

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 11111111	2 PAGE # 1 of 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Leslie		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount
	NICKNAME LAST SUFFIX Pool		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4503 Shoal Creek Blvd Austin, TX 78756		2014 DEC 8 PM 1 06 AUSTIN CITY CLERK RECEIVED
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Chad		
	NICKNAME LAST SUFFIX Williams		Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7500 Greenhaven Dr Austin, TX 78757		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 451-6976		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 10/26/2014 THROUGH 12/06/2014		
10 ELECTION	ELECTION DATE Month Day Year 12/16/2014	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input 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
Austinies for Equity

☒ GENERAL

COMMITTEE ADDRESS
1812 Centre Creek Sr Ste 310
Austin, TX 78754

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME
Kirkman, Jack (Mr.)

☒ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS
1812 Centre Creek Dr Ste 310
Austin, TX 78754

16 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 945.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 46,353.58

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 482.69

4. TOTAL POLITICAL EXPENDITURES \$ 44,702.14

CONTRIBUTION
BALANCE

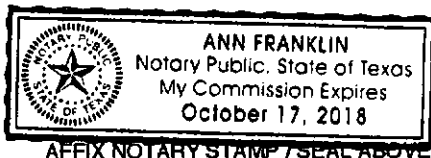
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18,135.24

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 40,500.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Leslie Pool

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Leslie Pool this the 8th day of December, 20 14, to certify which, witness my hand and seal of office.

CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)

FORM C/OH
ADDENDUM

Page 3 of 32

C/OH NAME Pool, Leslie (Ms.)

ACCOUNT # (Ethics Commission filers)
11111111

**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE

☒ **GENERAL**

☐ **SPECIFIC**

COMMITTEE NAME

Sierra Club Political Committee of Texas

COMMITTEE ADDRESS

615 Willow
San Antonio, TX 78202

**COMMITTEE CAMPAIGN
TREASURER NAME**

Gonzalez, Hector (Mr.)

**COMMITTEE CAMPAIGN
TREASURER ADDRESS**

615 Willow
San Antonio, TX 78202

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/17 Report: 4/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 11/19/2014
5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Adams, Jim
6 Contributor address; City; State; Zip Code
4000 Pinckney St
Austin, TX 78723-5397

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 11/08/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Aleshire, Bill
Contributor address; City; State; Zip Code
3605 Shady Valley Dr
Austin, TX 78739-4425

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)
attorney

Employer (See Instructions)
Riggs Aleshire & Ray

Date 12/05/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Alexander, Clifton
Contributor address; City; State; Zip Code
3201 Esperanza Xing
Apt 354
Austin, TX 78758-7866

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)
Firefighter

Employer (See Instructions)
City of Austin (Fire Department)

Date 11/18/2014
Full name of contributor ☒ out-of-state PAC (ID# C00011114)
American Federation of State, County and Municipal Employees-AFL-CIO
Contributor address; City; State; Zip Code
1625 L St NW
Washington, DC 20036

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)

Employer (See Instructions)

Date 11/20/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Andre, Sarah
Contributor address; City; State; Zip Code
702 San Antonio St
Austin, TX 78701-2834

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/17 Report: 5/32	
2 FILER NAME Pool, Leslie (Ms.)				3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Firefighters Association PAC 6 Contributor address; City; State; Zip Code 7537 Cameron Rd Austin, TX 78752	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)			10 Employer (See Instructions)		
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin/Travis County EMS Employee Association PAC Contributor address; City; State; Zip Code 5817 Wilcab Rd Ste 3 Austin, TX 78721-2806	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Matt Contributor address; City; State; Zip Code 12405 Willow Bend Dr Austin, TX 78758-2821	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 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beaver, Becky Contributor address; City; State; Zip Code 816 Congress Ave Ste 1600 Austin, TX 78701-2638	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) Attorney			Employer (See Instructions) Self-Employed		
Date 12/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berkel, Suzanne Contributor address; City; State; Zip Code 4405 Sinclair Ave Austin, TX 78756-3220	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/17 Report: 6/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

11111111

4 Date

11/19/2014

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

6 Contributor address; City; State; Zip Code
3717 Williamsburg Cir
Austin, TX 78731

7 Amount of contribution (\$)

\$250.00

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

11/21/2014

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

Contributor address; City; State; Zip Code
1900 W 40th St
Austin, TX 78731

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)
Market Development Senior Consultant

Employer (See Instructions)
Dell

Date

11/26/2014

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

Contributor address; City; State; Zip Code
7407 Brookhollow Dr
Austin, TX 78752-2106

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

11/13/2014

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 (\$)

\$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

11/09/2014

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)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/17 Report: 7/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

11111111

4 Date

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

11/18/2014

6 Contributor address; City; State; Zip Code
301 W 2nd St
Austin, TX 78701

7 Amount of contribution (\$)

\$27,988.58

8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

11/21/2014

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

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

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

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

Employer (See Instructions)
Forester Group Inc.

Date

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

11/16/2014

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

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

11/23/2014

Contributor address; City; State; Zip Code
902 Ramble Ln
Austin, TX 78745

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

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

11/12/2014

Contributor address; City; State; Zip Code
1108 Lavaca St
Suite 110 PO Box 103
Austin, TX 78701-2172

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: 5/17 Report: 8/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 11/05/2014 5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Duncan, John

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

\$350.00

6 Contributor address; City; State; Zip Code
816 Congress Ave
Ste 1600
Austin, TX 78701-2638

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

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
None

Date 11/07/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ewbank, Jim

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

\$250.00

Contributor address; City; State; Zip Code
2501 Crosswind Dr
Spicewood, TX 78669

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Cokinis, Bosien & Young PC

Date 11/24/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ferchill, Cary

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

\$350.00

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

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Reed & Scardino LLP

Date 11/02/2014 Full name of contributor ☐ out-of-state PAC (ID# _____)
Freeman, Bonnie

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

\$20.00

Contributor address; City; State; Zip Code
5020 Shoal Creek Blvd
Austin, TX 78756

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

\$50.00

Contributor address; City; State; Zip Code
5020 Shoal Creek Blvd
Austin, TX 78756

(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: 6/17 Report: 9/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 11/05/2014
5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Friedman, Jeff
6 Contributor address; City; State; Zip Code
3500 Jefferson St
Ste 110
Austin, TX 78731-6220

7 Amount of contribution (\$) \$180.00
8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Owner

10 Employer (See Instructions)
Capra & Cavelli

Date 11/13/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Friedman, Jeff
Contributor address; City; State; Zip Code
3500 Jefferson St
Ste 110
Austin, TX 78731-6220

Amount of contribution (\$) \$170.00
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Capra & Cavelli

Date 10/27/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Gray, Dale
Contributor address; City; State; Zip Code
4812 Shoalwood Ave
Austin, TX 78756-2817

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)
Engineer

Employer (See Instructions)
GSE

Date 12/02/2014
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 12/02/2014
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)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/17 Report: 10/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

11/23/2014

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 (\$)

\$200.00

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

11/08/2014

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 Austin

Date

11/06/2014

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

Contributor address; City; State; Zip Code
1808 Kerr Ave
Austin, TX 78704-1429

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Guerra Ranches, Ltd.

Date

11/19/2014

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

Contributor address; City; State; Zip Code
3813 Travis Country 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

11/05/2014

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

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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/17 Report: 11/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

11/22/2014

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

6 Contributor address; City; State; Zip Code
1705 Margaret St
Austin, TX 78704-2121

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

\$150.00 |

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/02/2014

Full name of contributor ☒ out-of-state PAC (ID# C00027342)
International Brotherhood of Electrical Workers PAC

Contributor address; City; State; Zip Code
900 7th St NW
Washington, DC 20001

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

10/27/2014

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

Contributor address; City; State; Zip Code
2008 B Rabb Glen
Austin, TX 78704-3206

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

\$50.00 |

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/06/2014

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

Contributor address; City; State; Zip Code
2008 B Rabb Glen
Austin, TX 78704-3206

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

\$50.00 |

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/2014

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

Contributor address; City; State; Zip Code
1604 E 11th St
Austin, TX 78702-2716

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/17 Report: 12/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

11/17/2014

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

6 Contributor address; City; State; Zip Code
901 S. Mopac #1-220
Austin, TX 78722

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

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

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)
Programmer

Employer (See Instructions)
SciComp Inc.

Date

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

Contributor address; City; State; Zip Code
1808 Kerr Ave
Austin, TX 78704-1429

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

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

Contributor address; City; State; Zip Code
3007 West Ave
Austin, TX 78705

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)
Homemaker

Employer (See Instructions)
None

Date

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 (\$)

\$200.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/17 Report: 13/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

11111111

4 Date

12/05/2014

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

Lopez, Carlos

6 Contributor address; City; State; Zip Code

10305 James Ryan Way
Austin, TX 78730-1506

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

11/18/2014

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

Maldonado, Alfred

Contributor address; City; State; Zip Code

11608 Knollpark Dr
Austin, TX 78758-3818

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

11/08/2014

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

Mansbridge, Bruce

Contributor address; City; State; Zip Code

7600 Valley Dale Dr
Austin, TX 78731-1236

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)

Psychologist

Employer (See Instructions)

Self-Employed

Date

11/23/2014

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

McMurtry, Allan

Contributor address; City; State; Zip Code

5901 Cary
Austin, TX 78731

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)

Wholesaler

Employer (See Instructions)

AMC Company

Date

11/21/2014

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

Melancon, Rebecca

Contributor address; City; State; Zip Code

509 E 38th St
Austin, TX 78705-1701

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: 11/17 Report: 14/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

11/25/2014

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

.....
6 Contributor address; City; State; Zip Code
1004 Jousting Pl
Austin, TX 78746-5132

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)
Civil Engineer

10 Employer (See Instructions)
King Engineering Associates Inc.

Date

11/21/2014

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

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

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Press Murfee Engineering Co.

Date

11/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nelson, Gail and Jim

.....
Contributor address; City; State; Zip Code
971 Riser Rd
Ruston, LA 71270-8669

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

11/19/2014

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

.....
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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/2014

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

.....
Contributor address; City; State; Zip Code
2910 Kassarine Pass
Austin, TX 78704-4655

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)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/17 Report: 15/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

11111111

4 Date

11/20/2014

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

6 Contributor address; City; State; Zip Code
PO Box 50038
Austin, TX 78763-0038

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Accountant

10 Employer (See Instructions)
J Pinnelli Company LLC

Date

11/20/2014

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

Contributor address; City; State; Zip Code
PO Box 50038
Austin, TX 78763-0038

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)
General Contractor

Employer (See Instructions)
J Pinnelli Company LLC

Date

11/19/2014

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

Contributor address; City; State; Zip Code
2609 Pembroke Trl
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

11/10/2014

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 (\$)

\$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

11/26/2014

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

Contributor address; City; State; Zip Code
PO Box 311
Driftwood, TX 78619

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/17 Report: 16/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

11/19/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Robinson, George III

.....
6 Contributor address; City; State; Zip Code
PO Box 93
McNeil, TX 78651

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Businessman

10 Employer (See Instructions)
Self-Employed

Date

11/10/2014

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

.....
Contributor address; City; State; Zip Code
1112 W 9th St
Austin, TX 78703-4926

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)
Real Estate Investor

Employer (See Instructions)
Rodgers & Reichle, Inc.

Date

11/22/2014

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

.....
Contributor address; City; State; Zip Code
8313 Franwood Ln
Austin, TX 78757-7516

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

11/24/2014

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

.....
Contributor address; City; State; Zip Code
6220 W 3rd St Apt 401
Los Angeles, CA 90036

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)
Project Manager

Employer (See Instructions)
Sackman Enterprises, Inc.

Date

11/09/2014

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

.....
Contributor address; City; State; Zip Code
704 Carolyn Avenue
Austin, TX 78705

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)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/17 Report: 17/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 11/04/2014
5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Scott, Robin
6 Contributor address; City, State; Zip Code
5405 McCandless St
Austin, TX 78756

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 11/05/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Speights, Sara
Contributor address; City, State; Zip Code
2701 W 49 1/2 St
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 11/24/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Stanley, Alfred
Contributor address; City, State; Zip Code
PO Box 5674
Austin, TX 78763

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 11/21/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Stonewall Democrats of Austin PAC
Contributor address; City, State; Zip Code
PO Box 40898
Austin, TX 78704

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 11/08/2014
Full name of contributor ☐ out-of-state PAC (ID# _____)
Tiemann, Donna
Contributor address; City, State; Zip Code
3203 Cupid Dr
Austin, TX 78735-6904

Amount of contribution (\$) \$250.00
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/17 Report: 18/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date 11/21/2014 **5 Full name of contributor** ☐ out-of-state PAC (ID# _____)
UA Local 286

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

\$350.00

6 Contributor address; City; State; Zip Code
814 Airport Blvd
Austin, TX 78702

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 11/06/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Umphress, John

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

\$350.00

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

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

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Austin Energy

Date 11/23/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Walker, Bonnie

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

\$100.00

Contributor address; City; State; Zip Code
2905 Skylark Dr
Austin, TX 78757

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/23/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Walker, Mark

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

\$350.00

Contributor address; City; State; Zip Code
4911 Strass Dr
Austin, TX 78731

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

Principal occupation / Job title (See Instructions)
VP, Regulatory Affairs

Employer (See Instructions)
NRG Energy Company

Date 12/03/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Watkins, Sharon

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

\$150.00

Contributor address; City; State; Zip Code
5406 Balcones Dr
Austin, TX 78731-4906

(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: 16/17 Report: 19/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date

12/03/2014

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

Watkins, Sharon

6 Contributor address; City; State; Zip Code

5406 Balcones Dr
Austin, TX 78731-4906

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)
Service

10 Employer (See Instructions)
Zenith Cafe Corp

Date

11/17/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Real Estate

Employer (See Instructions)
Self-Employed

Date

11/23/2014

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

Williams, Chad

Contributor address; City; State; Zip Code

7500 Greenhaven Dr
Austin, TX 78757

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

11/23/2014

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

Young, Linda

Contributor address; City; State; Zip Code

7000 Timarou Ter
Austin, TX 78754

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

12/02/2014

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

Yznaga, Mark

Contributor address; City; State; Zip Code

2401 Briargrove Dr
Austin, TX 78704-2701

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)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/17 Report: 20/32

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

11111111

4 Date

12/05/2014

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

6 Contributor address; City; State; Zip Code
7503 Creston Ln
Austin, TX 78752-1324

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)

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: 1/12 Report: 21/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/29/2014		5 Payee name Allandale Neighborhood Association			
6 Amount (\$) \$225.00		7 Payee address City; State; Zip Code 2212 White Horse Trl Austin, TX 78757			
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"/> Ad in Allandale Neighbor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/05/2014		Payee name Austin Chronicle			
Amount (\$) \$2,114.00		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"/> Ad in Chronicle	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/28/2014		Payee name Bean, Sam			
Amount (\$) \$120.00		Payee address City; State; Zip Code 2604 Paramount Ave Austin, TX 78704			
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"/> Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/28/2014		Payee name Bean, Sam			
Amount (\$) \$60.00		Payee address City; State; Zip Code 2604 Paramount Ave Austin, TX 78704			
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"/> Canvassing	
Complete ONLY if direct expenditure		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/12 Report: 22/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 12/05/2014	5 Payee name Counts, Diane				
6 Amount (\$) \$1,500.00	7 Payee address City: State: Zip Code 1508 Arcadia Ave Austin, TX 78757				
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 10/28/2014	Payee name Dickinson, Aaron				
Amount (\$) \$72.00	Payee address City: State: Zip Code 1905 Nueces Ave 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 10/28/2014	Payee name Dickinson, Aaron				
Amount (\$) \$180.00	Payee address City: State: Zip Code 1905 Nueces Ave 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 11/07/2014	Payee name Dickinson, Aaron				
Amount (\$) \$288.00	Payee address City: State: Zip Code 1905 Nueces Ave Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/12 Report: 23/32	2 FILER NAME Pool, Leslie (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 12/05/2014	5 Payee name Dickinson, Aaron
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6 Amount (\$) \$288.00	7 Payee address City: State: Zip Code 1905 Nueces Ave Austin, TX 78705
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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"/> Canvassing
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/05/2014	Payee name Dickinson, Aaron
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Amount (\$) \$168.00	Payee address City: State: Zip Code 1905 Nueces Ave Austin, TX 78705
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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"/> Canvassing
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/04/2014	Payee name Emmons, Joe
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Amount (\$) \$625.00	Payee address City: State: Zip Code 403 Blackson Ave Austin, TX 78752
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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 11/06/2014	Payee name Emmons, Joe
--------------------	---------------------------

Amount (\$) \$675.00	Payee address City: State: Zip Code 403 Blackson Ave Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
-------------------------------------	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/12 Report: 24/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 11/17/2014	5 Payee name Emmons, Joe				
6 Amount (\$) \$625.00	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 11/24/2014	Payee name Emmons, Joe				
Amount (\$) \$625.00	Payee address City; State; Zip Code 403 Blackson Ave Austin, TX 78752				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/26/2014	Payee name Emmons, Joe				
Amount (\$) \$625.00	Payee address City; State; Zip Code 403 Blackson Ave Austin, TX 78752				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/27/2014	Payee name Evans, Chris				
Amount (\$) \$300.00	Payee address City; State; Zip Code 807 Brazos St Ste 316 Austin, TX 78701				
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"/> Finance report preparation		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/12/ Report: 25/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 11/20/2014	5 Payee name Gibbons, Heidi				
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 613 Hearn St Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/07/2014	Payee name InFocus Campaigns, LLC				
Amount (\$) \$63.60	Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114				
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"/> Automated calls <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 12/03/2014	Payee name InFocus Campaigns, LLC				
Amount (\$) \$359.56	Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114				
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"/> Automated calls <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 11/24/2014	Payee name Kuta, Benjamin				
Amount (\$) \$108.00	Payee address City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745				
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"/> Canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/12 Report: 26/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 11/24/2014	5 Payee name Kuta, Benjamin				
6 Amount (\$) \$240.00	7 Payee address City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745				
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"/> Canvassing <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 10/28/2014	Payee name OfficeMax				
Amount (\$) \$22.71	Payee address City; State; Zip Code 907 W Fifth St 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"/> 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 10/28/2014	Payee name OfficeMax				
Amount (\$) \$21.82	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) Advertising 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 11/01/2014	Payee name OfficeMax				
Amount (\$) \$7.03	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) Advertising 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	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: 7/12 Report: 27/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 11/12/2014	5 Payee name OfficeMax				
6 Amount (\$) \$92.83	7 Payee address City; State; Zip Code 907 W Fifth St Austin, TX 78703				
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 11/20/2014	Payee name OfficeMax				
Amount (\$) \$5.73	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"/> Event 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 12/02/2014	Payee name Rindy & Associates, Inc.				
Amount (\$) \$5,766.00	Payee address City; State; Zip Code 2401 E 6th St #1007 Austin, TX 78702				
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"/> Direct Mail <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 12/03/2014	Payee name Rindy & Associates, Inc.				
Amount (\$) \$7,698.00	Payee address City; State; Zip Code 2401 E 6th St #1007 Austin, TX 78702				
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"/> Direct Mail <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/12 Report: 28/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 11/01/2014	5 Payee name Sage Payment Solutions				
6 Amount (\$) \$153.06	7 Payee address City: State: Zip Code 1750 Old Meadow Rd Ste 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 12/01/2014	Payee name Sage Payment Solutions				
Amount (\$) \$504.01	Payee address City: State: Zip Code 1750 Old Meadow Rd Ste 300 McLean, VA 22102				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online contribution fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/22/2014	Payee name Smith, Natasha				
Amount (\$) \$420.00	Payee address City: State: Zip Code 2207 Leon St Apt 103 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 11/30/2014	Payee name Smith, Natasha				
Amount (\$) \$330.00	Payee address City: State: Zip Code 2207 Leon St Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
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: 9/12 Report: 29/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 11/04/2014	5 Payee name Spence, Steven				
6 Amount (\$) \$336.00	7 Payee address City: State; Zip Code 7707 S IH-35 Apt 230 Austin, TX 78744				
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"/> Canvassing		
	<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 11/10/2014	Payee name Spence, Steven				
Amount (\$) \$264.00	Payee address City: State; Zip Code 7707 S IH-35 Apt 230 Austin, TX 78744				
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 11/17/2014	Payee name Spence, Steven				
Amount (\$) \$360.00	Payee address City: State; Zip Code 7707 S IH-35 Apt 230 Austin, TX 78744				
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"/> Canvassing		
	<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 11/24/2014	Payee name Spence, Steven				
Amount (\$) \$336.00	Payee address City: State; Zip Code 7707 S IH-35 Apt 230 Austin, TX 78744				
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"/> Canvassing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/12 Report: 30/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 12/01/2014	5 Payee name Spence, Steven				
6 Amount (\$) \$300.00	7 Payee address City: State: Zip Code 7707 S IH-35 Apt 230 Austin, TX 78744				
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"/> Canvassing		
	<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 10/29/2014	Payee name US Postal Service				
Amount (\$) \$4,265.61	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		
	<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 11/17/2014	Payee name US Postal Service				
Amount (\$) \$8.82	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 11/25/2014	Payee name US Postal Service				
Amount (\$) \$4,098.57	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		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/12 Report: 31/32		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 11/03/2014	5 Payee name Worley Printing				
6 Amount (\$) \$381.04	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) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing flyers <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 11/12/2014	Payee name Worley Printing				
Amount (\$) \$697.13	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) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing flyers <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 11/18/2014	Payee name Worley Printing				
Amount (\$) \$145.06	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) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event invitation printing <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 11/18/2014	Payee name Worley Printing				
Amount (\$) \$1,006.18	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) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name Office sought: Office held:				

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/12 Report: 32/32	2 FILER NAME Pool, Leslie (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 11/19/2014	5 Payee name Worley Printing
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6 Amount (\$) \$1,816.44	7 Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing & mailing 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:
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Date 11/20/2014	Payee name Worley Printing
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Amount (\$) \$1,783.96	Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing & mailing postcards
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/21/2014	Payee name Worley Printing
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Amount (\$) \$1,937.68	Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing & mailing postcards
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/21/2014	Payee name Worley Printing
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Amount (\$) \$1,700.61	Payee address City; State; Zip Code 3217 N IH-35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing & mailing postcards
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

International Brotherhood of Electrical Workers Political Action Committee

ADDRESS (number and street)

900 Seventh St, NW



(Check if address
is changed)

Washington

CITY ▲

DC

STATE ▲

20001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

PACReports@ibew.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

08 / 01 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00027342

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

Salvatore J. Chilia

Signature of Treasurer

Salvatore J. Chilia

Date

08 / 01 / 2014

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

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

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

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

Name of Candidate

Candidate Party Affiliation

Office Sought:

☐ House☐ Senate☐ President

State

District

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

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

☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

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

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

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

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

International Brotherhood of Electrical Workers Political Action Committee

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

International Brotherhood of Electrical Workers

Mailing Address

900 7th Street, NW

Washington

CITY

DC

STATE

20001

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name

Mrs Ann Miller

Mailing Address

900 7th St

Washington

CITY

DC

STATE

20001

ZIP CODE

Title or Position

Director, IBEW Polit

Telephone number

202

728

6046

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

Full Name
of Treasurer

Salvatore J. Chilia

Mailing Address

900 7th St, N.W

Washington

CITY

DC

STATE

20001

ZIP CODE

Title or Position

Secretary/Treasurer

Telephone number

202

728

6046

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

1825 K Street, N.W.

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

1825 K Street, N.W.

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

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

1625 L Street NW

ADDRESS (number and street)

(Check if address
is changed)

Washington

DC

20036

CITY

STATE

ZIP CODE

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

taggart@afscme.org

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

(Check if address
is changed)

2. DATE 06 22 2012

3. FEC IDENTIFICATION NUMBER

C C00011114

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

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

Type or Print Name of Treasurer LAURA M. REYES

Signature of Treasurer

LAURA M. REYES

Date 06 22 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

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

Name of
Candidate

Candidate
Party Affiliation

Office
Sought:

House

Senate

President

State

District

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

Name of
Candidate

Party Committee:

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

Political Action Committee (PAC):

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

Corporation

Corporation w/o Capital Stock

☒

Labor Organization

Membership Organization

Trade Association

Cooperative

☒

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

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

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

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

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

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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

Name of Bank, Depository, etc.

AMALGAMATED BANK

Mailing Address

275 7th Avenue

New York

NY

10001

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

730 15th Street NW

Washington

DC

20005

CITY

STATE

ZIP CODE

Write or Type Committee Name

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

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

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES

Mailing Address 1625 L Street NW

Washington

DC

20036

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name CHARLES JURGONIS

Mailing Address 1625 L Street NW

Washington

DC

20036

Title or Position

CITY

STATE

ZIP CODE

DIRECTOR

Telephone number 202 429 1007

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

Full Name of Treasurer LAURA M. REYES

Mailing Address 1625 L Street NW

Washington

DC

20036

Title or Position

CITY

STATE

ZIP CODE

SECRETARY-TREASURER

Telephone number 202 429 1200

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 5

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

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY

STATE

ZIP CODE

[ADDITIONAL]

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

Mailing Address

125 Barclay Street

New York

NY

10007

CITY

STATE

ZIP CODE

Relationship:

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C