CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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The C/OH Instruction Gu	uide explains how to complete this form.	1 Filer ID	2 Total pages filed: 9
	I		2 2
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Leslie	MI	OFFICE USE ONEY
NAME			Date Received R T R
	NICKNAME LAST	SUFFIX	S S
	Pool		PF PF
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CI	TY; ZIP CODE	Date Hand-delivered of Date Postmarket
OFFICEHOLDER MAILING ADDRESS	4503 Shoal Creek Blvd		Receipt #
Change of Address	Austin, TX 78756		Date Processed
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	
NAME	Chad		
	NICKNAME LAST	SUFFIX	
	Williams		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY	STATE; ZIP CODE
ADDRESS	7500 Greenhaven Dr, Austir	n, Texas 78757	
(Residence or Business)			
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	512-451-6976		
8 REPORT TYPE	January 15 30th day before	re election Runoff	15th day after campaign treasurer
	X July 15 Sth day before	e election Exceeded \$500 (imit	appointment (officeholder only) Final Report (Attach C/OH-FR)
		in the processing of the proce	ar archest vivione a production
9 PÉRIOD COVERED	Month Day Year	Month Day	Year Jak
	01/01/2015 T	HROUGH (06/30/20	consign of Balanty
10 ELECTION	ELECTION DATE	ÉLECTION, TYPE:::	
·	l	Primary Runoff	Other
		General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGH	T (if known)
·	Austin City Council District 7		
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	GO	TO PAGE 2	
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

				2 01 3			
13 C / OH NAME	Pool, Leslie	· .	14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this information	the candidate's or officel	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<u> </u>	ヿ		
	GENERAL	COMMITTEE ADDRESS					
÷	SPECIFIC	COMMITTEE ADDRESS					
y - 5.4 •	,						
<u> </u>							
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
	·						
16 CONTRIBUTION	TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER	THAN PLEDGES,	T ₄	_		
TOTALS	LOANS, OR GU	ARANTEES OF LOANS), UNLESS ITEMIZED	· '	\$ C	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0	0.00		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 15,213	3.19		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 215.50						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 27,500	0.00		
17 AFFADAVIT							
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.					
ROBERTO ACOSTA Notary Public. State of Texas My Commission Expires April 21, 2019							
Signature of Candidate or Officeholder							
AFFW NA	TADV STAND (SEAL AS	•					
AFFIX NO	TARY STAMP / SEAL ABO	_	^	h			
Sworn to and subscribed before me, by the said <u>ESLIE POOL</u> , this the <u>914</u> day of <u>July</u> , 20 <u>15</u> , to certify which, witness my hand and seal of office.							
ed A	Roll Area DIRECTO A COMPARY						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 9 FILER NAME Pool, Leslie SCHEDULE SUBTOTALS SUBTOTAL AMOUNT

	ol, Lesi		Ta Lifet ID	
		SUBTOTALS 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		\$
5.	х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 13,000.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	'	\$ 2,213.19
9.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
10	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
11	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services	als Expense	Office Overhe Polling Expen Printing Expen Salaries/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel in District Travel Out of District OTHER (enter a category not listed above	
L				The Instruction G	iuide explains ho	w to complete	this form.	,		
1	Total pages Schedule F1:	2						3	Filer ID	
Ļ	Sch: 1/1 Rpt: 4/9	Ļ	Pool, Leslie					·	<u>.</u>	
4	Date	5	Payee name							
	01/15/2015		Pool, Leslie							
6	Amount (\$) \$13,000.00	7	Payee addre	Creek Blvd	State;	Zip Code				
8	PURPOSE	(a	Category (S	ee Categories listed a	at the top of this sch	edule) (b)	Description			
	OF EXPENDITURE			yment/Reimbu			<u> </u>		of Texas. Complete Schedule T.	•
							Loan Repayr		ifficeholder living expense	
l										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sough	t		Office held	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By Printing Expense 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. 2 FILER NAME Total pages Schedule G: Filer ID Pool, Leslie Sch: 1/5 Rpt: 5/9 Date Payee name 05/11/2015 Annie's List Payee address: State: Zip Code Amount (\$) City: \$50.00 630 W 34th St #302 Reimbursement from political contributions intended Austin, TX 78705 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Anti-Defamation League 06/09/2015 Payee address; City; State; Zip Code Amount (\$) \$500.00 11940 Jollyville Rd Reimbursement from N political contributions intended Austin, TX 78759 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/22/2015 **Austin Creative Alliance** Amount (\$) Payee address; City; State; Zip Code \$50.00 6001 Airport Blvd #2280-A Reimbursement from political contributions intended X Austin, TX 78752 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **Donation** Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID Sch: 2/5 Rpt: 6/9 Pool, Leslie 4 Date Payee name 03/09/2015 Austin Parks Foundation 6 Amount (\$) Payee address; City; State; Zip Code \$250.00 507 Calles St #116 Reimbursement from political contributions intended X Austin, TX 78702 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit CIÓH Date Payee name 06/26/2015 Bluehost Inc. Payee address: City: Amount (\$) State; Zip Code 560 Timpanogos Pkwy \$143.88 Reimbursement from political contributions intended Orem. UT 84097 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Website hosting Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 05/14/2015 Bluehost Inc. Payee address: Amount (\$) City: State: Zip Code \$14.99 560 Timpanogos Pkwy Reimbursement from political contributions intended |x| Orem, UT 84097 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Website hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Consulting Expense Polling Expense Travel Out of District Contributions/ Donations Made By Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME Filer ID Sch: 3/5 Rpt: 7/9 Pool, Leslie Date Payee name 06/12/2015 Constant Contact Payee address: 6 Amount (\$) City: State: Zip Code \$76.00 1601 Trapelo Rd political contributions intended Reimbursement from lx| Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Constant Contact subscription Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 05/12/2015 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$76.00 1601 Trapelo Rd Reimbursement from political contributions intended Waltham, MA 02451 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, afficeholder living expense Advertising Expense **EXPENDITURE** Constant Contact subscription Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Pavee name 01/09/2015 Evans, Chris Amount (\$) Payee address; City: State: Zip Code \$300.00 807 Brazos St Ste 316 Reimbursement from political contributions intended [x] Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** Finance report preparation Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Consulting Expense Contributions/ Donations Made By Polling 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. Total pages Schedule G: 2 FILER NAME Filer ID Sch: 4/5 Rpt: 8/9 Pool, Leslie Date Payee name 05/21/2015 Leadership Austin Payee address: Amount (\$) City: State; Zip Code \$35.00 1609 Shoal Creek Blvd Reimbursement from political contributions Х Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete **ONLY** if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/10/2015 League of Women Voters Amount (\$) Payee address; City; State; Zip Code \$55.00 100 W 31st St #510 Reimbursement from political contributions Х Austin, TX 78705 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/05/2015 NGP VAN, Inc. Amount (\$) Payee address; City; State; Zip Code \$569.32 1101 15th St NW Ste 500 Reimbursement from political contributions Х intended Washington, DC 20005 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense **EXPENDITURE** Action ID fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

	EVENIDITIES ATTEADISE FOR DAY (/-)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
4	Total pages Cabadula Cu	3 EUED NAME		·	9 Filer ID			
1	Total pages Schedule G: Sch: 5/5 Rpt: 9/9	2 FILER NAME Pool, Leslie			3 Filer ID			
4	Date	5 Payee name						
•	02/02/2015	NGP VAN, Inc.						
6	Amount (\$)	7 Payee address; City; State; 2	Zip Co	de				
	\$9.00	1101 15th St NW Ste 500						
	Reimbursement from political contributions intended	Washington, DC 20005						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedu	ule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Solicitation/Fundraising Expense		L	Check if Austin, TX, officeholder living expense			
				Bank card service	ce fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held			
	Date	Payee name						
	01/10/2015	NGP VAN, Inc.						
	Amount (\$)	Payee address; City; State;	Zin Co	do				
	\$45.00	1101 15th St NW Ste 500	Zip Co	uc				
	•	1101 1011 0011111 010						
	X Reimbursement from political contributions intended	Washington, DC 20005						
	PURPOSE	Category (See Categories listed at the top of this schedu	ule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Solicitation/Fundraising Expense			Check if Austin, TX, officeholder living expense			
VAN Access					•			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held			
	Date	Рауее пате						
	02/28/2015	Sierra Club			·			
	Amount (\$)	Payee address; City; State;	Zip Co	de				
	\$39.00	50 F St NW #8000						
	Reimbursement from							
	x political contributions intended	Washington, DC 20001						
	PURPOSE	Category (See Categories listed at the top of this schedu	ule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Contributions/Donations Made By		•	Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committ	tee	Donation				
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held			
	C/OH							
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