX 78721-2027		\$100.00	 		
		7,10,21,202.			_		
	Dringinal occur	ation / Job title (See Instructions)	Employer (See In	L.`	Texas, complete Schedule T)		
	- пострат оссор	ation / Job title (See Instructions)	Employer (See in	succions)			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/16/2014	Contributor address; City; State; Zip Code 2524 Tanglewood Trl Austin, TX 78703-1540		\$350.00	1. 1 1		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Reed & Scardin				

	The historical	Cupr puriaing how to complete this form		1 PAGE#		
	THE INSTRUCTION	ON GUIDE explains how to complete this form.			20 Report: 10/38	
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT#	(Ethics Commission filers)	
				11111111		
4	Date	5 Full name of contributor ut-of-state PAC (ID#	!)	7 Amount of	8 In-kind contribution	
		Fero, Mary		contribution (\$)	description (if applicable)	
	00/40/0044	6 Contributor address City Charles 71 Onda			I	
	08/18/2014	6 Contributor address; City; State; Zip Code 2713 Pegram Ave		\$100.00	I	
		Austin, TX 78757			1	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of	In-kind contribution	
		Fike, Douglas	,	contribution (\$)	description (if applicable)	
					1	
	09/03/2014	Contributor address; City; State; Zip Code 3711 Meredith St		\$350.00	i	
		Austin, TX 78703			l	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In			
	Real Estate B	broker	Lands of Americ	ca		
	Date	Full name of contributor	:)	Amount of	In-kind contribution	
		Gibbons, Heidi	,	contribution (\$)	description (if applicable)	
				_		
	07/16/2014	Contributor address; City; State; Zip Code 613 Hearn St		\$25.00	I	
	:	Austin, TX 78703-4517			I	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In			
	Development	Director	Council on At-R	lisk Youth		
	Date	Full name of contributor		Amount of	In-kind contribution	
		Gibbons, Heidi		contribution (\$)	description (if applicable)	
	00/00/0044	On the last of the same of the	• • • • • • • • • • • • • • • • • • • •		1	
	08/29/2014	Contributor address; City; State; Zip Code 613 Hearn St		\$25.00	i	
		Austin, TX 78703			1	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In			
	Development	Director	Council on At-R	isk Youth		
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution	
		Gibbons, Heidi		contribution (\$)	description (if applicable)	
	00/05/0044				I	
	09/25/2014	Contributor address; City; State; Zip Code 613 Hearn Street		\$100.00	I	
		Austin, TX 78703			I	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In:	structions)	, , , , , , , , , , , , , , , , , , ,	
	Development	Director	Council on At-R	isk Youth		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	20 Report: 11/38
2 FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT # 11111111	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Graham, Ann	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/2014	6 Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751-4718		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup arts administ	pation / Job title (See Instructions) rator	10 Employer (See In People + Art =	structions) Building Commun	ity
Date	Full name of contributor ☐ out-of-state PAC (ID# Graham, Ann	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/21/2014	Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751-4718		\$100.00]]
			(If travel outside of	Texas, complete Schedule T)
Principal occup arts administ	pation / Job title (See Instructions) rator	Employer (See In People + Art = I	istructions) Building Commun	ity
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/09/2014	Contributor address; City; State; Zip Code 3711 Taylors Dr Austin, TX 78703		\$350.00	
	,		(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	oation / Job title (See Instructions)	Employer (See In None	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/09/2014	Contributor address; City; State; Zip Code 3711 Taylors Dr Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In None	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Grover, David	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2014	Contributor address; City; State; Zip Code 2607 Pinewood Ter Austin, TX 78757		\$350.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup Instructional	Destigner	Employer (See In Dell Inc.		<u>.</u>

			·		
The INSTRUCTE	ON GUIDE explains how to con	nplete this form.		1 PAGE # Schedule: 9/	20 Report: 12/38
2 FILER NAME	Pool, Leslie (Ms.)			3 ACCOUNT# 11111111	(Ethics Commission filers)
4 Date	5 Full name of contributor Grover, Rhonda	out-of-state PAC (ID#	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/14/2014	6 Contributor address; 2607 Pinewood Ter Austin, TX 78757	City; State; Zip Code		\$350.00	 - -
				(If travel outside of	Texas, complete Schedule T)
9 Principal occup Paralegal	oation / Job title (See Instruction	ns)	10 Employer (See In Allison & Assoc		
Date	Full name of contributor Grover, Will	☐ out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/2014	Contributor address; 4503 Shoal Creek Blvd Austin, TX 78756-2912	City; State; Zip Code		\$350.00	
				l '	Texas, complete Schedule T)
Principal occup Radiologic Te	pation / Job title (See Instruction echnologist	ns)	Employer (See In Seton Medical (
Date	Full name of contributor Grover, William	☐ out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; 5512 Evans Ave Austin, TX 78751-1329	City; State; Zip Code		\$350.00	
Principal occur	ation / Job title (See Instruction	ne)	Employer (See In		Texas, complete Schedule T)
Food Service	•	15)	Jimmy Johns	structions)	
Date	Full name of contributor Gurasich, William	□ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; 3813 Travis County Cir Austin, TX 78735	City; State; Zip Code		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occup Developer	pation / Job title (See Instruction	ns)	Employer (See In Soco Developm		
Date	Full name of contributor Guthrie, Carol	☐ out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/24/2014	Contributor address; 241 S San Gabriel Loop Liberty Hill, TX 78642-5747	City; State; Zip Code	••••	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occup	L pation / Job title (See Instruction	ns)	Employer (See In	1 -	, caus, complete selleddie 1)
· '	,		, , , , , , , , , , , , , , , , , , , ,	,	

P.O.Box 12070

_			. <u></u> .	
The Insti	RUCTION GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/20 Report: 13/38
2 FILER NA	AME Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Gutierrez, Nancy	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/29/20	6 Contributor address; City; State; Zip Code 930 Grove Ln Georgetown, TX 78626		\$100.00	I I I
		•	(If travel outside of	Texas, complete Schedule T)
9 Principal	occupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Hartley, Ann	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/16/20)14 Contributor address; City; State; Zip Code 2111 Airole Way Austin, TX 78704-3261	• • • • • • • • • • • • • • • • • • • •	\$100.00	1
			,	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/19/20	Ontributor 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 In	1 '	Toxas, semplete content ty
Lawyer		Law Office of D		
Date	Full name of contributor ut-of-state PAC (ID# Hess, Myron	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/26/20	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 In	structions)	
Date	Full name of contributor ut-of-state PAC (1D# Hohengarten, Nancy	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/26/20	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 In	L '	
Judge		Travis County		

P.O.Box 12070

	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE# Schedule: 11	/20 Report: 14/38
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor	<u>‡)</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/16/2014	6 Contributor address; City; State; Zip Code 4114 Avenue H Austin, TX 78751-4725		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Judge	ation / Job title (See Instructions)	10 Employer (See In Travis County	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/30/2014	Contributor address; City; State; Zip Code 5415 Lakeside Blvd Van Buren Point, NY 14166-8835	••••	\$200.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	,	
	Clergy/Educa	ttor	Retired		
	Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; City; State; Zip Code 1755 S Beeler St 1-J		\$200.00	
		Denver, CO 80247-2806			' <u> </u>
	Dringing seems	otion / Joh Gillo (Con Instructions)	Employee /Poole	'	Texas, complete Schedule T)
	Psychologist	eation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	<u>#</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	Contributor address; City; State; Zip Code 1354 The High Rd Austin, TX 78746-2250		\$100.00	
					·
-	Principal occur	pation / Job title (See Instructions)	Employer (See In	'	Texas, complete Schedule T)
	Architect		Self-employed	Sil dello 1137	
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/20/2014	Contributor address; City; State; Zip Code 1354 The High Rd Austin, TX 78746-2250		\$100.00	
L				<u>l. '</u> .	Texas, complete Schedule T)
	Principal occup Architect	eation / Job title (See Instructions)	Employer (See In Self-employed	structions)	

TDD 1-800-735-2989 SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The th	STRUCT	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	/20 Report: 15/38
2 FILER	NAME	Pool, Leslie (Ms.)	-	3 ACCOUNT# 11111111	(Ethics Commission filers)
4 Date	e	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/16/	/2014	6 Contributor address; City; State; Zip Code 7600 Valley Dale Dr Austin, TX 78731-1236		\$350.00	
				(If travel outside of	' Texas, complete Schedule T)
	al occup outer So	pation / Job title (See Instructions) identist	10 Employer (See In SciComp Inc.	structions)	
Date	e	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/08/	/2014	Contributor address; City; State; Zip Code 4507 Shoal Creek Blvd		\$100.00	
		Austin, TX 78756-2912		(If travel outside of	Texas, complete Schedule T)
Princis	al occur	Leation / Job title (See Instructions)	Employer (See In	<u> </u>	Tonaci complete deliberal ()
Tillop	oai occuj		Employer (See III	istructions/	
Date	e	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/	/2014	Contributor address; City; State; Zip Code 4212 Park Hollow Ct Austin, TX 78746-1249	• • • • • • • • • • • • • • • • • • • •	\$100.00	
		7.000.00		(If travel outside of	I Texas, complete Schedule T)
Princip	al occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	9	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/24/	/2014	Contributor address; City; State; Zip Code 4204 Sinclair Ave		\$100.00	
		Austin, TX 78756-3527]
Defeate			T =	<u> </u>	Texas, complete Schedule T)
Princip	aı occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	e	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/	/2014	Contributor address; City; State; Zip Code 2604 Great Oaks Pkwy Austin, TX 78756		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Princip	al occur	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	_	,	; . , . , . , . , . , . , . , . , . ,	· · · · · · · · · · · · · · · · · · ·	

	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 13	0/20 Report: 16/38
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Launius, Douglas)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	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 occup Real Estate B	ation / Job title (See Instructions) Broker	10 Employer (See In Marketplace Re	structions) eal Estate Group	
	Date	Full name of contributor ut-of-state PAC (ID# Leifeste, Terry	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	Contributor address; City; State; Zip Code 4518 Ramsey Ave Austin, TX 78756		\$100.00	
				N54	·
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
L	т ппораг оссор	and the (eee manderens)	Employer (dec in		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Lewis, Dawn	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223		\$250.00	
					Texas, complete Schedule T)
	Principal occup Manager	vation / Job title (See Instructions)	Emptoyer (See In Austin Partners		
	Date	Full name of contributor	<u>‡)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223		\$200.00	
		Addit, Avoid SEE			'
┝	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u>'</u>	Texas, complete Schedule T)
	Manager	auton / data late (dece institutions)	Austin Partners		
	Date	Full name of contributor ut-of-state PAC (ID# Mansbridge, Bruce	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	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 occup Psychologist	ation / Job title (See Instructions)	Employer (See In Self-Employed	structions)	
i					

	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE# Schedule: 14	/20 Report: 17/38
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT # 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Martinez, Hilda	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/26/2014	6 Contributor address; City; State; Zip Code 11503 Wiginton Dr Austin, TX 78758		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor Out-of-state PAC (ID# McGill, John	<u> </u>	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 occup	eation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/03/2014	Contributor address; City; State; Zip Code 2501 McCullough St Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup President	ation / Job title (See Instructions)	Employer (See In Castle Hill Partr	•	
Г	Date	Full name of contributor	,	Amount of	In-kind contribution
		Melcic, Veronica		contribution (\$)	description (if applicable)
	08/12/2014	Contributor address; City; State; Zip Code 170 Eaton Ln Austin, TX 78737-4514	• • • • • • • • • • • • • • • • • • • •	\$100.00	i I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	,	
H	Date	Full name of contributor	<i>t</i>)	Amount of	In-kind contribution
		Mitchell, John Kirk		contribution (\$)	description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code PO Box 4023 Austin, TX 78765		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Freelancer	ation / Job title (See Instructions)	Employer (See In Self-employed	structions)	
l					

				-
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 15	/20 Report: 18/38
2 FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT # 11111111	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Morrison, Susan	;),	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/10/2014	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 occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/15/2014	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 occu Engineer	pation / Job title (See Instructions)	Employer (See In Press Murfee E		
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/11/2014	Contributor address; City; State; Zip Code 1116 Reagan Ter Austin, TX 78704		\$100.00	
	The same of the sa		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/01/2014	Contributor address; City; State; Zip Code 210 Lavaca St Apt 3005 Austin, TX 78701-4598		\$250.00	
			<u> </u>	Texas, complete Schedule T)
Retired MD	pation / Job title (See Instructions)	Employer (See In None	structions)	
Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/01/2014	Contributor address; City; State; Zip Code 3213 French Pl Austin, TX 78722-1917		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Teacher	pation / Job title (See Instructions)	Employer (See In University of Te		

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

		<u> </u>		
The Instruc	TION 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)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Pattie, Jonathan)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/2014	6 Contributor address; City; State; Zip Code 4505 Shoal Creek Blvd Austin, TX 78756-2912		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/21/2014	Contributor address; City; State; Zip Code 32205 Allison Dr Union City, CA 94587-3926		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ Veterinariar	upation / Job title (See Instructions)	Employer (See In Mission Valley	structions) Veterinary Clinic, I	Inc.
Date	Full name of contributor ut-of-state PAC (ID# Perales, Marisa)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 2104 Willow St Austin, TX 78702		\$75.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Pool, Frank)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/2014	Contributor address; City; State; Zip Code 2312 Lavendale Ct Austin, TX 78748-3440	• • • • • • • • • • • • • • • • • • • •	\$100.00	
				Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Reynolds, Joseph	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/2014	Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731-5636		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	l '	
				Electronic Filing Version 3.4.6
				riectronic Fithol Version 3.4.

P.O.Box 12070

ட					
	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 17	/20 Report: 20/38
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Rodgers, Brian	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/23/2014	6 Contributor address; City; State; Zip Code 1112 W 9th St Austin, TX 78703-4926	••••	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Real Estate I	ation / Job title (See Instructions) nvestment	10 Employer (See In Rodgers & Reid		
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/17/2014	Contributor address; City; State; Zip Code 5512 Oakwood Cv Apt 181		\$250.00	
		Austin, TX 78731-4894		(If termal outside of	Texas, complete Schedule T)
<u> </u>				1	Texas, complete schedule 1)
	Consultant	eation / Job title (See Instructions)	Employer (See In The Ruffing Fire		
	Date	Full name of contributor	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/08/2014	Contributor address; City; State; Zip Code 2500 Flora Cv Austin, TX 78746-6902		\$350.00	
		Austin, 17.76740-0302		1 '	Texas, complete Schedule T)
	Principal occup Software Dev	ration / Job title (See Instructions) reloper	Employer (See In Retired	structions)	
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/06/2014	Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757-2328		\$350.00	
	<u> </u>			<u> </u>	Texas, complete Schedule T)
	Principal occup Environmenta	ation / Job title (See Instructions) al consultant	Employer (See In Self-Employed	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Sonleitner, Karen	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/26/2014	Contributor address; City; State; Zip Code 1712 Pasadena Dr. Austin, TX 78757	• • • • • • • • • • • • • • • • • • • •	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
-	Dringing age:	pation / Joh title /See Instructions)	Empleyer (Oct.)	l '	TORES, COMPLETE GOLDGOO 17
	Senior Planne	eation / Job title (See Instructions) er	Employer (See In Travis County A		

		······································			
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	3/20 Report: 21/38
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Speights, Sara	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/23/2014	6 Contributor address; City; State; Zip Code 2701 W 49 1/2 Street Austin, TX 78731		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In None	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 2701 W 49 1/2 Street Austin, TX 78731		\$100.00	{
				(If travel outside of	Texas, complete Schedule T)
	•	ation / Job title (See Instructions)	Employer (See In	<u></u>	,
	Retired		None		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/01/2014	Contributor address; City; State; Zip Code 5109 Turnabout Ln Austin, TX 78731-5631		\$350.00	
					' '
-	Principal occur	ation / Job title (See Instructions)	Employer (See In	,	Texas, complete Schedule T)
	Physician	and the face mandalons,	Seton Health C		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) In-kind contribution of
	08/04/2014	Contributor address; City; State; Zip Code 4818 E Ben White Ste 104 Austin, TX 78741		\$350.00	VAN access
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	L	TOXAG, COMPAGE COMPAGE ()
-				r .	<u> </u>
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/01/2014	Contributor address; City; State; Zip Code 5504 Fort Benton Dr Austin, TX 78735-7912		\$200.00	;
L				(If travel outside of	Texas, complete Schedule T)
	Principal occup Judge	ation / Job title (See Instructions)	Employer (See In State of Texas	structions)	
ı			Ī		

	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19)/20 Report: 22/38
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Umphress, John	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/22/2014	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 occup Consultant	ation / Job title (See Instructions)	10 Employer (See In Austin Energy	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 4803 Balcones Dr	•••••	\$350.00	
		Austin, TX 78731-5308		(If travel outside of	Texas, complete Schedule T)
	Principal occup Real Estate D	ation / Job title (See Instructions) Developer	Employer (See In Self-Employed	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757-1706		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Social Media	ation / Job title (See Instructions) Marketing	Employer (See In IBM	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/26/2014	Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757		\$200.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Social Media	ation / Job title (See Instructions) Marketing	Employer (See In IBM	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	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 occup Teacher	ation / Job title (See Instructions)	Employer (See In Paula Wong Pia	structions)	<u>-</u> <u>-</u> -
	i GOVIIÇI		raula World Pla	and Academy	

POLITICAL CONTRIBUTIONS

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 20/20 Report: 23/38
!	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# (Ethics Commission filers) 11111111
,	Date	5 Full name of contributor ut-of-state PAC (ID# Wong, Paula)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
	09/19/2014	6 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 occup Teacher	ation / Job title (See Instructions)	10 Employer (See In: Paula Wong Pia	structions) ano Academy
_		· ·		
		,		
	,			

P.O.Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The Instruction	ON GUIDE explains how to complete this form.	- <u></u> -	1 PAGE# Schedule: 1/2	2 Report: 24/38
2 FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4 TOTAL	OF UNITEMIZED PLEDGES:	\$ \$\$	\$	\$ 40.00
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID# Bintliff, David	:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
09/25/2014	7 Pledgor address; City; State; Zip Code 6303 Danwood Dr Austin, TX 78759		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
10 Principal occup	pation / Job title (See Instructions)	11 Employer (See In	structions)	
Date	Full name of pledgor ut-of-state PAC (ID#	<u>'</u>	Amount of pledge (\$)	In-kind description (if applicable)
09/25/2014	Pledgor address; City; State; Zip Code 2501 Frostwind Dr Spicewood, TX 78669		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Cokinos, Bosier		
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
09/25/2014	Pledgor address; City; State; Zip Code 6112 Highlandale Dr Austin, TX 78731		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor	·)	Amount of pledge (\$)	In-kind description (if applicable)
09/25/2014	Pledgor address; City; State; Zip Code 755 E Oltorf St Austin, TX 78704		\$100.00	· -
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor	()	Amount of pledge (\$)	In-kind description (if applicable)
09/25/2014	Pledgor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731		\$250.00	
			//f traval autolda -4	Texas, complete Schedule T)
Principal occup Director	Leation / Job title (See Instructions)	Employer (See In Austin Partners	structions)	Texas, complete schedule ()

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The Instruction	אס Guide explains how to complete this form.	,	1 PAGE# Schedule: 2/2	2 Report: 25/38
2	FILER NAME	Pool, Leslie (Ms.)	-	3 ACCOUNT# 11111111	(Ethics Commission filers)
4	TOTAL	DF UNITEMIZED PLEDGES: ⇔ ↔	\$	\$ \$	\$ 40.00
5	Date	6 Full name of pledgor ☐ out-of-state PAC (ID# Lopez, Carlos)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	09/25/2014	7 Pledgor address; City; State; Zip Code 10305 James Ryan Way Austin, TX 78730		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
10	Principal occup	ation / Job title (See Instructions) 11 E	mployer (See Ir	nstructions)	
	Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
	09/25/2014	Pledgor address; City; State; Zip Code 901 S Mopac Ste 300 Austin, TX 78746		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	mployer (See li	nstructions)	
	Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	09/25/2014	Pledgor address; City; State; Zip Code 4911 Strass Austin, TX 78731		\$250.00	
				(If travel outside of	Texas, complete Schedule 7)
	Principal occup VP, Regulato	ation / Job title (See Instructions) E ry Affairs N	mployer (See Ir IRG Energy C	nstructions) company	
					:
					·

P.O	.Box	1207
-----	------	------

LOANS					SCHEDULE E
The Instruction Gui	DE explains how to complete this form	n.		1 PAGE# Schedule: 1/2	2 Report: 26/38
2 FILER NAME PO	pol, Leslie (Ms.)			3 ACCOUNT# 11111111	(Ethics Commission filers)
4 TOTAL OF UN	TEMIZED LOANS:	4) 		\$
5 Date of loan 07/10/2014	7 Name of tender Pool, Leslie	out-of-	-state PAC (ID#)	9 Loan Amount (\$) \$500.00
6 Is lender a financial Institution?	8 Lender address; City; Sta 4503 Shoal Creek Blvd Austin, TX 78756	ate; Z	ip Code		10 Interest rate 0 11 Maturity date
12 Principal occupation Executive Assista	n/ Job title (See Instructions) nt		13 Employer (See Instruct Travis County	ions)	L
14 Description of Colla	teral		15 Check if personal funds	s were deposited int	to political account
16 GUARANTOR INFORMATION In not applicable 20 Principal Occupation	17 Name of guarantor 18 Guarantor address; City; Sta	•	zip Code 21 Employer		19 Amount Guaranteed (\$)
Date of loan 09/18/2014	Name of lender Pool, Leslie		-state PAC (ID#)	Loan Amount (\$) \$18,000.00
Is lender a financial Institution?	Lender address; City; Sta 4503 Shoal Creek Blvd Austin, TX 78756	 ate; Z	Zip Code		Interest rate 0 Maturity date
Principal occupation Executive Assista	I / Job title (See Instructions) nt		Employer (See Instruct Travis County	tions)	<u> </u>
Description of Colla	teral		Check if personal fund	s were deposited in	to political account
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City; Sta	 ate; Ž	Zip Code		Amount Guaranteed (\$)
☑ not applicable Principal Öccupatio			Employer		

LOANS			SCHEDULE E
The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 2/2	2 Report: 27/38
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT# ((Ethics Commission filers)
TOTAL OF UNITEMIZED LOANS:)		\$
5 Date of loan 7 Name of lender 09/25/2014 Pool, Leslie 0ut-of	-state PAC (ID#		9 Loan Amount (\$) \$22,000.00
6 Is lender a financial Institution? 8 Lender address; City; State; Z 4503 Shoal Creek Blvd Austin, TX 78756	číp Code	•••	10 Interest rate 0 11 Maturity date
12 Principal occupation / Job title (See Instructions) Executive Assistant	13 Employer (See Instruct Travis County	ions)	
14 Description of Collateral none	15 Check if personal funds	s were deposited into	o political account
16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Z	žip Code		19 Amount Guaranteed (\$)
20 Principal Occupation	21 Employer		
·			

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense Event Expense Transportation Equipment & Related Expense Contributions/Donations Made By Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Pool, Leslie (Ms.) 11111111 Schedule: 1/11 Report: 28/38 4 Date 5 Payee name Action ID 08/04/2014 Payee address 6 Amount (\$) City; State; Zip Code 1101 15th St NW Ste 500 \$123.32 Washington, DC 20005 (a) Category (See Categories listed at the top of this schedule) (b) Description (If NGP VAN cost (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/27/2014 Austin AFL-CIO Amount (\$) Payee address City; State; Zip Code PO Box 301074 Austin, TX 78703 \$145.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Labor Day program ad Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name **Austin Chronicle** 09/12/2014 Amount (\$) Payee address City; State; Zip Code PO Box 49066 \$2,113.00 Austin, TX 78765 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign ads Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/19/2014 **Austin Chronicle** Payee address Amount (\$) City; State; Zip Code PO Box 49066 \$2,113.00 Austin, TX 78765 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign ads Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH

EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Texas Ethics Commission P.O.Box 12070 Austin. Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Legal Services Food/Beverage Expense Travel In District Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Pool, Leslie (Ms.) 11111111 Schedule: 2/11 Report: 29/38 4 Date 5 Payee name CheckMark Typesetting 08/07/2014 Amount (\$) Payee address City; State; Zip Code 3217 N IH-35 \$37.89 Austin, TX 78722 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Name badges Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office squaht: direct expenditure to benefit C/OH Date Payee name 08/15/2014 CheckMark Typesetting Amount (\$) Payee address City; State; Zip Code 3217 N IH-35 \$155.14 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Lapel stickers Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Pavee name Constant Contact 08/14/2014 Amount (\$) Payee address City; State; Zip Code 1601 Trapelo Rd \$76.00 Waltham, MA 02451 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Constant Contact subscription Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/14/2014 Constant Contact Amount (\$) Payee address City; State; Zip Code 1601 Trapelo Rd \$76.00 Waltham, MA 02451 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Constant contact subscription Advertising Expense

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

POLITIC	AL EXPENDITURES	SCHEDULE F
	EXPENDITURE CATEGO	ODIES
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wages/Coing Legal Services Solicitation/Fundra	ontract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/11 R	Report: 30/38 Pool, Leslie (Ms.)	1111111
4 Date 09/07/2014	5 Payee name Costco	
6 Amount (\$) \$83.45	7 Payee address City; State; Zip Code 10401 Research Blvd Austin, TX 78759	
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) Snacks for campaign event
	0 114 400 4 41	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
09/18/2014	Counts, Diane	
Amount (\$)	Payee address City, State, Zip Code	
\$500.00	1508 Arcadia Ave Austin, TX 78757	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign staffing
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/08/2014	CreativePickle, LLC	
Amount (\$)	Payee address City; State; Zip Code	
\$3,277.27	3505 Fleetwood Dr Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Website design and development
EXI ENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
09/01/2014	David Thomas Photography	
Amount (\$)	Payee address City; State; Zip Code	_
\$150.00	2004-B E 9th St Austin, TX 78702	
DUBBASE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Photo shoot
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Salada, Gilosiolasi Ilalia	Office flow.

direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Gifts/Awards/Memorial Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Pool, Leslie (Ms.) 11111111 Schedule: 4/11 Report: 31/38 4 Date 5 Payee name Emmons, Joe 09/22/2014 Payee address 6 Amount (\$) City; State; Zip Code 403 Blackson Ave \$237.00 Austin, TX 78752 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign staffing Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/26/2014 FedEx Office Amount (\$) Payee address City; State; Zip Code 3300 Bee Caves Rd Austin, TX 78746 \$84.98 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing sign for event Printing Expense **OF EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/23/2014 Gibbons, Heidi Amount (\$) Payee address City; State; Zip Code 613 Hearn St \$500.00 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign staffing Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Miller Blueprint Co 07/30/2014 Amount (\$) Pavee address City; State; Zip Code 501 W 6th St \$70.36 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Greeting cards **Printing Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

Texas Ethics Com	nmission P.O.Box 12070 Austin, Texas 78711-2	2070 (512)463-5800 TDD 1-800-735-2989
POLITIC	AL EXPENDITURES	SCHEDULE F
	EXPENDITURE CATEG	OPIES
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ense Gifts/Awards/Memorial Expense Salaries/Wages/Citing Legal Services Solicitation/Fundra	ontract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee tental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers)
Schedule: 5/11 F	Report: 32/38 Pool, Leslie (Ms.)	1111111
4 Date 08/01/2014	5 Payee name NGP VAN, Inc.	<u> </u>
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$45.00		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Monthly VAN fee
EXPENDITURE		
A 0 1 A A W 2 1	0	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 09/01/2014	Payee name NGP VAN, Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$45.00	1101 15th St NW Ste 500 Washington, DC 20005	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Solicitation/Fundraising Expense	Monthly VAN fee
EXPENDITURE		n
Complete ONLY if	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH	Cardidate / Onicerolder hame	Onice sought.
Date 08/13/2014	Payee name OfficeMax	
Amount (\$)	Payee address City; State; Zip Code	
\$216.69	4615 N Lamar Blvd Austin, TX 78756	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Event invitation supplies
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/14/2014	OfficeMax	
Amount (\$)	Payee address City; State; Zip Code	
\$28.13	4615 N Lamar Blvd Austin, TX 78756	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office supplies
OF EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Services nse 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 E explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Retated Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 6/11 F	Report: 33/38 Pool, Leslie (Ms.)		11111111
4 Date	5 Payee name		
08/14/2014	OfficeMax		
6 Amount (\$)	7 Payee address City; State; Zi	p Code	
\$166.15	4615 N Lamar Blvd Austin, TX 78756		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this Office Overhead/Rental Expense	s schedule) (b) Description Office sup	
EXPENDITURE		l□	e
9 Complete ONLY if	Candidate / Officeholder name	☐ Check if Aus Office s	stin, TX, officeholder living expense sought: Office held:
direct expenditure to benefit C/OH	Candidate / Cilicerolder Hame	Office 9	onice field.
Date	Payee name		
08/25/2014	OfficeMax		
Amount (\$)	Payee address City; State; Zi	p Code	
\$8.28	907 W 5th St Austin, TX 78703		
DUD0005	Category (See Categories listed at the top of this		
PURPOSE OF	Event Expense	Supplies to	or campaign event
EXPENDITURE		_	
			stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought: Office held:
Date	Payee name		
09/03/2014	OfficeMax		
Amount (\$)	Payee address City; State; Zi	p Code	
\$33.11	4615 N Lamar Blvd Austin, TX 78756		
PURPOSE OF	Category (See Categories listed at the top of this Office Overhead/Rental Expense	s schedule) Description Office sup	
EXPENDITURE		 	
			stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought: Office held:
Date	Payee name		;
09/21/2014	OfficeMax		
Amount (\$)	Payee address City; State; Zi	p Code	
\$51.94	4615 N Lamar Blvd	<i>p</i> 5555	
φ31.94	Austin, TX 78756		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Office Overhead/Rental Expense	s schedule) Description Office sup	
			stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought: Office held:

SCHEDULE F

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	king Legal Services nse Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Solicitation/Fundraising & Travel In District Travel Out Of District Office Overhead/Rental I Guide explains how to co	Expense Trar Con C Expense OTH	n Repayment/Reimbursement rsportation Equipment & Related Expense tributions/Donations Made By andidate/Officeholder/Political Committee IER (enter a category not listed above)
1 PAGE#	2 FILER NAME			3 ACCOUNT # (TEC filers)
Schedule: 7/11 F	1 Barra e Aras			11111111 ` ` ` `
4 Date	5 Payee name			
08/31/2014	Sage Payment Solutions			
6 Amount (\$)	7 Payee address City, State;	Zip Code		
\$169.89	1	Z.p 0000		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Solicitation/Fundraising Expense	f this schedule) (b	Online contributio	
O Complete ONLY if	Candidate / Officeholder name			officeholder living expense Office held:
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officendider name		Office sought:	Office neta.
Date	Payee name			
09/21/2014	Smith, Natasha			
Amount (\$)	Payee address City; State;	Zip Code		
\$495.00	2207 Leon St Austin, TX 78705			
	Category (See Categories listed at the top of	f this schedule)		vel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor		Campaign staffing	-
OF EXPENDITURE				
			Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
08/13/2014	South Austin Democrats			
Amount (\$)	Payee address City; State;	Zip Code		
\$55.00	l _i_ :	•		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Gifts/Awards/Memorials Expense	f this schedule)	Description (If tran Yeller Dawg awar	vel outside of Texas, complete Schedule T) ds sponsorship
				officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
08/04/2014	Texas Democratic Party			
Amount (\$)	Payee address City; State;	Zip Code		
\$550.00	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	•		
,	Austin, TX 78741			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Solicitation/Fundraising Expense	f this schedule)	VAN access	vel outside of Texas, complete Schedule T)
	0			officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above) Travel Out Of District Office Overhead/Rental Expense Polling Expense Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pool, Leslie (Ms.) Schedule: 8/11 Report: 35/38 11111111 5 Payee name 4 Date The Frisco Shop 08/27/2014 City; State; Zip Code Amount (\$) Payee address 6801 Burnet Rd \$426.61 Austin, TX 78757 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food at event **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/15/2014 **UPS** Amount (\$) Payee address City; State; Zip Code 1101 West 34th St \$118.50 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Mailbox rental Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name **US Postal Service** 08/13/2014 Amount (\$) Payee address City; State; Zip Code 4300 Speedway \$184.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage stamps Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/14/2014 **US Postal Service** Amount (\$) Pavee address City; State; Zip Code 2418 Spring Ln \$204.00 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage stamps Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Texas Ethics Commission

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

SCHEDULE F

 -	EXPENDITURE CATE	GORIES
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Func ise Food/Beverage Expense Travel In District Polling Expense Travel Out of Di	District Candidate/Officeholder/Political Committee d/Rental Expense OTHER (enter a category not tisted above)
1 PAGE# Schedule: 9/11 F	2 FILER NAME Pool, Leslie (Ms.)	3 ACCOUNT # (TEC filers 11111111
4 Date 08/18/2014	5 Payee name US Postal Service	
6 Amount (\$) \$93.50	7 Payee address City; State; Zip Code 2418 Spring Ln Austin, TX 78703	
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) Postage stamps Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 08/19/2014	Payee name US Postal Service	
Amount (\$)	Payee address City; State; Zip Code	
\$27.20	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) Postage stamps Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee паme	
09/18/2014	US Postal Service	
Amount (\$)	Payee address City: State; Zip Code	
\$194.50	4300 Speedway Austin, TX 78705	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Postage stamps
EXPENDITURE		Check if Austin TV office helder living and
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 09/22/2014	Payee name US Postal Service	
Amount (\$)	Payee address City; State; Zip Code	·
\$56.10	2418 Spring Ln Austin, TX 78703	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Postage stamps
EXPENDITURE		Check if Auctin TV officeholder living evnence

Office held:

Office sought:

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense

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

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

Legal Services
Food/Beverage Expense Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pool, Leslie (Ms.) Schedule: 10/11 Report: 37/38 11111111 4 Date 5 Payee name Worley Printing 08/18/2014 Amount (\$) Payee address City: State: Zip Code 3217 N IH-35 \$127.46 Austin, TX 78722 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** Printing postcards Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/26/2014 Worley Printing Amount (\$) Payee address City; State; Zip Code 3217 N IH-35 \$119.08 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing campaign paraphernalia **Printing Expense OF EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/04/2014 Worley Printing Amount (\$) Payee address City; State; Zip Code 3217 N IH-35 \$433.00 Austin, TX 78722 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing printed campaign materials Printing Expense ΩF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/05/2014 Worley Printing Payee address State; Amount (\$) City: Zip Code 3217 N IH-35 \$81.19 Austin, TX 78722 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing words and/or graphics on items to be used Printing Expense OF in campaign **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Candidate / Officeholder name

Complete ONLY if

direct expenditure to benefit C/OH

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Gifts/Awards/Memorial Expense Legal Services Accounting/Banking Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Event Expense Polling Expense Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pool, Leslie (Ms.) Schedule: 11/11 Report: 38/38 11111111 5 Payee name 4 Date Worley Printing 09/10/2014 Payee address 6 Amount (\$) City; State; Zip Code 3217 N IH-35 \$2,347.53 Austin, TX 78722 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Yard signs Printing Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/12/2014 Worley Printing Amount (\$) Payee address City; State; Zip Code 3217 N IH-35 \$411.35 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing pushcards Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/17/2014 Worley Printing Amount (\$) Payee address City; State; Zip Code 3217 N IH-35 \$113.66 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing event invitations **Printing Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/17/2014 Worley Printing Amount (\$) Payee address City; State; Zip Code 3217 N IH-35 \$146.14 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing postcards **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense

Office held:

Office sought: