

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 11111111	2 PAGE # 1 of 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Leslie		OFFICE USE ONLY Date Received OCT 27 PM AUSTIN CITY CLERK RECEIVED 43
	NICKNAME LAST SUFFIX Pool		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4503 Shoal Creek Blvd Austin, TX 78756		Date Hand-delivered; Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Chad		Date Processed
	NICKNAME LAST SUFFIX Williams		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7500 Greenhaven Dr Austin, TX 78757		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 451-6976		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    Month Day Year 09/26/2014    THROUGH    10/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Austin City Council District 7	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME Pool, Leslie (Ms.)

14 ACCOUNT # (Ethics Commission filers)  
11111111

15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME  
Sierra Club Political Committee of Texas

☒ GENERAL

COMMITTEE ADDRESS  
615 Willow  
San Antonio, TX 78202

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME  
Gonzalez, Hector (Mr.)

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS  
615 Willow  
San Antonio, TX 78202

16 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,050.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,575.00
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EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	79.35
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4. TOTAL POLITICAL EXPENDITURES	\$	46,016.05
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CONTRIBUTION  
BALANCE

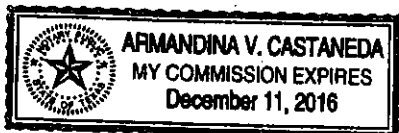
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	24,258.08
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OUTSTANDING  
LOAN TOTALS

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

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



*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 27 day of Oct, 20 14, to certify which, witness my hand and seal of office.

*Armandina V. Castaneda*  
Notary Public

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/7 Report: 3/21

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
11111111

4 Date

10/11/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Albert, David

6 Contributor address; City; State; Zip Code  
1101 Grove Blvd Apt 703  
Austin, TX 78741-3513

7 Amount of  
contribution (\$)

\$300.00

8 In-kind contribution  
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)  
Professor

10 Employer (See Instructions)  
Austin Community College

Date

10/08/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Baker, Matt

Contributor address; City; State; Zip Code  
12405 Willow Bend Dr  
Austin, TX 78758-2821

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Project Manager

Employer (See Instructions)  
Apple, Inc.

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Baker, Matt

Contributor address; City; State; Zip Code  
12405 Willow Bend Dr  
Austin, TX 78758-2821

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Project Manager

Employer (See Instructions)  
Apple, Inc.

Date

10/05/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Berkel, Suzanne

Contributor address; City; State; Zip Code  
4405 Sinclair Ave  
Austin, TX 78756

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/06/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bintiff, David

Contributor address; City; State; Zip Code  
6303 Danwood Dr  
Austin, TX 78759-4732

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/7 Report: 4/21

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
11111111

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bristol, Valerie

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

09/26/2014

6 Contributor address; City; State; Zip Code  
512 Bulfinch Ln  
Austin, TX 78746-5423

\$100.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Devin, Pat

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/11/2014

Contributor address; City; State; Zip Code  
5805 Shoal Creek Blvd  
Austin, TX 78757-3123

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Edwards, Carol

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/05/2014

Contributor address; City; State; Zip Code  
2702 Pegram Ave  
Austin, TX 78757

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Edwards, Carol

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/2014

Contributor address; City; State; Zip Code  
2702 Pegram Ave  
Austin, TX 78757

\$25.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Fayhee, Jaelene

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/2014

Contributor address; City; State; Zip Code  
4005 Wrightwood Rd  
Austin, TX 78722-1527

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 3/7 Report: 5/21

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
11111111

4 Date  
  
10/03/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Grover, Bob and Kathy

6 Contributor address; City; State; Zip Code  
10803 Basal Edge Rd  
Helotes, TX 78023-5109

7 Amount of contribution (\$)  
  
\$100.00

8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hanna, Jett

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

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

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Highsmith, Madelon

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

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

Contributor address; City; State; Zip Code  
7104 West Rim Dr  
Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

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

Contributor address; City; State; Zip Code  
3904 Sycamore Dr  
Austin, TX 78722-1230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kim, Jennifer

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

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

Contributor address; City; State; Zip Code  
755 E Oltorf St Apt 201  
Austin, TX 78704-5691

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 4/7 Report: 6/21

**2 FILER NAME** Pool, Leslie (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
11111111

**4 Date**

10/01/2014

**5 Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lehman, Chris

**6 Contributor address; City; State; Zip Code**  
1914 Larchmont Dr  
Austin, TX 78704-5936

**7 Amount of contribution (\$)**

\$350.00

**8 In-kind contribution description (if applicable)**

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

**9 Principal occupation / Job title (See Instructions)**  
Real Estate Appraiser

**10 Employer (See Instructions)**  
Self-Employed

**Date**

10/05/2014

**Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lopez, Carlos

**Contributor address; City; State; Zip Code**  
10305 James Ryan Way  
Austin, TX 78730-1506

**Amount of contribution (\$)**

\$100.00

**In-kind contribution description (if applicable)**

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

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

10/04/2014

**Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Maldonado, Alfred

**Contributor address; City; State; Zip Code**  
11608 Knollpark Dr  
Austin, TX 78758-3818

**Amount of contribution (\$)**

\$200.00

**In-kind contribution description (if applicable)**

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

**Principal occupation / Job title (See Instructions)**  
Sociology Professor

**Employer (See Instructions)**  
Austin Community College

**Date**

09/29/2014

**Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
McCann, Jana

**Contributor address; City; State; Zip Code**  
4000 Pinckney St  
Austin, TX 78723-5397

**Amount of contribution (\$)**

\$100.00

**In-kind contribution description (if applicable)**

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

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

09/26/2014

**Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
McCreary, Lou

**Contributor address; City; State; Zip Code**  
1108 Snowy Owl Ct  
Austin, TX 78746-6647

**Amount of contribution (\$)**

\$100.00

**In-kind contribution description (if applicable)**

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

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 5/7 Report: 7/21

**2 FILER NAME** Pool, Leslie (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
11111111

**4 Date** 10/17/2014 **5 Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Romanczak, Marlene

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

\$200.00

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

**6 Contributor address; City; State; Zip Code**  
11 Niles Rd  
Austin, TX 78703-3138

**9 Principal occupation / Job title (See Instructions)**  
Homemaker

**10 Employer (See Instructions)**  
None

**Date** 10/16/2014 **Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Scaperotta, Wendy

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

\$350.00

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

**Contributor address; City; State; Zip Code**  
1502 Payne Ave  
Austin, TX 78757-2924

**Principal occupation / Job title (See Instructions)**  
Planning Project Manager

**Employer (See Instructions)**  
Travis County

**Date** 09/27/2014 **Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Seals, Bradley

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

\$100.00

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

**Contributor address; City; State; Zip Code**  
2301 Lawnmont Ave Apt 3  
Austin, TX 78756

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date** 10/22/2014 **Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Von Quintus, Linda

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

\$100.00

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

**Contributor address; City; State; Zip Code**  
2303 Lear Ln  
Austin, TX 78745

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date** 10/15/2014 **Full name of contributor** ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Walker, Bonnie

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

\$200.00

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

**Contributor address; City; State; Zip Code**  
2905 Skylark Dr  
Austin, TX 78757-2032

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/7 Report: 8/21

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
11111111

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Walker, Mark

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

09/27/2014

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

\$250.00

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

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

10 Employer (See Instructions)  
NRG Energy Company

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Walker, Mark

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/25/2014

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

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Wiederspahn, Susan

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/09/2014

Contributor address; City; State; Zip Code  
1914 Patton Ln  
Austin, TX 78723

\$200.00

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

Principal occupation / Job title (See Instructions)  
Laboratory Research

Employer (See Instructions)  
Brackenridge Hospital

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Williams, Giselle

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

09/27/2014

Contributor address; City; State; Zip Code  
7500 Greenhaven Dr  
Austin, TX 78757

\$100.00

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

Principal occupation / Job title (See Instructions)  
Teacher

Employer (See Instructions)  
AISD

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Williams, Giselle

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/21/2014

Contributor address; City; State; Zip Code  
7500 Greenhaven Dr  
Austin, TX 78757

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/7 Report: 9/21

2 FILER NAME Pool, Leslie (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
11111111

4 Date

10/05/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Young, Linda

6 Contributor address: City: State: Zip Code  
7000 Timarou Ter  
Austin, TX 78754

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)  
Assistant to the President

10 Employer (See Instructions)  
Austin Community College

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/12 Report: 10/21		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/17/2014	5 Payee name Austin Chronicle				
6 Amount (\$) \$2,113.00	7 Payee address City, State, Zip Code PO Box 49066 Austin, TX 78765				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Newspaper ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought: Office held:		
Date 10/15/2014	Payee name Constant Contact				
Amount (\$) \$76.00	Payee address City, State, Zip Code 1601 Trapelo Rd Waltham, MA 02451				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Constant Contact subscription <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought: Office held:		
Date 10/25/2014	Payee name Dickinson, Aaron				
Amount (\$) \$178.00	Payee address City, State, Zip Code 1905 Nueces Ave Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought: Office held:		
Date 10/21/2014	Payee name El Mercado				
Amount (\$) \$350.00	Payee address City, State, Zip Code 7414 Burnet Rd Austin, TX 78757				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for campaign event <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought: Office held:		

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/12 Report: 11/21		<b>2 FILER NAME</b> Pool, Leslie (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 11111111	
<b>4 Date</b> 09/29/2014	<b>5 Payee name</b> Emmons, Joe				
<b>6 Amount (\$)</b> \$625.00	<b>7 Payee address</b> City, State, Zip Code 403 Blackson Ave Austin, TX 78752				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/06/2014	<b>Payee name</b> Emmons, Joe				
<b>Amount (\$)</b> \$625.00	<b>Payee address</b> City, State, Zip Code 403 Blackson Ave Austin, TX 78752				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/14/2014	<b>Payee name</b> Emmons, Joe				
<b>Amount (\$)</b> \$625.00	<b>Payee address</b> City, State, Zip Code 403 Blackson Ave Austin, TX 78752				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/21/2014	<b>Payee name</b> Emmons, Joe				
<b>Amount (\$)</b> \$625.00	<b>Payee address</b> City, State, Zip Code 403 Blackson Ave Austin, TX 78752				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/12 Report: 12/21		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/23/2014	5 Payee name Emmons, Joe				
6 Amount (\$) \$625.00	7 Payee address City, State; Zip Code 403 Blackson Ave Austin, TX 78752				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/06/2014	Payee name Evans, Chris				
Amount (\$) \$300.00	Payee address City, State; Zip Code 807 Brazos St Ste 316 Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Finance report preparation <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/26/2014	Payee name FedEx Office				
Amount (\$) \$119.35	Payee address City, State; Zip Code 327 Congress Ave Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs for event <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/01/2014	Payee name Gibbons, Heidi				
Amount (\$) \$500.00	Payee address City, State; Zip Code 613 Hearn St Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/12 Report: 13/21		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/16/2014	5 Payee name Gibbons, Heidi				
6 Amount (\$) \$500.00	7 Payee address City, State; Zip Code 613 Hearn St Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought: Office held:		
Date 09/27/2014	Payee name Ginny's Little Longhorn Saloon				
Amount (\$) \$425.00	Payee address City, State; Zip Code 5434 Burnet Rd Austin, TX 78756				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event space rental, food		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought: Office held:		
Date 09/29/2014	Payee name InFocus Campaigns, LLC				
Amount (\$) \$418.88	Payee address City, State; Zip Code PO Box 10726 Fort Worth, TX 76114				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated calls		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought: Office held:		
Date 10/16/2014	Payee name InFocus Campaigns, LLC				
Amount (\$) \$220.00	Payee address City, State; Zip Code PO Box 10726 Fort Worth, TX 76114				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated calls		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought: Office held:		

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/12 Report: 14/21		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/27/2014	5 Payee name OfficeMax				
6 Amount (\$) \$17.08	7 Payee address City, State; Zip Code 907 W Fifth St Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/07/2014	Payee name OfficeMax				
Amount (\$) \$5.40	Payee address City, State; Zip Code 4615 N Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CD-Rs <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/08/2014	Payee name OfficeMax				
Amount (\$) \$136.75	Payee address City, State; Zip Code 4615 N Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ink and stationery <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/10/2014	Payee name OfficeMax				
Amount (\$) \$34.95	Payee address City, State; Zip Code 907 W Fifth St Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/12 Report: 15/21		<b>2 FILER NAME</b> Pool, Leslie (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 11111111	
<b>4 Date</b> 10/25/2014	<b>5 Payee name</b> OfficeMax				
<b>6 Amount (\$)</b> \$33.91	<b>7 Payee address</b> City, State; Zip Code 907 W Fifth St Austin, TX 78703				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> _____ <b>Office held:</b> _____				
<b>Date</b> 10/02/2014	<b>Payee name</b> Sage Payment Solutions				
<b>Amount (\$)</b> \$223.79	<b>Payee address</b> City, State; Zip Code 1750 Old Meadow Rd Ste 300 McLean, VA 22102				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online contribution fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> _____ <b>Office held:</b> _____				
<b>Date</b> 10/12/2014	<b>Payee name</b> Shutterstock, Inc.				
<b>Amount (\$)</b> \$29.00	<b>Payee address</b> City, State; Zip Code 350 Fifth Ave 21st Flr New York, NY 10118				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Art for mail piece		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> _____ <b>Office held:</b> _____				
<b>Date</b> 10/20/2014	<b>Payee name</b> Shutterstock, Inc.				
<b>Amount (\$)</b> \$29.00	<b>Payee address</b> City, State; Zip Code 350 Fifth Ave 21st Flr New York, NY 10118				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Art for mail piece		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> _____ <b>Office held:</b> _____				

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/12 Report: 16/21		<b>2 FILER NAME</b> Pool, Leslie (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 11111111	
<b>4 Date</b> 10/18/2014	<b>5 Payee name</b> Smith, Natasha (M.)				
<b>6 Amount (\$)</b> \$540.00	<b>7 Payee address</b> City: State: Zip Code 2207 Leon St Austin, TX 78705				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> _____ <b>Office sought:</b> _____ <b>Office held:</b> _____				
<b>Date</b> 10/20/2014	<b>Payee name</b> Spence, Steven				
<b>Amount (\$)</b> \$132.00	<b>Payee address</b> City: State: Zip Code 7707 S IH-35 Apt 230 Austin, TX 78744				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> _____ <b>Office sought:</b> _____ <b>Office held:</b> _____				
<b>Date</b> 10/25/2014	<b>Payee name</b> Spence, Steven				
<b>Amount (\$)</b> \$408.00	<b>Payee address</b> City: State: Zip Code 7707 S IH-35 Apt 230 Austin, TX 78744				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staffing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> _____ <b>Office sought:</b> _____ <b>Office held:</b> _____				
<b>Date</b> 09/30/2014	<b>Payee name</b> US Postal Service				
<b>Amount (\$)</b> \$3,867.79	<b>Payee address</b> City: State: Zip Code 8225 Cross Park Dr Austin, TX 78710				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure</b>	<b>Candidate / Officeholder name</b> _____ <b>Office sought:</b> _____ <b>Office held:</b> _____				



# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/12 Report: 17/21		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/09/2014	5 Payee name US Postal Service				
6 Amount (\$) \$26.46	7 Payee address City, State; Zip Code 2418 Spring Ln Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 10/15/2014	Payee name US Postal Service				
Amount (\$) \$3,767.21	Payee address City, State; Zip Code 8225 Cross Park Dr Austin, TX 78710				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 10/20/2014	Payee name US Postal Service				
Amount (\$) \$49.00	Payee address City, State; Zip Code 4300 Speedway Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 10/20/2014	Payee name US Postal Service				
Amount (\$) \$1,986.89	Payee address City, State; Zip Code 8225 Cross Park Dr Austin, TX 78710				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure	Candidate / Officeholder name Office sought: Office held:				

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/12 Report: 18/21		2 FILER NAME Pool, Leslie (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/22/2014	5 Payee name US Postal Service				
6 Amount (\$) \$2,278.72	7 Payee address City, State, Zip Code 8225 Cross Park Dr Austin, TX 78710				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/23/2014	Payee name US Postal Service				
Amount (\$) \$2,506.46	Payee address City, State, Zip Code 8225 Cross Park Dr Austin, TX 78710				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/26/2014	Payee name Worley Printing				
Amount (\$) \$3,754.11	Payee address City, State, Zip Code 3217 N IH-35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing mail piece <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/30/2014	Payee name Worley Printing				
Amount (\$) \$427.59	Payee address City, State, Zip Code 3217 N IH-35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pushcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:		Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/12 Report: 19/21	2 FILER NAME Pool, Leslie (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 10/10/2014	5 Payee name Worley Printing
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6 Amount (\$) \$125.57	7 Payee address City: State: Zip Code 3217 N IH-35 Austin, TX 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Invitations
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/13/2014	Payee name Worley Printing
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Amount (\$) \$132.07	Payee address City: State: Zip Code 3217 N IH-35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event item printing
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/15/2014	Payee name Worley Printing
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Amount (\$) \$2,673.78	Payee address City: State: Zip Code 3217 N IH-35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer printing
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

## EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 11/12 Report: 20/21		<b>2 FILER NAME</b> Pool, Leslie (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 11111111	
<b>4 Date</b> 10/15/2014	<b>5 Payee name</b> Worley Printing				
<b>6 Amount (\$)</b> \$2,498.41	<b>7 Payee address</b> City: State: Zip Code 3217 N IH-35 Austin, TX 78722				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/16/2014	<b>Payee name</b> Worley Printing				
<b>Amount (\$)</b> \$3,670.76	<b>Payee address</b> City: State: Zip Code 3217 N IH-35 Austin, TX 78722				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/20/2014	<b>Payee name</b> Worley Printing				
<b>Amount (\$)</b> \$2,815.58	<b>Payee address</b> City: State: Zip Code 3217 N IH-35 Austin, TX 78722				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/24/2014	<b>Payee name</b> Worley Printing				
<b>Amount (\$)</b> \$2,413.98	<b>Payee address</b> City: State: Zip Code 3217 N IH-35 Austin, TX 78722				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 12/12 Report: 21/21		<b>2 FILER NAME</b> Pool, Leslie (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 11111111	
<b>4 Date</b> 10/24/2014	<b>5 Payee name</b> Worley Printing				
<b>6 Amount (\$)</b> \$2,615.86	<b>7 Payee address</b> City:   State:   Zip Code 3217 N IH-35 Austin, TX 78722				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Printing Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Mailer printing		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				