

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | | | | | | | | | |
|---|--|---|--|-------------------------------------|---|---------------------------------|--|----------------------------------|--|---|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) 00000001 | 2 PAGE # 1 of 11 | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Frank | <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED APR 30 2015 <i>BY: M. Spinko</i> <i>Deputy City Clerk</i> </div> Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </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 | | | | | | | | | | |
| 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 | <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election.</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election. | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | | | |
| <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election. | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | | | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 04/01/2015 THROUGH 04/29/2015 | | | | | | | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 05/09/2015 | 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 <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

16 CONTRIBUTION TOTALS

| | |
|---|----------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 90.00 |
|---|----------|

| | |
|--|-------------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5,064.16 |
|--|-------------|

EXPENDITURE TOTALS

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

| | |
|---------------------------------|-------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ 2,273.17 |
|---------------------------------|-------------|

CONTRIBUTION BALANCE

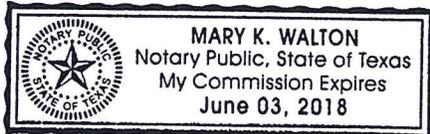
| | |
|--|--------------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 19,847.12 |
|--|--------------|

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Frank L. Leffingwell

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Frank L. Leffingwell, this the 30th day of April, 20 15, to certify which, witness my hand and seal of office.

Mary K. Walton

Signature of officer administering oath

Mary K. Walton

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: 2/6 Report: 4/11 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 04/26/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Callahan, Brian & Bonnie (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 4020 Mantle Ridge Dr., Cumming, GA 30041 | 7 Amount of contribution (\$) \$1,000.00 | 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 04/10/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Copeland, Joe & Lisa (Mr. and Mrs.) Contributor address; City; State; Zip Code 4106 Zachary's Run Cedar Park, TX 78613 | 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 04/20/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeHaro, Rafael & Eileen (Dr. and Mrs.) Contributor address; City; State; Zip Code 6911 Greenshores Drive Austin, TX 78730 | 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 04/22/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eddleman, Donald 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 04/22/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fitzpatrick, Michael (Mr.) Contributor address; City; State; Zip Code 511 Oakwood Blvd., Ste. 301 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) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/6 Report: 6/11 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 04/22/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hester, Bess (Ms.) 6 Contributor address; City; State; Zip Code 2147 Woodston Dr. 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 04/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Tina (Ms.) Contributor address; City; State; Zip Code 2511 Resnick 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 04/10/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGahey, Bob & Deborah (Mr. and Mrs.) Contributor address; City; State; Zip Code 1900 CR 245 Georgetown, TX 78633 | 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 04/24/2015 | 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 (\$) \$49.16 | In-kind contribution description (if applicable) Donation of food and drinks for campaign event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/22/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robins, Tim and Tina (Mr. and Mrs.) Contributor address; City; State; Zip Code 2304 Woodway Round Rock, TX 78681 | 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: 5/6 Report: 7/11 | |
| 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 04/10/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scurlock, Joe & Billie (Mr. and Mrs.) 6 Contributor address; City; State; Zip Code 12514 Tree Line Dr. Austin, TX 78729 | 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 04/10/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sloan, Jon (Mr.) Contributor address; City; State; Zip Code 1802 Shadowbrook Circle Round Rock, TX 78681 | Amount of contribution (\$) \$300.00 | 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 04/22/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Timmerman, Timothy (Mr.) Contributor address; City; State; Zip Code 4903 Whitethorn Ct. Austin, TX 78746 | 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 04/22/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torres, Richard and Virginia (Mr. and Mrs.) Contributor address; City; State; Zip Code 3603 Spring Canyon Trl. 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 04/07/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tubbs, Kyle & Kaily (Mr. and Mrs.) Contributor address; City; State; Zip Code 2208 McCombs Dr. Georgetown, TX 78626 | 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) | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|---|---|
| 1 PAGE # Schedule: 1/3 Report: 9/11 | 2 FILER NAME Leffingwell, Frank (Mr.) | 3 ACCOUNT # (TEC filers) 00000001 |
|---|---|---|

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|-----------------------------|--|
| 4 Date 04/27/2015 | 5 Payee name Carter, Charles (Mr.) |
|-----------------------------|--|

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|------------------------------------|---|
| 6 Amount (\$) \$1,132.19 | 7 Payee address City; State; Zip Code 234 Olde Oaks Drive Georgetown, TX 78633 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign consultant fees <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 04/08/2015 | Payee name Mary Barnett Photography |
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| | |
|-------------------------|---|
| Amount (\$) \$433.00 | Payee address City; State; Zip Code 909 E. Liberty Round Rock, TX 78664 |
|-------------------------|---|

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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"/> Photos of candidate for campaign materials <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 04/22/2015 | Payee name Minute Man Press |
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|-------------------------|--|
| Amount (\$) \$116.33 | Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626 |
|-------------------------|--|

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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"/> Campaign marketing materials <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 04/22/2015 | Payee name Minute Man Press |
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| Amount (\$) \$183.94 | Payee address City; State; Zip Code 1904 S Austin Ave Georgetown, TX 78626 |
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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"/> Campaign marketing materials <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: 2/3 Report: 10/11 | 2 FILER NAME Leffingwell, Frank (Mr.) | 3 ACCOUNT # (TEC filers) 00000001 |
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|-----------------------------|-------------------------------|
| 4 Date 04/01/2015 | 5 Payee name PayPal |
|-----------------------------|-------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) \$7.55 | 7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 |
|--------------------------------|---|

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|---------------------------------|--|---|
| 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"/> Paypal payment processing fees <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 04/11/2015 | Payee name PayPal |
|--------------------|----------------------|

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|-----------------------|--|
| Amount (\$) \$3.20 | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 |
|-----------------------|--|

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|------------------------|--|---|
| 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"/> Paypal payment processing fees <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 04/26/2015 | Payee name PayPal |
|--------------------|----------------------|

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|------------------------|--|
| 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"/> Paypal payment processing 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: |
|---|-------------------------------|----------------|--------------|

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|--------------------|---------------------------------------|
| Date 04/22/2015 | Payee name Schlesinger, Paul (Mr.) |
|--------------------|---------------------------------------|

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|-------------------------|---|
| Amount (\$) \$300.00 | Payee address City; State; Zip Code 2500 Meadow Lane Taylor, TX 76574 |
|-------------------------|---|

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 3/3 Report: 11/11 | | 2 FILER NAME Leffingwell, Frank (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 04/08/2015 | | 5 Payee name Soleer LLC | | | |
| 6 Amount (\$) \$67.66 | | 7 Payee address City; State; Zip Code 12503 McLoughlin Pt Austin, TX 78726 | | | |
| 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"/> Updates to website <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: | |