

FORM COR-C/OH

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICER USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR	FIRST	MI	Date Received	AUSTIN CITY CLERK RECEIVED JAN 25 PM
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Processed	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Imaged	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED		Month Day Year		Month Day Year	
		Nov / 14 / 2011 THROUGH		Dec / 31 / 2011	

## 6 EXPLANATION OF CORRECTION

Made corrections

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.



**Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 25<sup>th</sup> day of January.

20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections

# 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)	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Laura		<b>OFFICE USE ONLY</b> Date Received 2012 JUN 25 PM 4 RECEIVED AUSTIN CITY CLERK Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Pressley		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O Box 10102 Austin, Tx 78766		
	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 762-3825		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr. Jason F		
	NICKNAME LAST SUFFIX Wahoski		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3715 Bird House Drive Round Rock, Texas 78665		
	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 656-3796		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	9 REPORT TYPE <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	10 PERIOD COVERED Month Day Year    11 / 14 / 2011    THROUGH    Month Day Year    12 / 31 / 2011		
8 CAMPAIGN TREASURER PHONE	11 ELECTION ELECTION DATE    Month Day Year    5 / 12 / 2012 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any)		
13 OFFICE SOUGHT (if known) City Council			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Laura Pressley

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

## COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,450.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 767.49

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,482.51

OUTSTANDING  
LOAN TOTALS

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

\$ 500.00

## 18 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]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 25th day of January, 2012, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Ann Margaret Franklin  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allred, Leif 6 Contributor address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757	7 Amount of contribution (\$) \$350	8 In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Manager		10 Employer (See Instructions) Applied Materials	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bloom, Darcy Contributor address; City; State; Zip Code 5002 Suburban Dr. #2 Austin TX 78745	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Blumenthal, Jeffrey Contributor address; City; State; Zip Code 6416 Via Careto Dr. Austin TX 78749	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Enterprise Architect		Employer (See Instructions) Dell	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brewer, Brent Contributor address; City; State; Zip Code P.O. Box 17532 Austin TX 78760	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Distribution manager		Employer (See Instructions) Vital Farms	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brewer, Katie Contributor address; City; State; Zip Code 1040 Kensington Castle Pflugerville TX 78660	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BumperSticker.com 6 Contributor address; City; State; Zip Code 612 W. 34th St. Austin 78705	7 Amount of contribution (\$) \$150 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Advertisement
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Self	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carbone, K.F. Contributor address; City; State; Zip Code 2710 W. 49th 1/2 St Austin TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Retired	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Corey, Anthony Contributor address; City; State; Zip Code 3955 Shoal Creek Blvd, #210 Austin TX 78756	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dame, Lani Contributor address; City; State; Zip Code 600 Barwood Park #725 Austin TX 78753	Amount of contribution (\$) \$10.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Social Media and Design Consultant		Employer (See Instructions) Dell	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deitrich, Harlan Contributor address; City; State; Zip Code 1205 Fieldcrest Dr. Austin TX 78704	Amount of contribution (\$) \$25 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Brave New Books	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doyle, W. Russell 6 Contributor address; City; State; Zip Code 3431 N. Hills Drive #J218Austin TX 78731 (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Self Employed	
Date 12/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ford, Mike Contributor address; City; State; Zip Code 1750 Timber Ridge Rd, #116 Austin TX 78741 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greene, Linda Contributor address; City; State; Zip Code 2239 Cromwell Cir Austin TX 78741 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Continental Airlines	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greene, Philip Contributor address; City; State; Zip Code 1003 Bouldin Ave Austin TX 78704 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Massage Therapist		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hauboldt, Christopher Contributor address; City; State; Zip Code 9611 A Nightier Dr Austin TX 78748 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Lone Star Internet	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jimenez, Giovanni 6 Contributor address; City; State; Zip Code 2101 A. Winsted Lane Austin TX 78703	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Server		10 Employer (See Instructions) Lamberts Downtown BBQ	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kizer, Brad Contributor address; City; State; Zip Code P.O. Box 2692 Austin TX 78768	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lehmann, Darren Contributor address; City; State; Zip Code 2000 S. Lakeline Blvd, #722 Cedar Park TX 78613	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) 2000 S. Lakeline Blvd, #722	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Liverman, Janice Contributor address; City; State; Zip Code 12607 Mystic Dr. Manchaca TX 78652	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plant Professional Interior Scape	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lyman, John Scott Contributor address; City; State; Zip Code 3300 Enfield Rd Austin TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sports		Employer (See Instructions) Self Employed	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME Laura Pressley

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12/10/2011

6 Contributor address; City; State; Zip Code

\$10.00

11316 Jollyville Rd, #348 Austin TX

78759

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Journalist

10 Employer (See Instructions)  
Self Employed

Date

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

McGinnis, Rick

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/10/2011

Contributor address; City; State; Zip Code

\$10.00

612 W. 34th St. Austin TX 78705

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
Liberty Stickers

Date

Full name of contributor ☒ out-of-state PAC (ID# \_\_\_\_\_)

McQuade, Sydney

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/10/2011

Contributor address; City; State; Zip Code

\$25.00

716 W. Argand St Seattle WA 98119

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Student

Employer (See Instructions)  
Living Social

Date

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

Melnyk, Kelly

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/12/2011

Contributor address; City; State; Zip Code

\$20.00

5608 Taylorcrest Dr. Austin TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Benefits Analyst

Employer (See Instructions)  
Texas County and District Retirement

Date

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

Moon, Paul

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/10/2011

Contributor address; City; State; Zip Code

\$25.00

2409 S. 6th Austin TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nader-Olenick, Rae 6 Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Free Lance Journalist		10 Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nader-Olenick, Rae Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Free Lance Journalist		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Osella, Stephen and Mercedes Contributor address; City; State; Zip Code 7305 Waterline Rd Austin TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Software Eng		Employer (See Instructions) National Instruments	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Parker, Willie Contributor address; City; State; Zip Code 121 Countryside Ct GeorgetownTX 78626	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Cable Technician		Employer (See Instructions) Black Box Network Services	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patterson, Linda Contributor address; City; State; Zip Code 1015 E. Yeager #174 Austin TX 78753	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) SP		Employer (See Instructions) Earthlink	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pennington, Casey 6 Contributor address; City; State; Zip Code 6800 McNeil Dr. #1618 Austin TX 78729 (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) \$35.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Broadcast Technician		10 Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ring, David Contributor address; City; State; Zip Code 1405 Poppy Seed Ln Austin TX 78741 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Landscaper		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Savage, Cathy Contributor address; City; State; Zip Code 2212 White Horse Trail Austin TX 78757 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Designer Art
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Savage, Keith Contributor address; City; State; Zip Code 2212 White Horse Trail Austin TX 78757 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Centaur Technology	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scholz, Jeneen Contributor address; City; State; Zip Code 2805 Rock Terrace Dr. Austin TX 78704 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Peoples Pharmacy	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scholz Garten 6 Contributor address; City; State; Zip Code Austin, Texas	7 Amount of contribution (\$) \$350 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Event Hosting
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Self	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Smith, Sylvia Contributor address; City; State; Zip Code P.O. Box 5428 Austin TX 78763	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Snavelly, Travis Contributor address; City; State; Zip Code 2006 A Kenneth Ave Austin TX 78744	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Patient Accounts		Employer (See Instructions) Texas Oncology	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stimets-Vidal, Kathy Contributor address; City; State; Zip Code 500 Wilmes Austin TX 78752	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sonographer		Employer (See Instructions) Renaissance	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Swail, Charles Contributor address; City; State; Zip Code 1214 Baron Hills Dr. #106 Austin TX 78704	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Peoples Pharmacy	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walton, Gordon	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8207 Ganttcrest Dr. Austin TX 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Software		10 Employer (See Instructions) Playdom	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walton, Cory	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Sr. Communication Specialist		Employer (See Instructions) Emerson Process Management	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wheeler, Otto	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 Wilmes Austin TX 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CIA		Employer (See Instructions) Wheeler, Fairman, and Kelley	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Williams, John	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11615 Angus Rd #104NAustin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Witowshi, Joyce	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3201 Barton Place Cir Austin TX 78733		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Freescale Semiconductor, Inc.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission #) _____	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨		\$ 675.00	
5 Date 12/29/2011	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Carman, Neil	8 Amount of pledge (\$) \$350.00	9 In-kind description (if applicable)
17 Pledgor address; City; State; Zip Code 2 Crystal Creek Trl      Dripping Springs      TX      78737		(If travel outside of Texas, complete Schedule II)	
10 Principal occupation / Job title (See Instructions) Program Director		11 Employer (See Instructions) Sierra Club	
Date 12/10/2011	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Cheatham, Joshua	Amount of pledge (\$) \$25.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 2200 Pleasant Valley Austin      TX      78741		(If travel outside of Texas, complete Schedule II)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Cole, Griffin	Amount of pledge (\$) \$250.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 4908 Toreador Dr.      Austin      TX      78746		(If travel outside of Texas, complete Schedule II)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Griffin Cole, DDS	
Date 12/10/2011	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Rochemont, Pierre de	Amount of pledge (\$) \$50.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 12501 Tech Ridge Blvd      Austin      TX      78753		(If travel outside of Texas, complete Schedule II)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) GigaCircuits, Inc.	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule II)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E: 1**2** FILER NAME Laura Pressley**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date of loan  
12/2/2011**7** Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Pressley, Laura**9** Loan Amount (\$)  
\$500.00**6** Is lender  
a financial  
institution?  
  
Y N**8** Lender address; City; State; Zip Code**10** Interest rate 0%

2210 White Horse Trail Austin TX 78757

**11** Maturity date**12** Principal occupation / Job title (See Instructions)

Self Employed

**13** Employer (See Instructions)

Self Employed

**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address; City; State; Zip Code☒ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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.

<b>1</b> Total pages Schedule F: 3		<b>2</b> FILER NAME Laura Pressley		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 12/19/2011		<b>5</b> Payee name Austin Java			
<b>6</b> Amount (\$) \$20.00		<b>7</b> Payee address; City; State; Zip Code 301 W. 2nd Austin 78799			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Strategy Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/7/2011		Payee name BumperSTicker.com			
Amount (\$) \$168.87		Payee address; City; State; Zip Code 612 W. 34th St. Austin 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Stickers, Banner	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/19/2011		Payee name BumperSTicker.com			
Amount (\$) \$81.19		Payee address; City; State; Zip Code 612 W. 34th St. Austin 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisement		Description (If travel outside of Texas, complete Schedule T) Business Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/21/2011		Payee name Courtyard			
Amount (\$) \$6.60		Payee address; City; State; Zip Code 8500 SW Nimbus Beaverton, OR 97008			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead Expense		Description (If travel outside of Texas, complete Schedule T) Internet Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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.

<b>1</b> Total pages Schedule F: 3		<b>2</b> FILER NAME Laura Pressley		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 12/16/2011		<b>5</b> Payee name Eventbrite			
<b>6</b> Amount (\$) \$37.92		<b>7</b> Payee address; City; State; Zip Code 651 Brannan Street San Francisco, CA 94107			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Event		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Event Registration	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/5/2011		Payee name Google			
Amount (\$) \$0.50		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting		Description (If travel outside of Texas, complete Schedule T) Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/10/2011		Payee name Kinkos			
Amount (\$) \$252.57		Payee address; City; State; Zip Code 9222 Burnet Rd Austin 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisement		Description (If travel outside of Texas, complete Schedule T) Campaign Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/15/2011		Payee name PayPal			
Amount (\$) \$0.09		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting		Description (If travel outside of Texas, complete Schedule T) Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: 3		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011		5 Payee name Scholz Garten			
6 Amount (\$) \$32.00		7 Payee address; City; State; Zip Code 1607 San Jacinto Blvd Austin 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event		(b) Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Food/Beverages	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/22/2011		Payee name Speedway Copy			
Amount (\$) \$22.19		Payee address; City; State; Zip Code 2025 Guradalupe Austin 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/19/2011		Payee name Visa Debit PayPal			
Amount (\$) \$1.95		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule G: <b>3</b>		2 FILER NAME <b>Laura Pressley</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/7/2011</b>		5 Payee name <b>Arpeggio Grill</b>			
6 Amount (\$) <b>\$18.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>6619 Airport Blvd Austin 78752</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food / Beverage Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Strategy Lunch</b>	
Date <b>12/9/2011</b>		Payee name <b>Arpeggio Grill</b>			
Amount (\$) <b>\$8.61</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>6619 Airport Blvd Austin 78752</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food / Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Strategy Lunch</b>	
Date <b>12/10/2011</b>		Payee name <b>Bikkum Farms</b>			
Amount (\$) <b>\$10.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>6701 Burnet Rd Austin 78757</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Kick-Off Party Supplies</b>	
Date <b>12/10/2011</b>		Payee name <b>Central Market</b>			
Amount (\$) <b>\$27.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>4001 N. Lamar Austin 78756</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Kick-Off Party Supplies</b>	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule G: 3		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/20/2011		5 Payee name DoodleKit			
6 Amount (\$) \$29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) Website Hosting	
Date 12/10/2011		Payee name Goodwill			
Amount (\$) \$3.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4001 N. Lamar Austin 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/10/2011		Payee name Hobby Lobby			
Amount (\$) \$3.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8000 Research 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/5/2011		Payee name House Account Parking			
Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 614 31 1/2 St Austin 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel		Description (If travel outside of Texas, complete Schedule T) Parking	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule G: 3		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011		5 Payee name Johnson's Backyard Garden			
6 Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 9515 Hergotz Ln Austin 78742			
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) Kick-Off Party Supplies	
Date 12/13/2011		Payee name Office Max			
Amount (\$) \$21.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4615 N Lamar Blvd Austin 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisement		Description (If travel outside of Texas, complete Schedule T) Printing	
Date 12/9/2011		Payee name Speedway Printing			
Amount (\$) \$5.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2025 Guradalupe Austin 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Printing	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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