

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:																						
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">Ms</td> <td style="text-align: center;">Leslie</td> <td></td> <td colspan="2"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="text-align: center;">Pool</td> <td></td> <td colspan="2"></td> </tr> </table>				MS / MRS / MR	FIRST	MI			Ms	Leslie				NICKNAME	LAST	SUFFIX				Pool				OFFICE USE ONLY Date Received <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2016 JAN 6 PM 2 38 RECEIVED AUSTIN CITY CLERK </div>	
	MS / MRS / MR	FIRST	MI																							
Ms	Leslie																									
NICKNAME	LAST	SUFFIX																								
	Pool																									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4503 Shoal Creek Blvd, Austin TX 78756 <input type="checkbox"/> Change of Address																										
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:20%; font-size: small;">PHONE NUMBER</td> <td style="width:20%; font-size: small;">EXTENSION</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">(512)</td> <td style="text-align: center;">751-1640</td> <td></td> <td colspan="2"></td> </tr> </table>				AREA CODE	PHONE NUMBER	EXTENSION			(512)	751-1640				Date Hand-delivered or Date Postmarked											
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	Mr	Chad																								
NICKNAME	LAST	SUFFIX																								
	Williams																									
Date Processed				Amount																						
Date Imaged																										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7500 Greenhaven, Austin TX 78757																									
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td colspan="2"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td colspan="2"><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)												
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">July</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2015</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">December</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2015</td> </tr> </table>					Month	Day	Year		Month	Day	Year	July	1	2015	THROUGH	December	31	2015							
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<input type="checkbox"/> General	<input type="checkbox"/> Special																									
Other Description																										
12 OFFICE	OFFICE HELD (if any) Austin City Council District 7		13 OFFICE SOUGHT (if known)																							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

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

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

**EXPENDITURE
TOTALS**

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

**CONTRIBUTION
BALANCE**

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

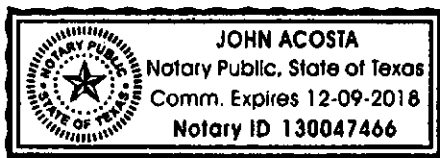
\$ \$215.50

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ \$27,500.00

18 AFFIDAVIT



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

Leslie Pool

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leslie Pool, this the 6 day of January, 20 16, to certify which, witness my hand and seal of office.

John Acosta
Signature of officer administering oath

John Acosta
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Leslie Pool		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$