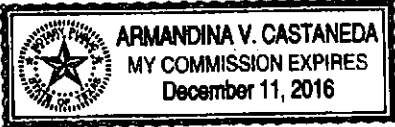


FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 11111111	2 PAGE # 1 of 38	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Ms. FIRST Leslie MI NICKNAME LAST Pool SUFFIX	OFFICE USE ONLY Date Received Date and dollar amount of report marked Receipt # Legal Date Processed Date Imaged
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 07/01/2014 THROUGH 09/25/2014	

6	EXPLANATION OF CORRECTION Failed to report 9/19 expense to Austin Chronicle and 9/14 expense to Constant Contact.
----------	---

7 AFFIDAVIT <div style="border: 1px solid black; padding: 5px; width: fit-content;">  </div>	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 <u>Leslie Pool</u> this the <u>7</u> day of <u>Nov</u> , 2014. to certify which, witness my hand and seal of office. <u>Armandina V. Castaneda</u> <u>Armandina V. Castaneda</u> <u>Notary Public</u> <small>Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</small>	Leslie Pool <u><i>Leslie Pool</i></u> <small>Signature of Candidate or Officeholder</small>

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 11111111	2 PAGE # 2 of 38
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Leslie		OFFICE USE ONLY Date Received Date Hand Delivered for Date Postmarked Receipt # Amount Date Processed Date Imaged FILED IN THE OFFICE OF CITY CLERK ON 01 DAY 01 NOV 2014 AT 2:00 PM CITY CLERK
	NICKNAME LAST SUFFIX Pool		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4503 Shoal Creek Blvd Austin, TX 78756		
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Chad		
	NICKNAME LAST SUFFIX Williams		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	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 THROUGH Month Day Year 07/01/2014 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

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**16 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 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**

\$ 16,919.14

**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 AFFIDAVITI 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.

Leslie Pool

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leslie Pool, this the 7 day
of Nov, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

 Armandina V. Castaneda
 Print name of officer administering oath

 Notary Public
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 1/20 Report: 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

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

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

\$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# _____)
Alsup, Marion

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

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

\$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

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

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

\$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

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

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

\$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

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

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

\$350.00

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

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Black & Vernoo

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

6 Contributor address; City; State; Zip Code

4401 Shoal Creek Blvd
Austin, TX 78756-3212

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

6500 Santolina Cv
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

6500 Santolina Cv
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

6500 Santolina Cv
Austin, TX 78731-2806

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

1914 Patton Ln
Austin, TX 78723

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Political Consultant

Employer (See Instructions)

Self-Employed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 4/20 Report: 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

08/16/2014

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

Contributor address; City; State; Zip Code
200 The Cir
Austin, TX 78704-2418

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)
Computer Consulting

Employer (See Instructions)
Self-Employed

Date

09/15/2014

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

Contributor address; City; State; Zip Code
2701 Scenic Dr
Austin, TX 78703

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

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

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

Employer (See Instructions)
Forester Group, Inc.

Date

08/08/2014

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

Contributor address; City; State; Zip Code
3505 Fleetwood Dr
Austin, TX 78704

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)
In-kind contribution of web site work

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/16/2014

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

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

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

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

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

6 Contributor address; City; State; Zip Code

6504 Needham Ln
Austin, TX 78739

7 Amount of
contribution (\$)

\$300.00

8 In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

9 Niles Rd
Austin, TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

9 Niles Rd
Austin, TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

508 Genard St
Austin, TX 78751-1912

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/08/2014

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

Duncan, James

Contributor address; City; State; Zip Code

360 Nueces St
Apt 2701
Austin, TX 78701-4270

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
City Planner

Employer (See Instructions)
Duncan Associates

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/20 Report: 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

6 Contributor address; City; State; Zip Code

360 Nueces St
Apt 2701
Austin, TX 78701

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

5409 Highland Crest Dr
Austin, TX 78731

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/08/2014

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

Ellison, Christopher

Contributor address; City; State; Zip Code

2500 Flora Cv
Austin, TX 78746-6902

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

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

Contributor address; City; State; Zip Code

4603 Santa Anna St
Austin, TX 78721-2027

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2014

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

Ferchill, Cary

Contributor address; City; State; Zip Code

2524 Tanglewood Trl
Austin, TX 78703-1540

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Reed & Scardino

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/20 Report: 10/38	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fero, Mary 6 Contributor address; City; State; Zip Code 2713 Pegram Ave Austin, TX 78757	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fike, Douglas Contributor address; City; State; Zip Code 3711 Meredith St Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Lands of America	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703-4517	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Council on At-Risk Youth	
Date 08/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Council on At-Risk Youth	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi Contributor address; City; State; Zip Code 613 Hearn Street Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Council on At-Risk Youth	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/20 Report: 11/38

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# _____)

Graham, Ann

6 Contributor address; City; State; Zip Code

3815 Avenue H
Austin, TX 78751-4718

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

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

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 ☐ out-of-state PAC (ID# _____)

Graham, Ann

Contributor address; City; State; Zip Code

3815 Avenue H
Austin, TX 78751-4718

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
arts administrator

Employer (See Instructions)
People + Art = Building Community

Date

09/09/2014

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

Griffith, Balie

Contributor address; City; State; Zip Code

3711 Taylors Dr
Austin, TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date

09/09/2014

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

Griffith, Beverly

Contributor address; City; State; Zip Code

3711 Taylors Dr
Austin, TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date

07/14/2014

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

Grover, David

Contributor address; City; State; Zip Code

2607 Pinewood Ter
Austin, TX 78757

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Instructional Designer

Employer (See Instructions)
Dell Inc.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 9/20 Report: 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

08/29/2014

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

Gutierrez, Nancy

6 Contributor address; City; State; Zip Code

930 Grove Ln
Georgetown, TX 78626

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/16/2014

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

Hartley, Ann

Contributor address; City; State; Zip Code

2111 Airloe Way
Austin, TX 78704-3261

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# _____)

Hebner, Diane

Contributor address; City; State; Zip Code

6304 Wilbur Dr
Austin, TX 78757-2751

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Law Office of Diane Hebner

Date

08/26/2014

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

Hess, Myron

Contributor address; City; State; Zip Code

1705 Margaret Street
Austin, TX 78704

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/26/2014

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

Hohengarten, Nancy

Contributor address; City; State; Zip Code

4114 Avenue H
Austin, TX 78751-4725

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Travis County

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/20 Report: 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)
Architect

Employer (See Instructions)
Self-employed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/20 Report: 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Launius, Douglas 6 Contributor address; City; State; Zip Code 3501 Cherry Ln Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Real Estate Broker		10 Employer (See Instructions) Marketplace Real Estate Group	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leifeste, Terry Contributor address; City; State; Zip Code 4518 Ramsey Ave Austin, TX 78756	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Dawn Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Austin Partners in Education	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Dawn & Fred Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Austin Partners in Education	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mansbridge, Bruce Contributor address; City; State; Zip Code 7600 Valley Dale Dr Austin, TX 78731-1236	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self-Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/20 Report: 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 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 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 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 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 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) Freelancer		Employer (See Instructions) Self-employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/20 Report: 18/38	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Susan 6 Contributor address; City; State; Zip Code 6005 Shoalwood Ave Austin, TX 78757-3133	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murfee, George Contributor address; City; State; Zip Code 1101 Capital of Texas Hwy South Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Press Murfee Engineering Co.	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nias, Jim Contributor address; City; State; Zip Code 1116 Reagan Ter Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Niland, Nona Contributor address; City; State; Zip Code 210 Lavaca St Apt 3005 Austin, TX 78701-4598	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired MD		Employer (See Instructions) None	
Date 09/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oden, Michael Contributor address; City; State; Zip Code 3213 French Pl Austin, TX 78722-1917	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) University of Texas at Austin	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/20 Report: 19/38

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# _____)

Pattie, Jonathan

6 Contributor address; City; State; Zip Code

4505 Shoal Creek Blvd
Austin, TX 78756-2912

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/21/2014

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

Payne, Chris

Contributor address; City; State; Zip Code

32205 Allison Dr
Union City, CA 94587-3926

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Veterinarian

Employer (See Instructions)
Mission Valley Veterinary Clinic, Inc.

Date

09/25/2014

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

Perales, Marisa

Contributor address; City; State; Zip Code

2104 Willow St
Austin, TX 78702

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/16/2014

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

Pool, Frank

Contributor address; City; State; Zip Code

2312 Lavendale Ct
Austin, TX 78748-3440

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/16/2014

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

Reynolds, Joseph

Contributor address; City; State; Zip Code

2611 W 49th St
Austin, TX 78731-5636

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

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 <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian		7 Amount of contribution (\$) \$350.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1112 W 9th St Austin, TX 78703-4926		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Real Estate Investment			10 Employer (See Instructions) Rodgers & Reichle, Inc.		
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruffing, Therese		Amount of contribution (\$) \$250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5512 Oakwood Cv Apt 181 Austin, TX 78731-4894		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Consultant			Employer (See Instructions) The Ruffing Firm, LLC		
Date 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandomirsky, Sharon		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2500 Flora Cv Austin, TX 78746-6902		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Software Developer			Employer (See Instructions) Retired		
Date 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Brigid		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757-2328		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Environmental consultant			Employer (See Instructions) Self-Employed		
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonleitner, Karen		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1712 Pasadena Dr. Austin, TX 78757		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Senior Planner			Employer (See Instructions) Travis County Auditor's Office		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 18/20 Report: 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)
Judge

Employer (See Instructions)
State of Texas

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/20 Report: 22/38	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John 6 Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Austin Energy	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Ed Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731-5308	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self-Employed	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Chad Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757-1706	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Social Media Marketing		Employer (See Instructions) IBM	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Chad & Giselle Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Social Media Marketing		Employer (See Instructions) IBM	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wong, Paula Contributor address; City; State; Zip Code 6000 Cape Coral Dr Austin, TX 78746-7211	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Paula Wong Piano Academy	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/20 Report: 23/38	
2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wong, Paula 6 Contributor address; City; State; Zip Code 6000 Cape Coral Dr Austin, TX 78746-7211	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Paula Wong Piano Academy	

PLEDGED CONTRIBUTIONS**SCHEDULE B**

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 25/38

2 FILER NAME Pool, Leslie (Ms.)**3** ACCOUNT # (Ethics Commission filers)

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4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

40.00

5 Date

09/25/2014

6 Full name of pledgor

Lopez, Carlos

☐ out-of-state PAC (ID# _____)**7** Pledgor address;10305 James Ryan Way
Austin, TX 78730

City; State; Zip Code

8 Amount of
pledge (\$)

\$100.00

9 In-kind description
(if applicable)(If travel outside of Texas, complete Schedule T) ☐**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

09/25/2014

Full name of pledgor

McCreary, Lou

☐ out-of-state PAC (ID# _____)

Pledgor address;

901 S Mopac Ste 300
Austin, TX 78746

City; State; Zip Code

Amount of
pledge (\$)

\$100.00

In-kind 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 pledgor

Walker, Mark

☐ out-of-state PAC (ID# _____)

Pledgor address;

4911 Strass
Austin, TX 78731

City; State; Zip Code

Amount of
pledge (\$)

\$250.00

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

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 <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Leslie		9 Loan Amount (\$) \$500.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756		10 Interest rate 0
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Executive Assistant		13 Employer (See Instructions) Travis County	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 09/18/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Leslie		Loan Amount (\$) \$18,000.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756		Interest rate 0
			Maturity date
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Travis County	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 27/38

2 FILER NAME Pool, Leslie (Ms.)**3** ACCOUNT # (Ethics Commission filers)

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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 Code4503 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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/27/2014		Payee name Austin AFL-CIO			
Amount (\$) \$145.00		Payee address City: State: Zip Code PO Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Labor Day program ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Austin Chronicle			
Amount (\$) \$2,113.00		Payee address City: State: Zip Code PO Box 49066 Austin, TX 78765			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/19/2014		Payee name Austin Chronicle			
Amount (\$) \$2,113.00		Payee address City: State: Zip Code PO Box 49066 Austin, TX 78765			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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 08/07/2014		5 Payee name CheckMark Typesetting			
6 Amount (\$) \$37.89		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"/> Name badges <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/15/2014		Payee name CheckMark Typesetting			
Amount (\$) \$155.14		Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lapel stickers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/14/2014		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 09/14/2014		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:	

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 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) <input type="checkbox"/> Snacks for campaign event		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/18/2014	Payee name Counts, Diane				
Amount (\$) \$500.00	Payee address City: State: Zip Code 1508 Arcadia Ave Austin, TX 78757				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/08/2014	Payee name CreativePickle, LLC				
Amount (\$) \$3,277.27	Payee address City: State: Zip Code 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) <input type="checkbox"/> Website design and development		
	<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 David Thomas Photography				
Amount (\$) \$150.00	Payee address City: State: Zip Code 2004-B E 9th St Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photo shoot		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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 09/22/2014	5 Payee name Emmons, Joe				
6 Amount (\$) \$237.00	7 Payee address City: State: Zip Code 403 Blackson Ave Austin, TX 78752				
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 08/26/2014	Payee name FedEx Office				
Amount (\$) \$84.98	Payee address City: State: Zip Code 3300 Bee Caves Rd Austin, TX 78746				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing sign for event		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/23/2014	Payee name Gibbons, Heidi				
Amount (\$) \$500.00	Payee address City: State: Zip Code 613 Hearn St Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 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:

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 08/01/2014		5 Payee name NGP VAN, Inc.			
6 Amount (\$) \$45.00		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"/> Monthly VAN fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/01/2014		Payee name 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 08/13/2014		Payee name OfficeMax			
Amount (\$) \$216.69		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) Event Expense		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	
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:	

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 08/14/2014	5 Payee name OfficeMax				
6 Amount (\$) \$166.15	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 08/25/2014	Payee name OfficeMax				
Amount (\$) \$8.28	Payee address City: State: Zip Code 907 W 5th St Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for campaign event		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/03/2014	Payee name OfficeMax				
Amount (\$) \$33.11	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 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:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/11 Report: 34/38		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 08/31/2014		5 Payee name Sage Payment Solutions			
6 Amount (\$) \$169.89		7 Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102			
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"/> Online contribution fees <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 Smith, Natasha			
Amount (\$) \$495.00		Payee address City; State; Zip Code 2207 Leon St Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/13/2014		Payee name South Austin Democrats			
Amount (\$) \$55.00		Payee address City; State; Zip Code PO Box 152592 Austin, TX 78715-2592			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yeller Dawg awards sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/04/2014		Payee name Texas Democratic Party			
Amount (\$) \$550.00		Payee address City; State; Zip Code 4818 E Ben White Ste 104 Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> VAN access <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan 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 08/27/2014		5 Payee name The Frisco Shop			
6 Amount (\$) \$426.61		7 Payee address City: State: Zip Code 6801 Burnet Rd Austin, TX 78757			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food at event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/15/2014		Payee name UPS			
Amount (\$) \$118.50		Payee address City: State: Zip Code 1101 West 34th St Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailbox rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/13/2014		Payee name US Postal Service			
Amount (\$) \$184.00		Payee address City: State: Zip Code 4300 Speedway Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 08/14/2014		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:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/11 Report: 36/38		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) <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 08/19/2014		Payee name US Postal Service			
Amount (\$) \$27.20		Payee address City: State: Zip Code 2418 Spring Ln Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/18/2014		Payee name US Postal Service			
Amount (\$) \$194.50		Payee address City: State: Zip Code 4300 Speedway Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/22/2014		Payee name US Postal Service			
Amount (\$) \$56.10		Payee address City: State: Zip Code 2418 Spring Ln Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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 08/18/2014	5 Payee name Worley Printing				
6 Amount (\$) \$127.46	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 postcards		
	<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 08/26/2014	Payee name Worley Printing				
Amount (\$) \$119.08	Payee address City: State: Zip Code 3217 N IH-35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing campaign paraphernalia		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/04/2014	Payee name Worley Printing				
Amount (\$) \$433.00	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 printed campaign materials		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/05/2014	Payee name Worley Printing				
Amount (\$) \$81.19	Payee address City: State: Zip Code 3217 N IH-35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing words and/or graphics on items to be used in campaign		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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	
4 Date 09/10/2014		5 Payee name Worley Printing			
6 Amount (\$) \$2,347.53		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"/> Yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Worley Printing			
Amount (\$) \$411.35		Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing pushcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/17/2014		Payee name Worley Printing			
Amount (\$) \$113.66		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 event invitations <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/17/2014		Payee name Worley Printing			
Amount (\$) \$146.14		Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing postcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	