

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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|---|---|--|----------------------------|-----------|--------|--|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) 00000001 | 2 PAGE # 1 of 30 | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Frank | OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em;"> APR 09 2015 ^{SW} APR 08 2015 </div> Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table> Date Processed Date Imaged | | Receipt # | Amount | | |
| Receipt # | Amount | | | | | | |
| | | | | | | | |
| NICKNAME LAST SUFFIX Leffingwell | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 686 Round Rock, TX 78680 <input type="checkbox"/> Change of Address | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Judy | NICKNAME LAST SUFFIX McLeod | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 686 Round Rock, TX 78680 | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 246-3040 | | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 01/01/2015 THROUGH 03/31/2015 | | | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 05/09/2014 | 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) Round Rock City Council District 3 | 12 OFFICE SOUGHT (if known) Round Rock City Council District 3 | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Leffingwell, Frank (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00000001

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. ..

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 16,260.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 6,641.78

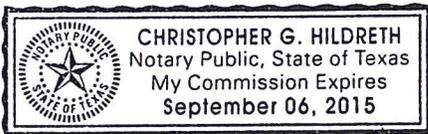
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 16,805.29

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank L. Leffingwell, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Christopher G. Hildreth

Print name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/18 Report: 4/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beard, Roy and Denise (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 1902 Shadowbrook Circle Round Rock, TX 78681 | 7 Amount of contribution (\$) \$150.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 01/08/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boles, Jim & Monti (Mr. and Mrs.) Contributor address; City; State; Zip Code 2201 Hairy Man Road Round Rock, TX 78681 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boles, Jim & Monti (Mr. and Mrs.) Contributor address; City; State; Zip Code 2201 Hair Man Rd. Round Rock, TX 78681 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bone, Hollis and Lisa (Mr. and Mrs.) Contributor address; City; State; Zip Code 2601 Henley Dr. Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/01/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bouffard, Konrad (Mr.) Contributor address; City; State; Zip Code 1308 Chisholm Trail #107 Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/18 Report: 5/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bouffard, Konrad (Mr.) 6 Contributor address; City; State; Zip Code 1308 Chisholm Trail Round Rock, TX 78681 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 01/05/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bourland, Cynthia (Ms.) Contributor address; City; State; Zip Code 3333 Sam Bass Road Round Rock, TX 78681 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/02/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradley, Jerry and Linda (Mr. and Mrs.) Contributor address; City; State; Zip Code 2721 Sam Bass Rd. Round Rock, TX 78681 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlin, David and Mary (Dr. and Mrs.) Contributor address; City; State; Zip Code 258 Courtnees Way Georgetown, TX 78626 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/16/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chafin, Carol (Ms.) Contributor address; City; State; Zip Code 2003 Creekview Drive Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/18 Report: 6/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavez, Jesus and Martha (Dr. and Mrs.) 6 Contributor address; City; State; Zip Code 1007 Collingwood Cv. Round Rock, TX 78665 | 7 Amount of contribution (\$) \$200.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clarabut-Knight, Tara (Ms.) 6 Contributor address; City; State; Zip Code 2313 Berwick Dr. Round Rock, TX 78681 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coe, Gary and Holly (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 4001 Sable Oaks Dr. Round Rock, TX 78664 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collier, Daniel and Deborah (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 817 Blue Spring Cir. Round Rock, TX 78681 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 4 Date 03/16/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Commercial Investment Realty Advisors 6 Contributor address; City; State; Zip Code 808 E. Main Street Round Rock, TX 78664 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/18 Report: 7/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Culpepper, Charles (Mr.) 6 Contributor address; City; State; Zip Code 1901 Shadowbrook Cir. Round Rock, TX 78681 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doss, Michael and Courtney (Mr. and Mrs.) Contributor address; City; State; Zip Code 2711 Cedar Springs Place Round Rock, TX 78681 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eddleman, Don and Linda (Mr. and Mrs.) Contributor address; City; State; Zip Code 2202 Clearwater Dr. Round Rock, TX 78681 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/01/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eddleman, Shayne and Kaysie (Mr. and Mrs.) Contributor address; City; State; Zip Code 1106 Brendan Lee Lane Georgetown, TX 78626 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eskridge, Robery and Amy (Mr. and Mrs.) Contributor address; City; State; Zip Code 1609 Wildwood Dr. Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 9/18 Report: 11/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kriegel, Brent and Melissa (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 30805 Berry Creek Dr. Georgetown, TX 78628 | 7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Latham, Jay and Fay (Mr. and Mrs.) Contributor address; City; State; Zip Code 2408 Donner Path Round Rock, TX 78681 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lautus Creations LLC Contributor address; City; State; Zip Code 12224 Ballerstedt Road Elgin, TX 78621 | Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leffingwell, Margaret (Ms.) Contributor address; City; State; Zip Code 2031 Red Oak Cir. Round Rock, TX 78681 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leffingwell, S.L. (Mr.) Contributor address; City; State; Zip Code 4516 Balcones Dr. Austin, TX 78731 | Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 11/18 Report: 13/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 03/06/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Jonas (Mr.) 6 Contributor address; City; State; Zip Code 1717 N. IH 35 #304 Round Rock, TX 78664 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/27/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, J.S. and Jo Ann (Mr. and Mrs.) Contributor address; City; State; Zip Code 2721 Laurel Valley Lane Arlington, TX 76006 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, Craig and Amanda (Mr. and Mrs.) Contributor address; City; State; Zip Code 1343 River Forest Dr. Round Rock, TX 78663 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Sandra (Ms.) Contributor address; City; State; Zip Code 4711 Spicewood Springs Rd. Austin, TX 78759 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nickle, Todd and Catherine (Mr. and Mrs.) Contributor address; City; State; Zip Code 1008 Forest Bluff Trail Round Rock, TX 78665 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 12/18 Report: 14/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 01/05/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pavliska, David (Mr.) 6 Contributor address; City; State; Zip Code 3015 Cedar Elm Lane Round Rock, TX 78681 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pavliska, David (Mr.) Contributor address; City; State; Zip Code 3015 Cedar Elm Ln. Round Rock, TX 78681 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/06/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Port, Christopher & Crystal (Mr. and Mrs.) Contributor address; City; State; Zip Code 16918 Bar Harbor Bend Round Rock, TX 78681 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/14/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Quick, Larry & Lynn (Mr. and Mrs.) Contributor address; City; State; Zip Code 1904 Shadowbrook Circle Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/10/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Quick, Larry and Lynn (Mr. and Mrs.) Contributor address; City; State; Zip Code 1904 Shadowbrook Cir. Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 14/18 Report: 16/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 01/05/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Camron (Mr.) 6 Contributor address; City; State; Zip Code 2426 Willow Way Round Rock, TX 78664 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/06/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Michael and Lori (Mr. and Mrs.) Contributor address; City; State; Zip Code 2511 Creekbend Circle Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/12/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sells, Bonnie (Mrs.) Contributor address; City; State; Zip Code 900 County Road 438 Thrall, TX 76578 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/10/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheffield, Michael (Mr.) Contributor address; City; State; Zip Code 300 Sequoia Spur W. Georgetown, TX 78628 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/02/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheppard, Michael & Lynette (Mr. and Mrs.) Contributor address; City; State; Zip Code 2409 Dyland Garrett Cove Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 15/18 Report: 17/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 01/14/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Bryant & Heather (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 310 Courtness Way Georgetown, TX 78626 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 02/28/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, John and Kathy (Mr. and Mrs.) Contributor address; City; State; Zip Code 2507 Melekhin Bend Cedar Park, TX 78613 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stapp, Steve and Shonnie (Mr. and Mrs.) Contributor address; City; State; Zip Code 5 Oak View Round Rock, TX 78664 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/02/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevens, Sean and Kristin (Mr. and Mrs.) Contributor address; City; State; Zip Code 901 Hidden Glen Dr. Round Rock, TX 78681 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/05/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Therrell, Ryan & Emily (Mr. and Mrs.) Contributor address; City; State; Zip Code 2800 Cool River Loop Round Rock, TX 78665 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 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: 17/18 Report: 19/30 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 03/09/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walzel, Jack and Shevawn (Dr. and Mrs.) 6 Contributor address; City; State; Zip Code 2324 Camino del Verdes Round Rock, TX 78681 | 7 Amount of contribution (\$) \$150.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 02/06/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warreny, Landy and Lori (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 803 Penny Lane Round Rock, TX 78681 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 01/20/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webb, Andy and Alice (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 103 Village Park Dr. Georgetown, TX 78633 | 7 Amount of contribution (\$) \$200.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weber, Jay (Mr.) 6 Contributor address; City; State; Zip Code 1902 Mulligan Dr. Round Rock, TX 78664 | 7 Amount of contribution (\$) \$60.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 03/11/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, George and Sally (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 25 Wilderness Way Round Rock, TX 78664 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |

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.

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|--|--|--|--|---|--|
| 1 PAGE # Schedule: 1/10 Report: 21/30 | | 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 01/21/2015 | | 5 Payee name Carter, Charles (Mr.) | | | |
| 6 Amount (\$) \$2,752.19 | | 7 Payee address City; State; Zip Code 234 Olde Oaks Dr. Georgetown, TX 78633 | | | |
| 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"/> Consulting fees <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 02/25/2015 | | Payee name Carter, Charles (Mr.) | | | |
| Amount (\$) \$1,275.00 | | Payee address City; State; Zip Code 234 Olde Oaks Dr. Georgetown, TX 78633 | | | |
| 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"/> Consulting fees <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 02/13/2015 | | Payee name City of Round Rock | | | |
| Amount (\$) \$50.00 | | Payee address City; State; Zip Code 221 E. Main Street Round Rock, TX 78664 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) OTHER - Filing Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Filing fee for candidate <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 01/05/2015 | | Payee name Costco | | | |
| Amount (\$) \$286.67 | | Payee address City; State; Zip Code 10401 Research Boulevard Austin, TX 78759-5712 | | | |
| 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"/> Purchase of food for fundraising 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: | |

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: 2/10 Report: 22/30 | 2 FILER NAME Leffingwell, Frank (Mr.) | 3 ACCOUNT # (TEC filers) 00000001 |
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| 4 Date 03/09/2015 | 5 Payee name Costco |
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| | |
|---------------------------------|---|
| 6 Amount (\$) \$90.51 | 7 Payee address City; State; Zip Code 4601 183A Toll Road Cedar Park, TX 78613 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for fundraising party <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|---|---|

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|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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|--------------------|--|
| Date 01/05/2015 | Payee name Facebook Advertising USA |
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|-------------------------|--|
| Amount (\$) \$333.41 | Payee address City; State; Zip Code 1601 Willow Road Building 10 Menlo Park, CA 94025 |
|-------------------------|--|

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|------------------------|---|---|
| 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"/> Facebook post boosting charges <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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|--------------------|--|
| Date 01/06/2015 | Payee name Facebook Advertising USA |
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|-------------------------|--|
| Amount (\$) \$157.48 | Payee address City; State; Zip Code 1601 Willow Road Building 10 Menlo Park, CA 94025 |
|-------------------------|--|

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| 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"/> Facebook post boosting charges <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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| Date 01/31/2015 | Payee name Facebook Advertising USA |
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|-------------------------|--|
| Amount (\$) \$463.74 | Payee address City; State; Zip Code 1601 Willow Road Building 10 Menlo Park, CA 94025 |
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|------------------------|---|---|
| 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"/> Facebook post boosting charges <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | 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: 3/10 Report: 23/30 | 2 FILER NAME Leffingwell, Frank (Mr.) | 3 ACCOUNT # (TEC filers) 00000001 |
|---|---|---|

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|-----------------------------|----------------------------|
| 4 Date 01/12/2015 | 5 Payee name HEB |
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|---------------------------------|--|
| 6 Amount (\$) \$22.00 | 7 Payee address City; State; Zip Code 16900 North RR 620 Round Rock, TX 78681 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for fundraising gathering <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|---|---|

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|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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|---------------------------|--------------------------|
| Date 01/23/2015 | Payee name HEB |
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|-------------------------------|--|
| Amount (\$) \$18.15 | Payee address City; State; Zip Code 16900 North RR 620 Round Rock, TX 78681 |
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| 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 fundraising gathering <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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|---------------------------|--------------------------|
| Date 03/09/2015 | Payee name HEB |
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| Amount (\$) \$72.93 | Payee address City; State; Zip Code 16900 North RR 620 Round Rock, TX 78681 |
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| 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 fundraising party <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

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

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|---------------------------|-----------------------------------|
| Date 01/05/2015 | Payee name Office Depot |
|---------------------------|-----------------------------------|

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|--------------------------------|---|
| Amount (\$) \$176.40 | Payee address City; State; Zip Code 110 N. I-35, Ste. 298 Round Rock, TX 78681 |
|--------------------------------|---|

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| 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 and supplies for mailers <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | 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: 4/10 Report: 24/30 | | 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 01/05/2015 | 5 Payee name Office Depot | | | | |
| 6 Amount (\$) \$29.22 | 7 Payee address City; State; Zip Code 110 N. I-35, Ste. 298 Round Rock, TX 78681 | | | | |
| 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"/> Purchase of custom ink stamp for mailers | | |
| | <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 01/20/2015 | Payee name Paperless Post | | | | |
| Amount (\$) \$28.00 | Payee address City; State; Zip Code 151 W. 25th Street New York, NY 10001 | | | | |
| 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"/> Invitations to election night party | | |
| | <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 01/01/2015 | Payee name PayPal | | | | |
| Amount (\$) \$3.20 | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee | | |
| | <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 01/02/2015 | Payee name PayPal | | | | |
| Amount (\$) \$3.20 | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee | | |
| | <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: |

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: 5/10 Report: 25/30 | | 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 01/05/2015 | | 5 Payee name PayPal | | | |
| 6 Amount (\$) \$3.20 | | 7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 01/05/2015 | | Payee name PayPal | | | |
| Amount (\$) \$1.03 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 01/06/2015 | | Payee name PayPal | | | |
| Amount (\$) \$1.75 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 01/13/2015 | | Payee name PayPal | | | |
| Amount (\$) \$3.20 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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: | |

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: 6/10 Report: 26/30 | | 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 01/20/2015 | | 5 Payee name PayPal | | | |
| 6 Amount (\$) \$6.10 | | 7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 02/27/2015 | | Payee name PayPal | | | |
| Amount (\$) \$9.00 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 02/28/2015 | | Payee name PayPal | | | |
| Amount (\$) \$7.55 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 03/02/2015 | | Payee name PayPal | | | |
| Amount (\$) \$7.55 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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: | |

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: 7/10 Report: 27/30 | | 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 03/04/2015 | | 5 Payee name PayPal | | | |
| 6 Amount (\$) \$6.10 | | 7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 03/05/2015 | | Payee name PayPal | | | |
| Amount (\$) \$7.55 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 03/08/2015 | | Payee name PayPal | | | |
| Amount (\$) \$4.65 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 03/09/2015 | | Payee name PayPal | | | |
| Amount (\$) \$4.65 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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: | |

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: 8/10 Report: 28/30 | | 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 03/10/2015 | | 5 Payee name PayPal | | | |
| 6 Amount (\$) \$3.20 | | 7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 03/10/2015 | | Payee name PayPal | | | |
| Amount (\$) \$29.30 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 03/10/2015 | | Payee name PayPal | | | |
| Amount (\$) \$1.75 | | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment processing fee <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 03/03/2015 | | Payee name RustyDesigns | | | |
| Amount (\$) \$100.00 | | Payee address City; State; Zip Code 2002 Turning Leaf Drive Bryan, TX 77807 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees for voter list compilation <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: | |

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.

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|--|--|--|--|---|--|
| 1 PAGE # Schedule: 9/10 Report: 29/30 | | 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 01/22/2015 | | 5 Payee name Tiff's Treats | | | |
| 6 Amount (\$) \$22.50 | | 7 Payee address City; State; Zip Code 117 Louis Henna Blvd #130a Round Rock, TX 78664 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for fundraising gathering <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 01/25/2015 | | Payee name Tortuga Flats | | | |
| Amount (\$) \$388.60 | | Payee address City; State; Zip Code 3107 South IH-35 Round Rock, TX 78664 | | | |
| 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 election night party <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 03/10/2015 | | Payee name Trader Joes | | | |
| Amount (\$) \$65.11 | | Payee address City; State; Zip Code 9722 Great Hills Trail Austin, TX 78759 | | | |
| 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 fundraising party <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 01/07/2015 | | Payee name Unites States Postal Service | | | |
| Amount (\$) \$49.00 | | Payee address City; State; Zip Code 2250 Double Creek Drive Round Rock, TX 78664 | | | |
| 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 <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: | |

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: 10/10 Report: 30/30 | 2 FILER NAME Leffingwell, Frank (Mr.) | 3 ACCOUNT # (TEC filers) 00000001 |
| 4 Date 01/05/2015 | 5 Payee name Zazzle.com | |
| 6 Amount (\$) \$157.89 | 7 Payee address City; State; Zip Code 1900 Seaport Boulevard Redwood City, CA 94063 | |
| 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"/> Supplies for fundraising event <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: |