CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guil	DE explains how to complete this form.	,	sion filers)	2 PAGE# 1 of 32			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MS. Leslie	11111111	MI	OFFICE U	SE ONLY		
NAME .	NICKNAME LAST Pool		SUFFIX		USTIN RE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 4503 Shoal Creek Blvd Austin, TX 78756	CITY; STATE	; ZIP CODE	Date Hand-delivered	_ m . ∣		
Change of Address				Receipt #	Amount		
5 CAMPAIGN	MS/MRS/MR FIRST		MI	Date Processed			
TREASURER NAME	Mr. Chad			Date Imaged	· -		
INVIA	NICKNAME LAST Williams		SUFFIX	ouv mage			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 7500 Greenhaven Dr Austin, TX 78757	APT / SUITE #; CITY;	STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 451-6976	EXTEN	SION				
8 REPORT TYPE	January 15 30th day be	ore election X Runo	ifi eded \$500 limit	15th day after ca appointment (off	,		
9 PERIOD COVERED	Month Day Year 10/26/2014	THROUGH	Month Day	Year 14			
10 ELECTION	ELECTION DATE ELEC Month Day Year 12/16/2014	CTION TYPE Primary X Runof	" <u> </u>	General	Special		
11 OFFICE	OFFICE HELD (if any)		n City Cour	ncil District 7			
	G(O TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

oor i onii u	TOTALO		OOVER	Oneer ra z			
13 C/OH NAME Pool.	Leslie (Ms.)		14 ACCOUNT # (11111111	Ethics Commission filers)			
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidat by receive notice of such expenditures	ndidate / officeholder. These and officeholders are	nese expenditures may required to report this			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Austinies for Equity					
	GENERAL	COMMITTEE ADDRESS 1812 Centre Creek Sr Ste 310 Austin, TX 78754					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME KIrfman, Jack (Mr.)					
		COMMUTEE CAMPAIGN TREASURER ADDRESS 1812 Centre Creek Dr Ste 310 Austin, TX 78754					
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	945.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	46,353.58			
EXPENDITURE TOTALS							
	4. TOTAL	POLITICAL EXPENDITURES	\$	44,702.14			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	18,135.24			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	40,500.00			
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. ANN FRANKLIN Notory Public. State of Texas My Commission Expires October 17, 2018 AFFIX NOTARY STAMP / SEAL ABOVE Sworp to and subscribed before me, by the said.							
Sworn to and subscrit		rtify which, witness my hand and seal of office.	, this the	day			

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH ADDENDUM

NOTICE FROM POLITCAL COMMITTEE(S)

HOTICE THOM	- OLITOAL COI	with the ELOS		Page 3 of 32		
C/OH NAME Pool, Le	slie (Ms.)			ACCOUNT # (Ethics Commission filers) 11111111		
17 NOTICE FROM POLITICAL	have been made with	otice of political expenditures by political committees to support the candidate / officeholder. These expenditures may hout the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this ey receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	Sierra Club Political Committee of Texas			
	X GENERAL	COMMITTEE ADDRESS	615 Willow San Antonio, TX 78202			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	Gonzalez, Hector (Mr.)			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	615 Willow San Antonio, TX 78202			

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/1	17 Report: 4/32
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Adams, Jim)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/19/2014	6 Contributor address; City; State; Zip Code 4000 Pinckney St Austin, TX 78723-5397		\$100.00	
_	Principal accum	estion / Joh title (Coe Instructions)	40 Employer (See In	<u> </u>	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See in	sii uaioris)	
	Date	Full name of contributor ut-of-state PAC (ID# Aleshire, Bill		Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/08/2014	Contributor address; City; State; Zip Code 3605 Shady Valley Dr Austin, TX 78739-4425		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup attorney	ation / Job title (See Instructions)	Employer (See In Riggs Aleshire		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/05/2014	Contributor address; City; State; Zip Code 3201 Esperanza Xing Apt 354 Austin, TX 78758-7866		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Firefighter	ation / Job title (See Instructions)	Employer (See In City of Austin (F	structions) ire Department)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/18/2014	Contributor address; City; State; Zip Code 1625 L St NW Washington, DC 20036	,	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	- ,
	•			N. A.	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/20/2014	Contributor address; City; State; Zip Code 702 San Antonio St Austin, TX 78701-2834		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

Th	e Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 2/	17 Report: 5/32		
2 Fil	ER NAME	Pool, Leslie (Ms.)		3 ACCOUNT#	(Ethics Commission filers)		
4 1	Date	5 Full name of contributor	PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
11/	14/2014	6 Contributor address; City; State; 2 7537 Cameron Rd Austin, TX 78752	Žip Code	\$350.00	! !		
				(if travel outside of	Texas, complete Schedule T)		
9 Prì	ncipal occup	ation / Job title (See Instructions)	10 Employer (See i	nstructions)			
1	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/	10/2014	Contributor address; City; State; 2 5817 Wilcab Rd	Zip Code	\$350.00	 - -		
		Ste 3 Austin, TX 78721-2806		(If travel outside of	Texas, complete Schedule T)		
Prid	ncipal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)			
1	Date	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/	/08/2014	Contributor address; City; State; 2 12405 Willow Bend Dr Austin, TX 78758-2821	Zip Code	\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
Prii	ncipal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)			
I	Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/	/05/2014	Contributor address; City; State; Z 816 Congress Ave Ste 1600 Austin, TX 78701-2638	čip Code	\$350.00	! ! !		
		Ausuri, 1x 70701-2030		(If travel outside of	Texas, complete Schedule T)		
	ncipal occup orney	ation / Job title (See Instructions)	Employer (See I Self-Employed				
ſ	Date	Full name of contributor ut-of-state Berkel, Suzanne	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/	02/2014	Contributor address; City; State; Z 4405 Sinclair Ave Austin, TX 78756-3220	ip Code	\$100.00] !		
		to the second second		(If travel outside of	Texas, complete Schedule T)		
Prii	ncipal occup	ation / Job title (See Instructions)	Employer (See I				

	The Instruction	N 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)			
4	Date	5 Full name of contributor ut-of-state PAC (IDA Bradley, Kaye	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	11/19/2014	6 Contributor address; City; State; Zip Code 3717 Williamsburg Cir Austin, TX 78731		\$250.00	! ! !			
9	Principal occup Retired	eation / Job title (See Instructions)	10 Employer (See In None	1.	Texas, complete Schedule T)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/21/2014	Contributor address; City; State; Zip Code 1900 W 40th St Austin, TX 78731		\$250.00	 			
				<u> </u>	Texas, complete Schedule T)			
		eation / Job title (See Instructions) opment Senior Consultant	Employer (See In Dell	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/26/2014	Contributor address; City; State; Zip Code 7407 Brookhollow Dr Austin, TX 78752-2106		\$100.00] 			
				 (If travel outside of	Texas, complete Schedule T)			
	Principal occup	nation / Job title (See Instructions)	Employer (See In	L	,			
	Date	Full name of contributor ut-of-state PAC (ID# Burke, Cecelia	?)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/13/2014	Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731-2806		\$350.00	1 [1			
				(if travel outside of	Texas, complete Schedule T)			
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In None	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/09/2014	Contributor address; City; State; Zip Code 200 The Cir Austin, TX 78704-2418		\$350.00	 			
				//d two years as a salada 4	Toyon complete Schodule Ti			
<u> </u>	Deinainal accur	otion / Job title /Coe Instructions	Employer /See to		Texas, complete Schedule T)			
	Funcibal occub	eation / Job title (See Instructions)	Employer (See In	suucijons)				

					
	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 4/1	17 Report: 7/32
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID£ City of Austin	})	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/18/2014	6 Contributor address; City; State; Zip Code 301 W 2nd St Austin, TX 78701	· · · · · · · · · · · · · · · · · · ·	\$27,988.58	
		<u> </u>		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (IDA Covert, Brent)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/21/2014	Contributor address; City; State; Zip Code 2701 Scenic Dr Austin, TX 78703		\$250.00	
				·	Texas, complete Schedule T)
		ation / Job title (See Instructions) atter Resources	Employer (See In Forester Group		
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/16/2014	Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751-1912		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Dulzaides, Beatriz	-)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/23/2014	Contributor address; City; State; Zip Code 902 Ramble Ln Austin, TX 78745		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Dunaway, Aspen	})	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/12/2014	Contributor address; City, State; Zip Code 1108 Lavaca St Suite 110 PO Box 103 Austin, TX 78701-2172		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE# Schedule: 5/1	17 Report: 8/32
2	FILER NAME	Pool, Leslie (Ms.)			3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor Duncan, John	☐ out-of-state PAC (ID#	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/05/2014	6 Contributor address; 816 Congress Ave Ste 1600 Austin, TX 78701-2638	City; State; Zip Code		\$350.00	
9	Principal occup Retired	ation / Job title (See Instruction	s)	10 Employer (See In None	L.:	Texas, complete Schedule T)
	Date	Full name of contributor Ewbank, Jim	out-of-state PAC (ID&)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/07/2014	Contributor address; 2501 Crosswind Dr Spicewood, TX 78669	City; State; Zip Code	· • · • • · · · · · · · · · · · · · · ·	\$250.00	
		•			(if travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instruction	s)	Employer (See In Cokinos, Bosier		
	Date	Full name of contributor Ferchill, Cary	out-of-state PAC (ID#	})	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/24/2014	Contributor address; 2524 Tanglewood Trl Austin, TX 78703-1540	City; State; Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instruction	ns)	Employer (See In Reed & Scardin		
	Date	Full name of contributor Freeman, Bonnie	out-of-state PAC (IDs)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/02/2014	Contributor address; 5020 Shoal Creek Blvd Austin, TX 78756	City; State; Zip Code	,	\$20.00	! ! !
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	structions)	
	Date	Full name of contributor Freeman, Bonnie	Out-of-state PAC (ID	,)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/08/2014	Contributor address; 5020 Shoal Creek Blvd Austin, TX 78756	City; State; Zip Code		\$50.00	
		t .			(if travel outside of	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	

	The Instruction	on 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)			
4	Date	5 Full name of contributor ut-of-state PAC (ID Friedman, Jeff	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	11/05/2014	6 Contributor address; City; State; Zip Code 3500 Jefferson St Ste 110		\$180.00	1 			
		Austin, TX 78731-6220		(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Owner	ation / Job title (See Instructions)	10 Employer (See In Capra & Cavelli					
	Date	Full name of contributor ut-of-state PAC (ID Friedman, Jeff	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/13/2014	Contributor address; City; State; Zip Code 3500 Jefferson St Ste 110	,	\$170.00] 			
		Austin, TX 78731-6220		(if travel outside of	Texas, complete Schedule T)			
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Capra & Cavelli					
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/27/2014	Contributor address; City; State; Zip Code 4812 Shoalwood Ave Austin, TX 78756-2817		\$200.00	, 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In GSE	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	12/02/2014	Contributor address; City; State; Zip Code 3711 Taylors Dr Austin, TX 78703		\$350.00	 			
			·	•	Texas, complete Schedule T)			
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In None	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	12/02/2014	Contributor address; City; State; Zip Code 3711 Taylors Dr Austin, TX 78703		\$350.00]] 1			
				(if travel outside of	Texas, complete Schedule T)			
-	Principal occup	ation / Job title (See Instructions)	Employer (See In					

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	The Instruction	on Guide explains how to complete this form.	,	1 PAGE# Schedule: 7/1	17 Report: 10/32
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 111111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID) Grover, Rhonda	")	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/23/2014	6 Contributor address; City; State; Zip Code 2607 Pinewood Ter Austin, TX 78757		\$200.00	
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup Paralegal	ation / Job title (See Instructions)	10 Employer (See In Allison & Assoc		
	Date	Full name of contributor ut-of-state PAC (ID: Grover, Will	3)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/08/2014	Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756-2912		\$350.00	
	. !				Texas, complete Schedule T)
	Principal occup Radiologic Te	ation / Job title (See Instructions) echnologist	Employer (See In Seton Medical (
	Date	Full name of contributor ut-of-state PAC (IDA Guerra, Luis	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/06/2014	Contributor address; City; State; Zip Code 1808 Kerr Ave Austin, TX 78704-1429		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Manager	ation / Job title (See Instructions)	Employer (See In Guerra Ranche		
	Date	Full name of contributor ut-of-state PAC (ID: Gurasich, William])	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/19/2014	Contributor address; City; State; Zip Code 3813 Travis Country Cir Austin, TX 78735		\$350.00	I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Developer	ation / Job title (See Instructions)	Employer (See In Soco Developm		
	Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/05/2014	Contributor address; City; State; Zip Code 2111 Airole Way Austin, TX 78704-3261	,	\$100.00	 -
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup	eation / Job title (See Instructions)	Employer (See In		- Salar, complete controller ()

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/1	17 Report: 11/32
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Hess, Myron)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/22/2014	6 Contributor address; City; State; Zip Code 1705 Margaret St Austin, TX 78704-2121		\$150.00	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	L .	, Basi
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/02/2014	Contributor address; City; State; Zip Code 900 7th St NW Washington, DC 20001		\$350.00	
	:	The state of the s		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Jack, Jeff		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/27/2014	Contributor address; City; State; Zip Code 2008 B Rabb Glen Austin, TX 78704-3206		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See in	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/06/2014	Contributor address; City; State; Zip Code 2008 B Rabb Glen Austin, TX 78704-3206		\$50.00	;
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/14/2014	Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702-2716		\$100.00	[]
li .				/If traval surfelds of	Texas, complete Schedule T)
	Principal occur	eation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete defiedule 1)
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	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 9/1	17 Report: 12/32			
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)			
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	11/17/2014	6 Contributor address; City; State; Zip Code 901 S. Mopac #1-220 Austin, TX 78722		\$100.00	[] [
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/08/2014	Contributor address; City; State; Zip Code 7600 Valley Dale Dr Austin, TX 78731-1236	,,.,	\$250.00	 			
		·		(If travel outside of	Texas, complete Schedule T)			
	Principal occup Programmer	ation / Job title (See Instructions)	Employer (See In SciComp Inc.	· ·				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/14/2014	Contributor address; City; State; Zip Code 1808 Kerr Ave Austin, TX 78704-1429		\$100.00	 			
		,		(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	12/06/2014	Contributor address; City; State; Zip Code 3007 West Ave Austin, TX 78705		\$200.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See In: None	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/09/2014	Contributor address; City; State; Zip Code 2604 Great Oaks Pkwy Austin, TX 78756	. , . ,	\$200.00				
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See in:	structions)	· · · · · · · · · · · · · · · · · · ·			

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	The Instruction	พ Guide explains how to complete this form.		1 PAGE# Schedule: 10	0/17 Report: 13/32
2	FILER NAME	Pool, Leslie (Ms.)	•	3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Lopez, Carlos)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/05/2014	6 Contributor address; City; State; Zip Code 10305 James Ryan Way Austin, TX 78730-1506		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See in	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Maldonado, Alfred)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/18/2014	Contributor address; City; State; Zip Code 11608 Knollpark Dr Austin, TX 78758-3818		\$150.00	[]]
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/08/2014	Contributor address; City; State; Zip Code 7600 Valley Dale Dr Austin, TX 78731-1236		\$250.00	1 }
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Psychologist	ation / Job title (See Instructions)	Employer (See In Self-Employed	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/23/2014	Contributor address; City; State; Zip Code 5901 Cary Austin, TX 78731		\$300.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Wholesaler	ation / Job title (See Instructions)	Employer (See In AMC Company	,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/21/2014	Contributor address; City; State; Zip Code 509 E 38th St Austin, TX 78705-1701		\$100.00]
				(If travel outside ਕ	Texas, complete Schedule T)
\vdash	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	, , , , , , , , , , , , , , , , , , , ,

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 11	/17 Report: 14/32
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT # 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Moriarty, William)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/25/2014	6 Contributor address; City; State; Zip Code 1004 Jousting Pt Austin, TX 78746-5132		\$350.00	`
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Civil Engineer	eation / Job title (See Instructions) r	10 Employer (See In King Engineerin	structions) ig Associates Inc.	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/21/2014	Contributor address; City; State; Zip Code 1101 Capital of Texas Hwy S Austin, TX 78746		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In Press Murfee E		
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/08/2014	Contributor address; City; State; Zip Code 971 Riser Rd Ruston, LA 71270-8669		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#	·)	Amount of	In-kind contribution
		Nias, James		contribution (\$)	description (if applicable)
	11/19/2014	Contributor address; City; State; Zip Code 1116 Reagan Ter Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/20/2014	Contributor address; City; State; Zip Code 2910 Kassarine Pass Austin, TX 78704-4655		\$350.00	! !
					·
L					Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	N GUIDE explains how to com	plete this form.	, , , , , , , , , , , , , , , , , , ,	1 PAGE # Schedule: 12	/17 Report: 15/32
2	FILER NAME	Pool, Leslie (Ms.)			3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor Pinnelli, Janis	out-of-state PAC (IDA)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/20/2014	6 Contributor address; PO Box 50038 Austin, TX 78763-0038	City; State; Zip Code		\$250.00	Texas, complete Schedule T)
9	Principal occup Accountant	ation / Job title (See Instruction	s)	10 Employer (See In J Pinnelli Comp	structions)	, <u> </u>
	Date	Full name of contributor Pinnelli, Joseph	ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/20/2014	Contributor address; PO Box 50038 Austin, TX 78763-0038	City; State; Zip Code	••••	\$250.00	. 1
		Additi, 17 70705-0050			(if travel outside of	Texas, complete Schedule T)
	Principal occup General Cont	ation / Job title (See Instruction ractor	s)	Employer (See th J Pinnelli Comp		
	Date	Full name of contributor Prim, Philip	out-of-state PAC (IDA)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/19/2014	Contributor address; 2609 Pembrook Trl Austin, TX 78731	City; State; Zip Code		\$350.00	1 1 1
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instruction	s)	Employer (See In None	structions)	
	Date	Full name of contributor Reynolds, Joseph	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/10/2014	Contributor address; 2611 W 49th St Austin, TX 78731-5636	City; State; Zip Code		\$350.00	I I
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instruction	s)	Employer (See In None	structions)	
	Date	Full name of contributor Roberts, Scott	Out-of-state PAC (ID#	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/26/2014	Contributor address; PO Box 311 Driftwood, TX 78619	City, State; Zip Code		\$250.00	i i i
					(If travel outside of	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instruction	rs)	Employer (See In	structions)	

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE# Schedule: 13	/17 Report: 16/32
2	FILER NAME	Pool, Leslie (Ms.)			3 ACCOUNT # 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor Robinson, George III	out-of-state PAC (ID#	})	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/19/2014	6 Contributor address; PO Box 93 McNeil, TX 78651	City; State; Zip Code		\$250.00	
	ļ		•		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Businessman	ation / Job title (See Instruction	s)	10 Employer (See In Self-Employed	structions)	
	Date	Full name of contributor Rodgers, Brian	out-of-state PAC (ID#	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/10/2014	1112 W 9th St	City; State; Zip Code		\$350.00	! !
		Austin, TX 78703-4926			'	Texas, complete Schedule T)
	Principal occup Real Estate Ir	ation / Job title (See Instruction nvestor	s)	Employer (See In Rodgers & Reid	structions) hle, inc.	
	Date	Full name of contributor Rosenthal, Chip	out-of-state PAC (ID#	·)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	11/22/2014	Contributor address; 8313 Franwood Ln Austin, TX 78757-7516	City; State; Zip Code		\$150.00	
					(If travel outside of	Texes, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	rs)	Employer (See In	structions)	
	Date	Full name of contributor Sackman, Carter	out-of-state PAC (IDa)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/24/2014	Contributor address; 6220 W 3rd St Apt 401 Los Angeles, CA 90036	City; State; Zip Code		\$350.00	!
					(If travel outside of	Texas, complete Schedule T)
	Principal occupations of the Project Management	ation / Job title (See Instruction ger	s)	Employer (See In Sackman Enter		
	Date	Full name of contributor Sanger, Mary	Out-of-state PAC (IDe	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2014	Contributor address; 704 Carolyn Avenue Austin, TX 78705	City; State; Zip Code		\$350.00	
	j					· •
	Principal occur	ation / Job title (See Instruction	s)	Employer (See In		Texas, complete Schedule T)
			·-·	Name (COO III	,	

The Instructi	ON 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)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Scott, Robin	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/04/2014	6 Contributor address; City; State; Zip Code 5405 McCandless St Austin, TX 78756		\$100.00	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	1_1	Totals, complete conceasor,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/05/2014	Contributor address; City; State; Zip Code 2701 W 49 1/2 St Austin, TX 78731		\$150.00	!
•			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Stanley, Alfred)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/24 /2 014	Contributor address; City; State; Zip Code PO Box 5674 Austin, TX 78763		\$100.00	[]
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Stonewall Democrats of Austin PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/21/2014	Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704		\$100.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/08/2014	Contributor address; City; State; Zip Code 3203 Cupid Dr Austin, TX 78735-6904		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

<u> </u>						• **
	The Instruction	on Guide explains how to com	plete this form.		1 PAGE# Schedule: 15	/17 Report: 18/32
2	FILER NAME	Pool, Leslie (Ms.)			3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor UA Local 286	out-of-state PAC (IDA	})	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/21/2014	6 Contributor address; 814 Airport Blvd Austin, TX 78702	City; State; Zip Code		\$350.00	
					1 '	Texas, complete 6chedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Umphress, John	Cut-of-state PAC (ID#	?)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/06/2014	Contributor address; 2604 Geraghty Ave Austin, TX 78757	City; State; Zip Code		\$350.00] [
					<u> </u>	Texas, complete Schedule T)
	Principal occup Consultant	ation / Job title (See Instruction	(ar	Employer (See In Austin Energy	structions)	
	Date	Full name of contributor Walker, Bonnie	out-of-state PAC (IDs	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/23/2014	Contributor address; 2905 Skylark Dr Austin, TX 78757	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Walker, Mark	out-of-state PAC (ID	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/23/2014	Contributor address; 4911 Strass Dr Austin, TX 78731	City; State; Zip Code		\$350.00	
ľ					(If travel outside of	Texas, complete Schedule T)
	Principal occup VP, Regulator	ation / Job title (See Instruction ry Affairs	(ar	Employer (See In NRG Energy Co	•	
	Date	Full name of contributor Watkins, Sharon	Out-of-state PAC (ID)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/03/2014	Contributor address; 5406 Balcones Dr Austin, TX 78731-4906	City; State; Zip Code	. ,	\$150.00]
					/H tempo = -1	Towns complete Schoolule Ti
L	Dringing com	otion / Joh titlo /Coe lesteration	ne)	Employer (See In		Texas, complete Schedule T)
Ī	Luucibai occub	ation / Job title (See Instruction	io)	Embioses (See in	auduona)	

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	/17 Report: 19/32
2	FILER NAME	Pool, Leslie (Ms.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID& Watkins, Sharon)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/03/2014	6 Contributor address; City; State; Zip Code 5406 Balcones Dr Austin, TX 78731-4906		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Service	ation / Job title (See Instructions)	10 Employer (See In: Zenith Cafe Cor		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/17/2014	Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731-5308		\$350.00]
					Texas, complete Schedule T)
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See in Self-Employed	structions)	
	Date	Full name of contributor ut-of-state PAC (ID& Williams, Chad)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/23/2014	Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757	:	\$100.00	
i			•	(If travel outside of	Texas, complete Schedule T)
	Dringing some	ation / Job title (See Instructions)	Employer (See In		
	Principal occup	audit 7 300 und (See Instructions)	Employer (See in	Sidulonsy	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/23/2014	Contributor address; City; State; Zip Code 7000 Timarou Ter Austin, TX 78754		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In:	structions)	
	i illiopai oosap	and the test mental and the		`	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
•	12/02/2014	Contributor address; City; State; Zip Code 2401 Briargrove Dr Austin, TX 78704-2701		\$350.00	
			'	(If travel outside of	Texas, complete Schedule T)
	Principal Accus	ation / lob title (See Instructions)	Employer /See In-		Today, complete sensation 1/
1	Principal occup	ation / Job title (See Instructions)	Employer (See In:	suucions)	

	OTHER	THAN PLEDGES OR LUAI	4 3	
	The INSTRUCTION	ON 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	5 Full name of contributor ut-of-state PAC (ID&)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
	12/05/2014	6 Contributor address; City; State; Zip Code 7503 Creston Ln Austin, TX 78752-1324		\$100.00
				(If travel outside of Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)
				· - · · · ·
	·			
			•	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing Expense

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

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead The Instruction Guide explains ho	Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/12 F	Deal Lestin (Ma.)	1111111
4 Date	5 Payee name	
10/29/2014	Allandate Neighborhood Association	
6 Amount (\$)	7 Payee address City; State; Zip Code	·
\$225.00	2212 White Horse Trl	
V == 0 .00	Austin, TX 78757	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (It travel outside of Texas, complete Schedule T) Ad in Allandale Neighbor
OF	Advertising Expense	Ad III Aliandale Neighbor
EXPENDITURE		n
9 Complete ONLY if	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Caldidate / Chiceholder halife	· Once sought.
to benefit C/OH		
Date	Payee name	
12/05/2014	Austin Chronicle	
Amount (\$)	Payee address City; State; Zip Code	
\$2,114.00	PO Box 49066 Austin, TX 78765	
	Austri, 1X 70705	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Ad in Chronide
OF EXPENDITURE	Advoiced Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/28/2014	Bean, Sam	
Amount (\$)	Payee address City; State; Zip Code	
\$120.00		
\$120.00	Austin, TX 78704	
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Canvassing
EXPENDITURE		O at the state of
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Odificials / Officerous Harris	5 mos 100g/m.
to benefit C/OH		
Date	Payee name	
11/28/2014	Bean, Sam	
Amount (\$)	Payee address City; State; Zip Code	
\$60.00	2604 Paramount Ave Austin, TX 78704	
	Audul, IA /VIVT	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
01100000		
PURPOSE	,	Canvassing
OF	Salaries/Wages/Contract Labor	Canvassing
	,	Canvassing Check if Austin, TX, officeholder living expense
OF	Salaries/Wages/Contract Labor Candidate / Officeholder name	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES
ense Sataries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Fees	Printing Expense Thaver Our Or D. Printing Expense Office Overhead The Instruction Guide explains ha	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/12 A	leport: 22/32 Pool, Leslie (Ms.)	1111111
4 Date	5 Payee name	
12/05/2014	Counts, Diane	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$1,500.00	1508 Arcadia Ave Austin, TX 78757	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (II travel outside of Texas, complete Schedule T) Campaign staffing
EXPENDITURE		Check if Austin, TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
10/28/2014	Dickinson, Aaron	
Amount (\$)	Payee address City; State; Zip Code	
\$72.00	1905 Nueces Ave Austin, TX 78705	
DUDD CCT	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Campaign staffing
EXPENDITURE		Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
10/28/2014	Dickinson, Aaron	
Amount (\$)	Payee address City; State; Zip Code	
\$180.00	1905 Nueces Ave Austin, TX 78705	
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign staffing
OF EXPENDITURE	<u> </u>	
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/07/2014	Dickinson, Aaron	<u> </u>
Amount (\$)	Payee address City; State; Zip Code	
\$288.00	1905 Nueces Ave	
4_55.50	Austin, TX 78705	
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign staffing
OF EXPENDITURE	-	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

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

Event Expense Fees	Polling Expense Travel Out Of C	
	The Instruction Guide explains he	· · · · · · · · · · · · · · · · · · ·
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers)
Schedule: 3/12 F	Report: 23/32 Pool, Leslie (Ms.)	1111111
4 Date	5 Payee name	
12/05/2014	Dickinson, Aaron	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$288.00	1905 Nueces Ave	
	Austin, TX 78705	
•	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE	Salaries/Wages/Contract Labor	Canvassing
OF EXPENDITURE		
EXPENDITORIE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benelit C/OH		
Date	Payee name	
12/05/2014	Dickinson, Aaron	
Amount (\$)	Payee address City; State; Zip Code	
\$168.00	1905 Nueces Ave	
	Austin, TX 78705	
	Category (See Categories listed at the top of this schedule)	Description (Manual public of Taylor countries Ochodule T)
PURPOSE	Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing
OF EXPENDITURE	Salarios/Tagos/Cornacti Laso/	
EXPENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/04/2014	Emmons, Joe	
Amount (\$)	Payee address City; State; Zip Code	
\$625.00	403 Blackson Ave	
	Austin, TX 78752	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Campaign staffing
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/06/2014	Emmons, Joe	
Amount (\$)	Payee address City; State; Zip Code	
\$675.00	403 Blackson Ave	
	Austin, TX 78752	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Campaign staffing
OF EXPENDITURE		
EN CHUITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
ALICAL CARCITURALS		· · · · · · · · · · · · · · · · · · ·

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

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

Fees	Printing Expense Office Overhead/ The Instruction Guide explains hor	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 4/12 F	D - A A - A - A - A - A	1111111
4 Date	5 Payee name	1 *********
11/17/2014	Emmons, Joe	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$625.00	403 Blackson Ave	
	Austin, TX 78752	
	for Cotomony (Con Ordensides Estad at the ten of this extended)	(h) Description (Married autoide of Tours complete Cabadula T)
8 PURPOSE	(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) Campaign staffing
OF EXPENDITURE		
CAPENDITORE		Check if Austin, TX, officeholder living expense
9 Complete ONLY II	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/24/2014	Emmons, Joe	
Amount (\$)	Payee address City; State; Zip Code	
\$625.00	403 Blackson Ave	
	Austin, TX 78752	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Campaign staffing
OF EXPENDITURE	ľ	
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	·	
Date	Payee name	
11/26/2014	Emmons, Joe	
Amount (\$)	Payee address City; State; Zip Code	•
\$625.00	403 Blackson Ave Austin, TX 78752	
	Austri, 17 70732	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Campaign staffing
EXPENDITURE		
	0	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
10/27/2014	Evans, Chris	
Amount (\$)	Payee address City; State; Zip Code	
\$300.00	807 Brazos St Ste 316 Austin, TX 78701	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Finance report preparation
EXPENDITURE		
O	Consider (Officeholder nome	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure		Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES

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

Event Expense	Polling Expense Travel Out Of C		iceholder/Political Committee
Fees	Printing Expense Office Overhea The Instruction Guide explains h	•	category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/12 P	5 - 4 1 - 2 - 44 - 3		11111111
4 Date	5 Payee name		
11/20/2014	Gibbons, Heidi		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$500.00	613 Hearn St		
	Austin, TX 78703		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside o	IT
8 PURPOSE	Salaries/Wages/Contract Labor	Campaign staffing	Texas, complete Schedule T)
OF EXPENDITURE	- Calarios ragos contract Labor		
EXPENDITURE		Check if Austin, TX, officeholder	livino expense
9 Complete ONLY il	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
11/07/2014	InFocus Campaigns, LLC		
Amount (\$)	Payee address City; State; Zip Code	······································	· · · · · · · · · · · · · · · · · · ·
\$63.60	PO Box 10726		1
Ψ00.00	Fort Worth, TX 76114		
PURPOSE	Category (See Categories listed at the top of this schedule)		Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Automated calls	
EXPENDITURE			
Complete CMI V B	Candidate / Officeholder name	Check if Austin, TX, officeholder	
Complete CNLY II direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
	Candidate / Officeholder name		
direct expenditure to benefit C/OH Date	Payee name		
direct expenditure to benefit C/OH Date 12/03/2014	Payee name InFocus Campaigns, LLC		
direct expenditure to benefit C/OH Date	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code		
direct expenditure to benefit C/OH Date 12/03/2014	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726		
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$)	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code		
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$)	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114	Office sought:	Office held:
Date 12/03/2014 Amount (\$) \$359.56	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule)	Office sought:	
Date 12/03/2014 Amount (\$) \$359.56	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114	Office sought: Description (if travel outside of	Office held:
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Automated calls	Office held: Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule)	Office sought: Description (If travel outside of Automated calls	Office held: Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Automated calls	Office held: Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Description (if travel outside of Automated calls	Office held: Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Automated calls	Office held: Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Description (if travel outside of Automated calls	Office held: Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/24/2014 Amount (\$)	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Kuta, Benjamin Payee address City; State; Zip Code 1902 Forestglade Dr	Description (if travel outside of Automated calls	Office held: Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/24/2014	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Kuta, Benjamin Payee address City; State; Zip Code	Description (if travel outside of Automated calls	Office held: Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/24/2014 Amount (\$)	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Kuta, Benjamin Payee address City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745	Description (if travel outside of Automated calls Check if Austin, TX, officeholder Office sought:	Office held: Texas, complete Schedule T) Ilving expense Office held:
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/24/2014 Amount (\$) \$108.00	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Kuta, Benjamin Payee address City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745 Category (See Categories listed at the top of this schedule)	Description (if travel outside of Automated calls Check if Austin, TX, officeholder Office sought:	Office held: Texas, complete Schedule T)
Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/24/2014 Amount (\$) \$108.00 PURPOSE OF	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Kuta, Benjamin Payee address City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745	Description (if travel outside of Automated calls Check if Austin, TX, officeholder Office sought:	Office held: Texas, complete Schedule T) Ilving expense Office held:
direct expenditure to benefit C/OH Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/24/2014 Amount (\$) \$108.00	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Kuta, Benjamin Payee address City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745 Category (See Categories listed at the top of this schedule)	Description (if travel outside of Automated calls Check if Austin, TX, officeholder Office sought: Description (if travel outside of Canvassing	Office held: Texas, complete Schedule T) Ilving expense Office held: Texas, complete Schedule T)
Date 12/03/2014 Amount (\$) \$359.56 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/24/2014 Amount (\$) \$108.00 PURPOSE OF	Payee name InFocus Campaigns, LLC Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Kuta, Benjamin Payee address City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745 Category (See Categories listed at the top of this schedule)	Description (if travel outside of Automated calls Check if Austin, TX, officeholder Office sought:	Office held: Texas, complete Schedule T) Ilving expense Office held: Texas, complete Schedule T)

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Canditate/Ottlephotkler/Political Committee

Fees	Printing Expense Office Overhea The Instruction Guide explains h	ow to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 6/12 F	C Dook Looks (Max)	1111111
4 Date	5 Payee name	
11/24/2014	Kuta, Benjamin	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$240.00	1902 Forestglade Dr	
φ2- 1 0.00	Austin, TX 78745	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Canvassing
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
10/28/2014	OfficeMax	
Amount (\$)	Payee address City; State; Zip Code	
\$22.71	907 W Fifth St	
V	Austin, TX 78703	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Office supplies
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		-
direct expenditure to benefit C/OH		
	Payee name	
to benefit C/OH	Payee name OfficeMax	
to benefit C/OH Date		
to benefit C/OH Date 10/28/2014 Amount (\$)	OfficeMax	
to benefit C/OH Date 10/28/2014	OfficeMax Payee address City; State; Zip Code	
to benefit C/OH Date 10/28/2014 Amount (\$)	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd	
to benefit C/OH Date 10/28/2014 Amount (\$) \$21.82	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd	Description (If travel outside of Texas, complete Schedule T)
to benefit C/OH Date 10/28/2014 Amount (\$) \$21.82	OfficeMax Payee address City: State; Zip Code 4615 N Lamar Blvd Austin, TX 78756	Description (If travel outside of Texas, complete Schedule T)
to benefit C/OH Date 10/28/2014 Amount (\$) \$21.82	OfficeMax Payee address City; State; Zip Code 4615 N Larnar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule)	Office supplies
to benefit C/OH Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense	Office supplies Check If Austin, TX, officeholder living expense
Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE	OfficeMax Payee address City; State; Zip Code 4615 N Larnar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule)	Office supplies
to benefit C/OH Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense	Office supplies Check If Austin, TX, officeholder living expense
Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense	Office supplies Check If Austin, TX, officeholder living expense
to benefit C/OH Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office supplies Check If Austin, TX, officeholder living expense
to benefit C/OH Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office supplies Check If Austin, TX, officeholder living expense
Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/01/2014 Amount (\$)	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name OfficeMax	Office supplies Check If Austin, TX, officeholder living expense
to benefit C/OH Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/01/2014	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name OfficeMax Payee address City; State; Zip Code	Office supplies Check If Austin, TX, officeholder living expense
Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/01/2014 Amount (\$)	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd	Office supplies Check If Austin, TX, officeholder living expense
Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/01/2014 Amount (\$) \$7.03	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd	Office supplies Check if Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T)
Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/01/2014 Amount (\$) \$7.03	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756	Office supplies Check if Austin, TX, officeholder living expense Office sought: Office held:
Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/01/2014 Amount (\$) \$7.03	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule)	Office supplies Check if Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T)
Date 10/28/2014 Amount (\$) \$21.82 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/01/2014 Amount (\$) \$7.03	OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name OfficeMax Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756 Category (See Categories listed at the top of this schedule)	Office supplies Check if Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T)

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing Expense

EXPENDITURE CATEGORIES

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

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	d/Rental Expense OTHER (enter a category not listed above) ow to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 7/12 F	D1 1 1 - 2 - 2 - 2 - 3	1111111
4 Date	5 Payee name	
11/12/2014	OfficeMax	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$92.83	907 W Fifth St	
402.00	Austin, TX 78703	
	(a) Catagony (Can Catagoriae Related at the top of this sehedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Office supplies
OF EXPENDITURE	Ollido Otorroadii Torrai Exporto	
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/20/2014	OfficeMax	
Amount (\$)	Payee address City; State; Zip Code	
\$5.73	907 W 5th St	
+	Austin, TX 78703	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Event supplies
OF	Event Expense	Cacitt arribbiles
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Canadato i Cinocioladi namo	Olito sought. Olivo lioto.
to benefit C/OH		
Date	Payee name	
12/02/2014	Rindy & Associates, Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$5,766.00	2401 E 6th St #1007	
	Austin, TX 78702	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Direct Mail
OF EXPENDITURE		
LAI LINDI ORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
12/03/2014	Rindy & Associates, Inc.	
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$7,698.00	2401 E 6th St #1007	
JU.08U,10	Austin, TX 78702	
		<u> </u>
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Direct Mail
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gitts/Awards/Memorial Expense Legal Services Fcod/Beverage Expense Polling Expense

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

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

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	1/Rental Expense OTHER (enter a category not listed above) ow to complete this form.
1 PAGE# Schedule: 8/12 F	2 FILER NAME	3 ACCOUNT # (TEC filers)
4 Date	5 Payee name	11111111
11/01/2014	Sage Payment Solutions	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$153.06	1750 Old Meadow Rd Ste 300 McLean, VA 22102	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (It travel outside of Texas, complete Schedule T) Online contribution fees
EXPENDITURE		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 (\$)	Payee address City; State; Zip Code	
\$504.01	1750 Old Meadow Rd Ste 300 McLean, VA 22102	
PURPOSE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Online contribution fees
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 11/22/2014	Payee name Smith, Natasha	
Amount (\$)	Payee address City; State; Zip Code	
\$420.00	2207 Leon St Apt 103 Austin, TX 78705	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign staffing
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/30/2014	Smith, Natasha	
Amount (\$)	Payee address City; State; Zip Code	
\$330.00	2207 Leon St Austin, TX 78705	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Campaign staffing
OF	Salaries/Wages/Contract Labor	Campaign stanning
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Soficitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhearl/Rental Expense

⊢ ees	Printing Expense Office Overnead The Instruction Guide explains has	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 9/12 F	C 0-1 1 -15 (84-)	11111111
4 Date	5 Payee name	
11/04/2014	Spence, Steven	
6 Amount (\$)	7 Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$336.00	7707 S IH-35 Apt 230	
,	Austin, TX 78744	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
9 Complete ONLY If	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benelit C/OH		_
Date 11/10/2014	Payee name Spence, Steven	
1 } / 10/2014 Amount (\$)	Payee address City; State; Zip Code	
\$264.00	7707 S IH-35 Apt 230	
φ204.00	Austin, TX 78744	
		·
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Campaign staffing
EXPENDITURE		
Commission COM V. E.	Condidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/17/2014	Spence, Steven	
Amount (\$)	Payee address City; State; Zip Code	
\$360.00	7707 S IH-35 Apt 230 Austin, TX 78744	
	Additi, 17 101-44	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Canvassing
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	<u> </u>	
Date	Payee name	
11/24/2014	Spence, Steven	
Amount (\$)	Payee address City, State, Zip Code	
\$336.00	7707 S IH-35 Apt 230	
	Austin, TX 78744	
	Cotogony (See Cotonaries listed at the tan of this sahad day	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Canvassing
OF EVDENDITUDE	Cara too Tragoor Contract Eabor	<u> </u>
EXPENDITURE	· ·	Check If Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees		I/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains he	
1 PAGE#	2 FILER NAME Pool, Leslie (Ms.)	3 ACCOUNT # (TEC filers)
Schedule: 10/12	5 Payee name	11111111
4 Date 12/01/2014	Spence, Steven	
6 Amount (\$)	7 Payee address City; State; Zip Code	
	7707 S IH-35 Apt 230	·
\$300.00	Austin, TX 78744	
	·	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Canvassing
EXPENDITURE		<u> </u> _
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
10/29/2014	US Postal Service	
Amount (\$)	Payee address City; State; Zip Code	
\$4,265.61	4300 Speedway	
4 1,200.01	Austin, TX 78705	
PUPPOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Postage
EXPENDITURE		h
Complete ONL V #	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY If direct expenditure	Cardidate / Officeriolder flame	Office sought. Office field.
to benefit C/OH		
Date	Payee name	
11/17/2014	US Postal Service	
Amount (\$)	Payee address City; State; Zip Code	
\$8.82	2418 Spring Ln	
	Austin, TX 78703	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Postage stamps
OF EXPENDITURE	Advantaring Expenses	
EXPENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/25/2014	US Postal Service	;
Amount (\$)	Payee address City; State; Zip Code	
\$4,098.57	4300 Speedway	
⊕4,∪96.57	Austin, TX 78705	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Postage
OF EXPENDITURE		<u> </u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Advertising Expense Gifts/Awards/Memorial Expense Accounting/Banking Legal Services Food/Beverage Expense Consulting Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Event Expense Polling Expense OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE # 3 ACCOUNT # (TEC filers) FILER NAME 2 Pool, Leslie (Ms.) 11111111 Schedule: 11/12 Report: 31/32 4 Date Payee name Worley Printing 11/03/2014 City; State; 6 Amount (\$) Payee address Zip Code 3217 N IH-35 \$381.04 Austin, TX 78722 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Printing flyers Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/12/2014 Worley Printing Amount (\$) Payee address City; State; Zip Code 3217 N IH-35 \$697.13 Austin, TX 78722 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) PURPOSE Printing flyers **Advertising Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Worley Printing 11/18/2014 Amount (\$) Payee address City; State; Zip Code

3217 N IH-35 \$145.06 Austin, TX 78722 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) Event invitation printing **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name 11/18/2014 Worley Printing Payee address City; State; Zip Code Amount (\$) 3217 N IH-35 \$1,006.18 Austin, TX 78722 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Yard signs Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

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

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	
	The Instruction Guide explains how	w to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filer
Schedule: 12/12	Report: 32/32 Pool, Leslie (Ms.)	1111111
4 Date	5 Payee name	
11/19/2014	Worley Printing	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$1,816,44	3217 N IH-35 Austin, TX 78722	
	Austin, 17 70722	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE	Advertising Expense	Printing & mailing postcards
OF EXPENDITURE		
EXI CHOITOILE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/20/2014	Worley Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$1,783.96		
ψ1,700.00	Austin, TX 78722	
DUDBOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Printing & mailing postcards
EXPENDITURE		
Complete Chill V 3	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officenoider name	Office sought. Office field.
to benefit C/OH		
Date	Payee name	
11/21/2014	Worley Printing	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address City; State; Zip Code	
\$1,937.68	3217 N IH-35	
	Austin, TX 78722	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Printing & mailing postcards
OF EXPENDITURE	The remaining Experies	
EXI ENDITORIE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/21/2014	Worley Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$1,700.61	3217 N IH-35	
ψ1,100.01	Austin, TX 78722	
DUDDOG	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Printing & mailing postcards
EXPENDITURE		<u> </u>
Complete OALL 2.2	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Oniceroider name	Office sought. Office field.

FEC FORM 1

STATEMENT OF ORGANIZATION

		·	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
International Brotherho	ood of Electrical Work	cers Political Action Con	nmittee
	<u> </u>	<u> </u>	
ADDRESS (number and street)	[900 Seventh St, N	<u>1</u> W, , , , , , , , , , , , ,	
(Check if address is changed)			<u> </u>
	[<mark>Washington, , ,</mark> cιτγ Δ		DC 20001 - I ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ss		
(Check if address is changed)	PACReports@il	bew.org. , , , , , ,	<u> </u>
· · · · · · · · · · · · · · · · · · ·	Optional Second E-Mail Ac	ddress	<u></u>
(Check if address is changed)			
2. DATE 08 01	2014		·
3. FEC IDENTIFICATION NU	Separationem	C00027342	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the best	t of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Salvatore J. Chilia		
Signature of Treasurer	Muthow	A Guya	Date 08 / 01 / 2014
		may subject the person signing the ION SHOULD BE REPORTED W	nis Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ontact: FEC FORM 1

a	a	e	2

		COMMITTEE
(a)	ididate	This committee is a principal campaign committee. (Complete the candidate information below.)
	2 (20)	
(b)	Edward (This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Nam Can	ne of didate	
	didate y Affiliati	Office State on Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cano	e of didate	
Par	ty Cor	nmittee:
(d)	dute 1 1 a 2 a 2 a	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Poli	itical A	ction 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)	Sec 1788	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party
	ಕ್ಷೀಪರೆ	committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC, (Identify sponsor on line 6.)
		III addition, this committee is a Leadership PAC. (identity sponsor on line 6.)
Join		Iraising Representative:
(g)	A Company of the Comp	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)	1 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number
	3.	FEC ID number
	4.	
		San State Control of the Control of

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N	Name	
nternational Brotherhood c	of Electrical Workers Political Action Committee	
Name of Any Connecte	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
. [.] [.d] [.d] [.d]		
International Brothe	erhood of Electrical Workers	
	1000 7th Street NWA	
Mailing Address	900 7th Street, NW	
		20001
	CITY STATE	ZIP CODE
Relationship: X Conne	ected Organization 👸 Affiliated Committee 🧖 Joint Fundraising Representative 🚦	Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Full Name Mrs	Ann Miller	·
Mailing Address	[900 7th St _ ,	
		41,24,1111
	[Washington DC]	20001 - []
Title or Position	CITY STATE	ZIP CODE
Director, IBEW	Polit Telephone number [202]	1720 16046
	istephone number	- [728] - [6046]
	e and address (phone number optional) of the treasurer of the committee; and the	
Treasurer: List the name any designated agent (e.ç	e and address (phone number optional) of the treasurer of the committee; and the	
Treasurer: List the name any designated agent (e.g	e and address (phone number optional) of the treasurer of the committee; and the discussion of the committee; and the committee; a	
Treasurer: List the name any designated agent (e.g. Fult Name of Treasurer	e and address (phone number optional) of the treasurer of the committee; and the description of the committee; and the commi	
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Treasurer: List the name any designated agent (e.g. Fult Name of Treasurer	e and address (phone number optional) of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of the treasurer of the committee; and the description of t	he name and address of

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Full Name of Designated Agent							-1
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Full Name of Designated Agent				1 1 .	
Mailing Address	<u> </u>	<u></u>		. !	
	1		1		
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Title or Position		:			
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Name of Bank, D	Amalgamated Bar		. (<u></u>	<u></u>	
	epository, etc. Amalgamated Bar			<u> </u>	
	epository, etc. Amalgamated Bar	Street, N.W.			20006 ;-1
	Amalgamated Bar	Street, N.W.		الــــــــــــــــــــــــــــــــــ	
Mailing Address	Amalgamated Bar 1825 K S Washing	Street, N.W.		الــــــــــــــــــــــــــــــــــ	20006
Mailing Address	Amalgamated Bar 1825 K S Washing	Street, N.W.		TC	20006
Mailing Address Name of Bank, De	Amalgamated Bar 1825,K.S Washing	Street, N.W.		TC	20006 -
Mailing Address Name of Bank, De	Amalgamated Bar 1825,K.S Washing	Street, N.W.		TC	20006 -
Mailing Address Name of Bank, De	Amalgamated Bar 1825,K.S Washing	Street, N.W.	STA	TC	20006 -

FEC FORM 1

STATEMENT OF **ORGANIZATION**

." ce	USA	Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type

over the lines.

12FE4M5

AMEDICAN CEDEDATION OF OTHER ASSOCIATION	
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES	_
The state of the s	-

	1625 L Street N	w					
ODRESS (number and street)							
(Check if address							
is changed)	Washington				DC .	20036	
					- 4 -		
			CITY		STATE		ZIP CODE
OMMITTEE'S E-MAIL ADDRES	SS (Please provide	only one	e-mail addr	ess)			
	;taggan@afscr	ne.org					
iCheck if address is changed)	· - · · · · · · · · · · · · · · · · · ·			· 			
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FEC IDENTIFICATION NU	MBER	C	00011114	· ·			
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IS THIS STATEMENT	NEW (N)	OR	×	AMENDED (A)			
							
ertify that I have examined this	Statement and	to the best	of my kno	wledge and belief	it is true, corre	ct and com	plete.
be or Print Name of Treasurer	LAURA M. REY	FS.					
	D. 101.01.11.11.11.11.11.11.11.11.11.11.11.						
LAURA	M. REYES						
nature of Treasurer					Date 0	6 2	22 2012
					···		
ΓΕ: Submission of false, erroneo	us, or incomplete	niormation	may subject	the person signing	this Statement	to the penal	ties of 2 U.S.C. §437
Ä	NY CHANGE IN II	NFORMATIC	ON SHOULI	D BE REPORTED	WITHIN 10 DAY	3.	
Office Use			For	further information teral Election Commis	contact:		FORM 1

-TYPE-OF C	OMMITTEE	·			· · · · · · · · · · · · · · · · · · ·
Candidate	Committee:				
- 4)	This committee is a principal campaig	n committee. (Complet	e the candidate inf	ormation below.)
· b)	This committee is an authorized comminformation below.)	mittee, and is NOT a p	rincipal campaign o	committee. (Con	nplete the candidate
Name of Candidate					
Candidate Party Affiliati	Office on Sought:	House	Senat e	President	State District
(C)	This cammittee supports/appases anly	y one candidate, and is	NOT an authorize	ed committee.	
Name of Candidate					
Party Con	nmittee:	National. State			(Democratic.
(d)	This committee is a	or subordinate) com	imittee of the		Republican, etc.) Party.
Political A	ction Committee (PAC):				
(e) X	This committee is a separate segrega	ated fund. (Identify conn	ected organization	on line 6.) Its co	nnected organization is a:
	Corporation	Corporati	on w/o Capital Sto	ck ×	Labor Organization
	Membership Organization	Trade Ass	sociation		Cooperative
	In addition, this commit	ttee is a Lobbyist/Regist	rant PAC.		-
(t) .	This committee supports/opposes mo committee. (i.e., nonconnected commit		andidate, and is NO	OT a separate s	egregated fund or party
	in addition, this committee is a	Lobbyist/Registrant PA	C.		
	In addition, this committee is a	Leadership PAC. (Ident	lify spansor on line	6.)	
Joint Fund	draising Representative:				
r g) .	This committee collects contributions, committees/organizations, at least one	pays fundraising expense of which is an authorize	es and disburses ned committee of a fe	et proceeds for ederal candidate	two or more political
(h)	This committee collects contributions, positives/organizations, none of which				two or more political
Com	mittees Participating in Joint Fundr	raiser			
1.			FEC ID nu	прег С	
2.			FEC ID nui	mber C	·
3.			FEC ID nui	mber C	
4.			FEC ID nur	mber C	

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Full Name of Designated Agent			
Mailing Address			
,			
	CITY	STATE	ZIP CODE
Title or Position	·		
	· · · · · · · · · · · · · · · · · · ·	Telephone number	
			·
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		in which the committee deposits fun	ds, holds accounts, rents
Name of Bank, Deposit	bry, etc.		
AM	ALGAMATED BANK		
		- 	. <u>. </u>
AMA			
	275 7th Avenue	NY .	
	275 7th Avenue		
	275 7th Avenue New York CITY	NY .	10001
Mailing Address Name of Bank, Deposite	275 7th Avenue New York CITY	NY .	10001
Mailing Address Name of Bank, Deposite	275 7th Avenue New York CITY ory, etc.	NY .	10001
Mailing Address Name of Bank, Deposite	275 7th Avenue New York CITY Ory, etc. NK OF AMERICA 730 15th Street NW	NY .	10001
Mailing Address Name of Bank, Deposite	275 7th Avenue New York CITY Ory, etc. NK OF AMERICA 730 15th Street NW	NY .	10001

Write or Type Committee Name

Title or Position

SECRETARY-TREASURER

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES 1625 L Street NW Mailing Address Washington 20036 ac CITY STATE ZIP CODE Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. **CHARLES JURGONIS** Full Name 1625 L Street NW Mailing Address. 20036 Washington DC Title or Position CITY ZIP CODE STATE DIRECTOR 202 429 1007 Telephone number 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). LAURA M. REYES Full Name of Treasurer 1625 L Street NW Mailing Address Washington ΟÇ 20036 CITY STATE ZIP CODE

202

Telephone number

129

1200

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

d 06/2011)		2age 5
ee: List all banks or other depositories in which the	committee deposits funds	holds accounts, rents
		[ADDITIONAL]
		
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	<u> </u>	<u> </u>
CITY A	STATE	7/2 5005
	JIAIEZ	ZIP CODE A
AFSCME PUBLIC EMPLOYEES ORGANIZE	D FOR POL & LEG E	QUALITY (DC37PEO
	 	
125 Barclay Street		_ <u></u>
<u>Learning</u>		
New York	L NY	10007
CITY	STATE 🏝	ZIP CODE 📤
Affiliated Committee Joint Fundraising	g Representative Le	adership PAC Sponsor
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ו ו	rganization, Affiliated Committee, Joint Fundraisin AFSCME PUBLIC EMPLOYEES ORGANIZE 125 Barclay Street New York CITY	CITY 4 STATE 4 CITY 4 STATE 4 rganization, Affiliated Committee, Joint Fundraising Representative, or Lea AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG E 125 Barclay Street New York New York NY STATE 4