# CANDIDATE / OFFICEHOLDER
# CAMPAIGN FINANCE REPORT

| The C/OH Instruction Guide explains how to complete this form. | **1** Filer ID (Ethics Commission Filers) | **2** Total pages filed: 6 |
|---|---|---|

| **3** CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR     FIRST    Leslie     MI <br> NICKNAME    LAST    Pool     SUFFIX | **OFFICE USE ONLY** <br> Date Received |
|---|---|---|
| **4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS <br> ☐ Change of Address | ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE <br> 4503 Shoal Creek Blvd <br> Austin, TX 78756 | OCC RECEIVED AT <br> JUL 11 '18 AM11:51 |
| **5** CANDIDATE / OFFICEHOLDER PHONE | AREA CODE    PHONE NUMBER     EXTENSION <br> ( 512 )    751.1640 | Date Hand-delivered or Date Postmarked |
| **6** CAMPAIGN TREASURER NAME | MS / MRS / MR    FIRST    Chad     MI <br> NICKNAME    LAST    Williams     SUFFIX | Receipt #    Amount $ <br> Date Processed <br> Date Imaged |

| **7** CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE <br> 7500 Greenhaven, Austin, Texas 78757 |
|---|---|
| **8** CAMPAIGN TREASURER PHONE | AREA CODE    PHONE NUMBER     EXTENSION <br> ( 512 )    451.6976 |

**9 REPORT TYPE**

☐ January 15     ☐ 30th day before election     ☐ Runoff     ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☒ July 15     ☐ 8th day before election     ☐ Exceeded $500 limit     ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year    January / 1 / 2018    THROUGH    Month / Day / Year    June / 30 / 2018

**11 ELECTION**

ELECTION DATE    Month / Day / Year    ☐ Primary   ☐ Runoff    ☐ General   ☐ Special

ELECTION TYPE    ☐ 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

| 14 C/OH NAME | 15 Filer ID (Ethics Commission Filers) |
|---|---|
| Leslie Pool | |

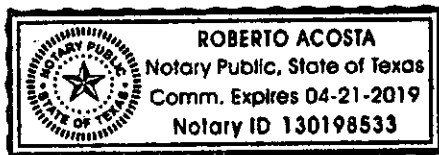| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* 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 |
| ☐ Additional Pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| 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** | $ | 140.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ | 8,919.38 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ | 52,500.00 |

## 18 AFFIDAVIT

ROBERTO ACOSTA
Notary Public, State of Texas
Comm. Expires 04-21-2019
Notary ID 130198533

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.

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ___LESLIE POOL___, this the __11TH__ day of __JULY__, 20_18_, to certify which, witness my hand and seal of office.

| _____ | _____ | _____ |
|---|---|---|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
| | ROBERTO ACOSTA | NOTARY PUBLIC |

# SUBTOTALS - C/OH

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Leslie Pool | |

| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☒ | SCHEDULE E: LOANS | $ 52,500.00 |
| 5. | ☒ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 140.00 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☒ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | ☐ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# LOANS

## SCHEDULE E

| The Instruction Guide explains how to complete this form. | **1** Total pages Schedule E: |
|---|---|
| | 1 |

| **2** FILER NAME | **3** Filer ID (Ethics Commission Filers) |
|---|---|
| Leslie Pool | |

| **4** TOTAL OF UNITEMIZED LOANS | $ 52,500 |
|---|---|

| **5** Date of loan | **7** Name of lender ☐ out-of-state PAC (ID#:_____ ) | **9** Loan Amount ($) |
|---|---|---|
| 10.2016 | Leslie Pool | 25,000 |

| **6** Is lender a financial Institution? <br> Y  N | **8** Lender address:  City;  State;  Zip Code <br> 4503 Shoal Creek Blvd. Austin, TX 78756 | **10** Interest rate <br> NA <br> **11** Maturity date <br> NA |
|---|---|---|

| **12** Principal occupation / Job title (See Instructions) | **13** Employer (See Instructions) |
|---|---|
| | |

| **14** Description of Collateral <br> ☒ none | **15** Check if personal funds were deposited into political account (See Instructions) <br> ☒ |
|---|---|

| **16** GUARANTOR INFORMATION | **17** Name of guarantor <br><br> **18** Guarantor address;  City;  State;  Zip Code | **19** Amount Guaranteed ($) |
|---|---|---|
| ☒ not applicable | | |

| **20** Principal Occupation (See Instructions) | **21** Employer (See Instructions) |
|---|---|
| | |

| Date of loan | Name of lender ☐ out-of-state PAC (ID#:_____ ) | Loan Amount ($) |
|---|---|---|
| 10.2014 | Leslie Pool | 27,500 |

| Is lender a financial Institution? <br> Y  N | Lender address:  City;  State;  Zip Code <br> 4503 Shoal Creek Blvd.  Austin, TX 78756 | Interest rate <br> NA <br> Maturity date <br> NA |
|---|---|---|

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Description of Collateral <br> ☒ none | Check if personal funds were deposited into political account (See Instructions) <br> ☒ |
|---|---|

| GUARANTOR INFORMATION | Name of guarantor <br><br> Guarantor address;  City;  State;  Zip Code | Amount Guaranteed ($) |
|---|---|---|
| ☒ not applicable | | |

| Principal Occupation (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: 1 | 2 FILER NAME Leslie Pool | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

| 4 Date June 29, 2018 | 5 Payee name DFusion Media |
|---|---|

| 6 Amount ($) | 7 Payee address;          City;   State;   Zip Code 1102 Brookswood Avenue, Austin, Texas 78721 |
|---|---|

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) hosting and domain renewal | (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
|---|---|---|

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Leslie Pool | Office sought | Office held Council Member |
|---|---|---|---|

| Date | Payee name |
|---|---|

| Amount ($) | Payee address;          City;   State;   Zip Code |
|---|---|

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 |
|---|---|

| Amount ($) | Payee address;          City;   State;   Zip Code |
|---|---|

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
|---|---|---|

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule F4: 1 | 2 FILER NAME Leslie Pool | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | $ 140.00 |
|---|---|

| 5 Date June 29, 2018 | 6 Payee name DFusion Media |
|---|---|

| 7 Amount ($) 140.00 | 8 Payee address; City; State; Zip Code 1102 Brookswood Avenue, Austin, Texas 78721 |
|---|---|

**9 TYPE OF EXPENDITURE**  [x] Political   [ ] Non-Political

**10 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule)

hosting and domain renewal

(b) Description

[ ] Check if travel outside of Texas. Complete Schedule T.

[ ] Check if Austin, TX, officeholder living expense

**11 Complete ONLY if direct expenditure to benefit C/OH**

| Candidate / Officeholder name | Office sought | Office held |
|---|---|---|
| Leslie Pool | | Council Member |

---

Date

Payee name

Amount ($)

Payee address;    City;   State;   Zip Code

**TYPE OF EXPENDITURE**  [ ] Political   [ ] Non-Political

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule)

Description

[ ] Check if travel outside of Texas. Complete Schedule T.

[ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name     Office sought     Office held

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**