#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00090154 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Leslie NAME Date Received **ELECTRONICALLY FILED** 01/04/2021 NICKNAME LAST **SUFFIX** Pool ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked CANDIDATE / ZIP CODE **OFFICEHOLDER** 4503 Shoal Creek Blvd MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78756 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Chad NAME NICKNAME LAST **SUFFIX** Williams STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 7500 Greenhaven **ADDRESS** (Residence or Business) Austin, TX 78757 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION**

**TREASURER** 

**PHONE** 

REPORT TYPE

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

(512) 451-6976

January 15

Day

Day

11/03/2020

OFFICE HELD (if any)

Council Member, District 7

**ELECTION DATE** 

10/25/2020

Year

Year

July 15

Month

Month

30th day before election

8th day before election

**THROUGH** 

Primary

χ General

Runoff

Exceeded \$500 limit

Month

**ELECTION TYPE** 

Runoff

Special

Day

12/31/2020

12 OFFICE SOUGHT (if known)

Council Member, District 7

Year

Other

15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 6

13 C / OH NAME	Pool, Leslie		<b>14</b> Filer ID 00090154	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive n						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
Ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS				
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	<b>\$</b> 65.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLES	S ITEMIZED	\$ 0.00			
	4. TOTAL POLITION	AL EXPENDITURES		<b>\$</b> 17,467.74			
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	S OF THE LAST DAY	\$ 41,000.00				
17 AFFADAVIT							
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required				
			Leslie Pool				
		Signature of	of Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
	of, 20, to certify which, witness my hand and seal of office.						
Signature of office	er administering	Printed name of officer administering	Title of office	er administering oath			

#### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				3 of 6
18 FILER NAI Pool, Les	(Ethics Commission Filers)			
20 SCHEDUL NAME OF	SUBTOTAL AM	10UNT		
1. X	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			815.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	17,467.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
2	FILER NAME Pool, Leslie	3 Filer ID (Ethics Commission Filers) 00090154
4	Date  5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$400.00
8	Austin, TX 78701  Principal occupation / Job title (See Instructions)  architect  9 Employer ( Black + Ve	See Instructions) ernooy
	Date Full name of contributor out-of-state PAC (ID#:	
	Principal occupation / Job title (See Instructions)  Real Estate Appraiser  Employer ( self-emplo	See Instructions)  Dyed
	Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions)  Lawyer  Coats Ros	See Instructions) se. P.C.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 1/2 Rpt: 5/6	Pool, Leslie 00090154
4	Date	5 Payee name
	11/03/2020	Gibbons, Heidi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	613 Hearne
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  assistance with sign deliveries
		desistance with sigh deliveries
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Power name
	10/26/2020	Payee name Paragon Payment Solutions
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	2141 East Broadway Road
	Ψ010.00	Suite 202
		Tempe, AZ 85282
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		merchant fees
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	- p	
	Date	Payee name
	11/02/2020	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$427.93	2141 East Broadway Road
		Suite 202
L		Tempe, AZ 85282
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		merchant fees
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
L		

# 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/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services	Salari	-	es/Contract Labor	, , ,			
		_		The Instruction Gui	de explains how to	comp	lete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/2 Rpt: 6/6		Pool, Leslie						00090154		
4	Date	5	Payee name								
	12/02/2020		Paragon Pa	yment Solutions							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$24.81		2141 East B	roadway Road							
			Suite 202								
			Tempe, AZ	85282							
8	PURPOSE	(a)				(h	) Description				
ľ	OF	ره) ا	,	e Categories listed at the	top of this schedule)	(5	_ :	outs	ide of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Fees						, officeholder livin	•	
							processing fe	ees			
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	ough	t		Office h	eld	
	expenditure to benefit C/OI	H									
	Date		Payee name								
	12/31/2020		Pool, Leslie								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$11,500.00		4503 Shoal	Creek Blvd							
			Austin, TX 7	'8756							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b	<b>)</b> Description				
	OF EXPENDITURE		Loan Repay	ment/Reimburse	ement		<u> </u>			nplete Schedule T.	
							ш		, officeholder livin		
							Council races			debt from previous 6)	
	Complete ONL V if direct	<u> </u>	Condidate/Offic	achaldar nama	Office	- Lab					
	Complete ONLY if direct expenditure to benefit C/O		Januluale/Onic	ceholder name	Office	ougn	L		Office h	leiu	
		_									
	Date		Payee name								
	10/28/2020		Rindy Miller	Media							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$4,700.00		2401 E. 6th	Street, Suite 100	)7						
			Austin, TX 7	'8702							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b	) Description				
	OF EXPENDITURE		Consulting E				<u> </u>			nplete Schedule T.	
	EXI ENDITORE						ш	ı, TX	, officeholder livin	g expense	
							Mail piece				
	0 1. 5				.=	<u></u>					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld	
	Superiorder to belieff 6/01	•									