# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	olete this form.	1 ACCOUNT A		2 Total pages file 50 51 H	-
3 CANDIDATE /	MS/MRS/MR F	IRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mrs. L	aura	A	4	Date Received	
NOWE .	NICKNAME L	AST		SUFFIX		201
	F	Pressley	F	Ph.D.		AUSTI F 2014 JUL
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	STATE: Z	ZIPCODE	1	
OFFICEHOLDER MAILING ADDRESS	P.O. Box 82763 Austin, TX 78708				Date Hand-delivered or	r Mastharke C
change of address					Receipt #	TY C
5 CANDIDATE/	AREA CODE PHONE N	UMBER	EXTENSION			
OFFICEHOLDER PHONE	( 512 ) 762-3825				Date Processed	ᆽ
6 CAMPAIGN TREASURER		irst Marcelo	ŀ	МІ	Date imaged	
NAME						<u></u>
	}	ast afoya	\$	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA		CITY; s	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NO ( 512 ) 698-4124	UMBER	EXTENSION			
9 REPORT TYPE	January 15 30f	th day before election	Runoff		15th day after treasurer appoint (officeholder only)	intment
	✓ July 15 8th	day before election	Exceeded \$	\$500	Final report (Atta	
10 PERIOD	Month Day Year		Month	Day	Year	
COVÉRED	05 / 05 / 2014	THROUGH	06	/30 /	2014	
11 ELECTION	ELECTION DATE  Month Day Year	ELECTIONTYPE				
	11 / 04 / 2014	Primary	Runoff	$\checkmark$	General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU	GHT (if known)		
	N/A		Austin City	Council, [	District 4	
		GO TO PAC	SE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

			·
14 C/OH NAME Dr. La	ura Pressley, Pl	n.D.	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE  GENERAL	COMMITTEE NAME  N/A  COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	,
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,429.99
EXPENDITURE TOTALS	3. TOTAL F	MIZED \$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,798.72
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$20,631.27
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 2,000.00
18 AFFIDAVIT			
	STACEY KRUSE Commission Expires June 03, 2017	is true and correct and includes at me under Title 15, Election Code.	f perjury, that the accompanying report  I information required to be reported by
Sworn to and subs		•	this the my hand and seal of office.
Signature of officer admi	Cly nistering oath	WK Stary Kr Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Dr. Laura Press	ley, Ph.D.	***	3 ACCOUNT # (E	thics Commission Filers)
<b>4</b> Date 5/10/2014	5 Full name of contributorout-of-state PAC(ID# Fidel Acevedo	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State; Zip Code 3801 Prairie Lane, Austin, TX 78701		40.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See I Retired	Instructions)	
Date 6/30/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8509 Bargamin, Austin, TX 78736		50.00	
			(If travel outside o	j of Texas, complete Schedule T)
Principal occur Retired	pation / Job title (See Instructions)	Employer (See I Retired		- Talad, demplose Sellessale (
Date	Full name of contributor   out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
5/26/2014	DeRell Allred		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 5379 Auborn, Las Vegas, NV 89108		350.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occur Carpenter	pation / Job title (See Instructions)	Employer (See I Self	' <u> </u>	,
Date 6/13/2014	Full name of contributor		Amount of contribution (\$)	tn-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code 10203 Woodglen Cove, Austin, TX 78753		349.99	
			(If travel outside i	of Texas, complete Schedule T)
Principal occup Engineering Ma	pation / Job title (See Instructions) nager	Employer (See I Applied Materials	Instructions)	
Date 5/10/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3208 Cherrywood, Austin, TX 78722		350.00	   
				of Texas, complete Schedule T)
Principal occup Realtor	pation / Job title (See Instructions)	Employer (See I	nstructions)	
1	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 35	edule A:
2 FILER NAME Dr. Laura Press	ley, Ph.D.		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
6/30/2014	Mary Anderson		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 5019 Placid Place, Austin, TX 78731		70.00	  -  -
	l		(If travel outside of	of Texas, complete Schedule T)
Principal occup Accountant	pation / Job title (See Instructions)	10 Employer (See I Self		
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
5/26/2014	Mary Anderson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 5019 Placid Place, Austin, TX 78731		75.00	
,	l		Of travel autoido a	-f T
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Accountant	ation / soo and toda managements,	Self (See 1	HStructiona)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/29/2014	Thomas Arbuckle		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 7008 Twincrest, Austin, TX 78752		100.00	 
ı	ı		(If travel outside o	of Texas, complete Schedule T)
Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See I Self	•	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/30/2014	Justin Arman		contribution (\$)	description (if applicable)
0,00,20	Contributor address; City; State; Zip Code 2052 Club Crossing, Austin, TX 78746		100.00	 
	ı		/tf travel outside i	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete ovincoure 17
Entrepreneur		Self		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
5/20/2014	Merrill Austin		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	8300 Loralinda Dr, Austin, TX 78753		50.00	
			(If travel outside o	of Texas, complete Schedule T)
-	pation / Job title (See Instructions)	Employer (See I	•	
Retired	· ·	Retired		
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

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#### SCHEDULE A

TI	he Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAM Dr. Laura Pre			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 6/30/2014	5 Full name of contributorout-of-state PAC (ID#:_ Scott Ballard	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 3311 Dodgen Loop #109, Temple, TX 7650		100.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ Retired	cupation / Job title (See Instructions)	10 Employer (See Retired	Instructions)	
Date 5/20/2014	Full name of contributor  out-of-state PAC (ID#:  Alan Barr  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 7706 Stoneywood Dr., Austin, TX 78731	•	100.00	 
Principal oc	cupation / Job title (See Instructions)	Employer (See	(If travel outside of Texas, complete Schedule T)	
Retired	cupation / Job title (See Instructions)	Retired	instructions)	
Date 6/27/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code 9230 Neils Thompson, Austin, TX 78758	•	290.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occ Owner	cupation / Job title (See Instructions)	Employer (See MJD Moving	Instructions)	
Date 6/23/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State: Zip Code 711 Lost Canyon, West Lake Hills, TX 7874		150.00	 
		1	(If travel outside	of Texas, complete Schedule T)
Principal occ Landscape A	cupation / Job title (See Instructions) rchitecture	Employer (See Self	Instructions)	
Date 6/19/2014	Full name of contributor out-of-state PAC (ID#:_ Christopher and Susan Belden		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4610 High Gate Dr, Austin, TX 78730	•	700.00	 
		T	(If travel outside	of Texas, complete Schedule T)
Principal occ Executive	cupation / Job title (See Instructions)	Employer (See NXP	Instructions)	
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#### SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A: 35		
2 FILER NAME Dr. Laura Press	ley, Ph.D.		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
6/30/2014	Robert Betts		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code 15817 Double Eagle Dr, Austin, TX 78717		350.00	 	
			(If travel outside of	of Texas, complete Schedule T)	
9 Principal occup Sr. Project Mgr	ation / Job title (See Instructions)	10 Employer (See HMH	Instructions)		
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution	
6/26/2014	Cindy Bourland		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 1 Chisolm Trail, Austin, TX 78681		350.00		
			(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , ,	
Attorney		Bourland Law			
Date	Full name of contributor	)	Amount of	In-kind contribution	
5/10/2014	Brent Brewer		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	10505 IH 35, APT 2113, Austin, TX 78747		100.00		
				' 1	
			(If travel outside	I of Texas, complete Schedule T)	
Principal occup Director	pation / Job title (See Instructions)	Employer (See I Vital Farms	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
6/30/2014	Katie Brewer		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 693 Hogan, Round Rock, TX 78664	· · · · · <sub>·</sub> · · · · ·	20.00	 	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I N/A	Instructions)		
Date	Full name of contributor oul-of-state PAC (ID#:		Amount of	In-kind contribution	
6/30/2014	Matthew Buckley		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	3300 Bee Cave Rd, Austin, TX 78746		250.00		
			(16 heavest seeded to	 	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Doctor		Self			

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 35	edule A:	
2 FILER NAME Dr. Laura Press	slev. Ph.D.		3 ACCOUNT # (E	thics Commission Filers)	
	<u> </u>			<u> </u>	
4 Date 6/12/2014	5 Full name of contributorout-of-state PAC (ID#: Joseph Burton	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	6 Contributor address; City: State: Zip Code 2113 Zack Scott St, Austin, TX 78723		50.00		
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup Senior Project N	pation / Job title (See Instructions)  Manager	10 Employer (See I Jones Lang LaSa			
Date 6/30/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City: State; Zip Code 2113 Zack Scott St, Austin, TX 78723		25.00		
			(If travel outside of	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See i		-	
Senior Project N		Jones Long LaSa	ile		
Date 6/27/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
<u> </u>	Contributor address; City; State; Zip Code 2 Crystał Creek, Austin, TX 78737		350.00	<u> </u> 	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup Author	pation / Job title (See Instructions)	Employer (See I Self	See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
5/10/2014	Mr. Griffin Cole		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 4708 Toreador Dr, Austin, TX 78746		350.00		
			(If travel outside	 of Texas, complete Schedule T)	
Principal occup Dentist	pation / Job title (See Instructions)	Employer (See I Self			
Date	Full name of contributor  ut-of-state PAC (ID#:	1	Amount of	In-kind contribution	
6/30/2014	Monica Cole		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			•	
	4708 Toreador Dr, Austin, TX 78746		350.00	1	
			fit has sales as as as	of Tours complete Cake 4 de Th	
Principal occu Mother	 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T}	
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.	

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
5/10/2014	Suzanne Corbo		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 7337 Manchaca, Austin, TX 78745		75.00	   
			(If trave) outside	of Texas, complete Schedule T)
9 Principal occur Marketing	pation / Job title (See Instructions)	10 Employer (See Qvinci	Instructions)	
Date	Full name of contributor  ut-of-state PAC (1D#:_	)	Amount of	In-kind contribution
5/10/2014	Barbara Day		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	710 Colorado, Austin, TX 78701		50.00	
	,, ,			
		<u> </u>	(If travel outside of	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I Retired	Instructions)	
Date	Full name of contributor	1	Amount of	In-kind contribution
6/18/2014			contribution (\$)	description (if applicable)
0/10/2014	Anthony Daywood			! !
	Contributor address; City; State; Zip Code		350.00	! !
	2501 Rock Terrace, Austin, TX 78704			 
			(If travel outside	I of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I Retired	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/30/2014	Justin Deloah		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 207 Woods Lane, Austin, TX 78746		20.00	
			/If traval outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or reads, complete correction 17
Construction		Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/27/2014	Lory Denson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	,		
	9401 Sherman Rd, Austin, TX 78742		100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
Enertainment		Self		
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

			1 Total pages Sch	nedule A:
TI	ne Instruction Guide explains how to complete thi	s form.	35	iodale M.
2 FILER NAM			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pre	ssley, Ph.D.			
4 Date	5 Full name of contributorout-of-slate PAC (ID#:_		7 Amount of	8 In-kind contribution
6/30/2014	Koros Derakhshani		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 5353 Burnet Rd, Austin, TX 78756		290.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ Self	cupation / Job title (See Instructions)	10 Employer (See Monkey Nest Cof		
Date	Full name of contributor		Amount of	In-kind contribution
5/10/2014	Courtney Dibrell		contribution (\$)	description (if applicable)
	Contributor address; City: State; Zip Code 1109 Hermitage, Austin, TX 78753		200.00	[ [
			(If travel outside i	of Texas, complete Schedule T)
Principal occ Sr. Advisor	cupation / Job title (See Instructions)	Employer (See Apple		,
Date	Full name of contributor		Amount of	In-kind contribution
6/30/2014	Harlan Dietrich		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1820 Ohlen Rd, Austin, TX 78757	• , ,	100.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occ Owner	cupation / Job title (See Instructions)	Employer (See Brave New Books	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
5/10/2014	Russell Doyle		contribution (\$)	description (if applicable)
	Contributor address: City; State; Zip Code 3431 N. Hills Dr., Austin, TX 78731	, , , , , , , , , , , , , , , , , , , ,	50.00	
	<u> </u>		(If travel outside	of Texas, complete Schedule T)
Principal occ Realtor	cupation / Job title (See Instructions)	Employer (See Self		
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
6/25/2014	Russell Doyle		contribution (\$)	description (if applicable)
	Contributor address; City; State: Zip Code	, , , , , , , , , , , , , , , , , , ,	50.00	1
	3431 N. Hills Dr., Austin, TX 78731		50.00	1
			(If travel outside	of Texas, complete Schedule T)
Principal oce Real Estate	cupation / Job title (See Instructions)	Employer (See Self		or rounds, complete ouriedure 1)
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#### SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
2 FILER NAME Dr. Laura Pres			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 6/27/2014	5 Full name of contributorout-of-state PAC (ID#: Russell Doyle	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address: City; State; Zip Code 3431 N. Hills Dr., Austin, TX 78731		50.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu Real Estate	upation / Job title (See Instructions)	10 Employer (See I Self	Instructions)	
Date 6/30/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 11405 Pradera, Austin, TX 78759	;	700.00	  -  -
			(If travel outside of	of Texas, complete Schedule T)
Principal occi City Planner	upation / Job title (See Instructions)	Employer (See I Duncan Associate	Instructions)	5 TOAGG 5511F1512
Date	Full name of contributor		Amount of	In-kind contribution
5/20/2014	Arsene Dupin		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 7502 Mowinkle Dr, Austin, TX 78736		350.00	 
ı			(If travel outside	of Texas, complete Schedule T)
Principal occi Entertainer	upation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or read, somplete constant .,
Date 6/18/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5200 King Charles Dr, Austin, TX 78724	· · · · · · · · · · · · · · · · · · ·	350	Consulting
l ·			(If travel outside	of Texas, complete Schedule T)
Principal occi Consultant	upation / Job title (See Instructions)	Employer (See I Self		
Date 5/10/2014	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 500 Wilmes Drive, Austin, TX 78752	2	75.00	 
Principal occi Activist	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
ACTIVIST	ATTACH ADDITIONAL COPIES		EAS NEEDED	

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#### SCHEDULE A

The	The Instruction Guide explains how to complete this form.			edule A:
2 FILER NAME Dr. Laura Press	ley, Ph.D.		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5/10/2014	5 Full name of contributorout-of-state PAC(ID#: Bridget Feaney	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State; Zip Code 9807 N. FM 620, Austin, TX 78726		9.00	   
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	of Texas, complete Schedule T)
Agent		Central Insurance	Agency	
Date 6/30/2014	Full name of contributor 🔲 out-of-state PAC (ID#:_ Nancy Fowler		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6429 Old Harbor Ln, Austin, TX 78739		100.00	
			(If travel outside o	f Texas, complete Schedule T)
Principal occup Legal Assistant	pation / Job title (See Instructions)	Employer (See I O'Connell Frost	<del></del>	,
Date 6/18/2014	Full name of contributor oul-of-state PAC (ID# Richard Franklin		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3906 Sojourner, Austin, TX 78725		350	Volunteer Coordination
			(If travel outside	I of Texas, complete Schedule T)
Principal occup President	pation / Job title (See Instructions)	Employer (See I Youth Unlimited	(nstructions)	
Date 5/15/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2112 Guadalupe, Austin, TX 78705		350	Photography
			(If travel outside	 of Texas, complete Schedule T)
Principal occur Owner	pation / Job title (See Instructions)	Employer (See Freeworld Enterp	Instructions)	
Date 6/30/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 17004 Hayride, Lockhart, TX 78644	, , , , , , , , , , , ,	50.00	 
			(If travel outside	 of Texas, complete Schedule T)
Principal occup Craftsman	pation / Job title (See Instructions)	Employer (See Self		
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#### SCHEDULE A

<del></del>				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
5/20/2014	Thomas Frye		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 5651 Leon Street, Houma, LA 70360	· · · · · · · · · · · · · · · · · · ·	25.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu HL7 Interface A	pation / Job title (See Instructions) unalyst	10 Employer (See www.tgmc.com	Instructions)	
Date 5/10/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	Contributor address; City; State; Zip Code 9402 E. Meadow Vale St., Austin, TX 78758		50.00	1 
			(If travel outside of	of Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Retired	Instructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
6/7/2014	Ed Greene		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 9101 La Cresada #2325, Austin, TX 78749		10.00	
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	•	or rexus, complete deficable 1)
Retired	·····	Retired		•
Date 5/10/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code 911 Stoneoak Lane, Austn, TX 78745	, , , , , , , , , , , ,	20.00	<del> </del> 
			(If travel outside	l of Texas, complete Schedule T)
Principal occu Club Agent	pation / Job title (See Instructions)	Employer (See United Airlines		
Date 6/30/2014	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 911 Stoneoak Lane, Austn, TX 78745		130.00	
			(If travel outside	 of Texas, complete Schedule T)
Principal occu Club Agent	pation / Job title (See Instructions)	Employer (See United Airlines		

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#### SCHEDULE A

	<u> </u>			
The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
6/30/2014	Greg Greene		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 911 Stoneoak Lane, Austn, TX 78745		100.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occup Agent	pation / Job title (See Instructions)	10 Employer (See Roy Nixon & Asso		
Date	Full name of contributor  ut-of-state PAC (ID#:_	·)	Amount of	In-kind contribution
6/30/2014	Philip Greene		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 911 Stoneoak Lane, Austn, TX 78745		100.00	
	, , , , , , , , , , , , , , , , , , , ,			! ]
		<u> </u>		of Texas, complete Schedule T)
Principal occup Technician	pation / Job title (See Instructions)	Employer (See I	Instructions)	
recinician		C3 Floductions		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/2014	Tre Groeschel		00110100111 (0)	, addition (in application)
	Contributor address; City; State; Zip Code		400.00	
į	4917 Noreen Court NE, Albuquerque, NM 8	7111	100.00	
6			· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occur Paramedic	pation / Job title (See Instructions)	Employer (See Salbuquerque Amb		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/16/2014	Stacy Guidry		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1_
	4802 Turnstone, Austin, TX 78744		350	Consulting
				<u>'</u>
		<u> </u>		of Texas, complete Schedule T)
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/26/2014	Kathy Hall		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			•
	9202 Meadowheath, Austin, TX 78729		100.00	
	, , , , ==			; 
		,		of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
Property Manag	le <sub>1</sub>	Burnet Rd Storag	<u>e</u>	

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#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	3	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Press	ley, Ph.D.			,	
4 Date	5 Full name of contributoroul-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
6/27/2014	David Hebert		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code 3267 Bee Cave Rd, Austin, TX 78746		350.00	 	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup SMTS	pation / Job title (See Instructions)	10 Employer (See I Freescale Semico			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
5/10/2014	Mary Jo Hernandez		cantribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 1002 Wisteria, Austin, TX 78753		100.00		
· 			(If travel outside o	 of Texas, complete Schedule T}	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I Retired			
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution	
5/10/2014	Kathie Holliman		contribution (\$)	description (if applicable)	
	Contributor address; City: State: Zip Code 9908 Chukar Bend, Austin, TX 78758		20.00		
		:	/If travel outside	of Texas, complete Schedule T)	
Principal occup Sm Business O	pation / Job title (See Instructions) Wner	Employer (See t Self		, , , , , , , , , , , , , , , , , , , ,	
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
6/30/2014	Clayton Holmes	, ,	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			1	
	2400 Socorro Bend, Leander, TX 78641		25.00		
-			(If travel outside	of Texas, complete Schedule T)	
Principal occup Requested	pation / Job title (See Instructions)	Employer (See I Requested	nstructions)		
Date	Full name of contributor 🔲 oul-of-state PAC (ID#:_	)	Amount of	I⊓-kind contribution	
6/7/2014	Allison Horan		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 933 E. 55th St., Austin, TX 78751		75.00	 	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup Nutritionist	pation / Job title (See Instructions)	Employer (See I Peoples Pharmac	nstructions)		

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2 FILER NAME Dr. Laura Pres			3 ACCOUNT # (E	thics Commission Filers)
<b>4</b> Date 5/10/2014	5 Full name of contributorout-of-state PAC (ID#:_ Chris Howe	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1306 Bob Harrison, Austin, TX 78702		100.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occi Owner	upation / Job title (See Instructions)	10 Employer (See IDHC Data	Instructions)	
Date 5/30/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2603 Tanglewood, Austin, TX 78703		350.00	   
		<u> </u>		of Texas, complete Schedule T)
Principal occi Investor	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 6/18/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2603 Tanglewood, Austin, TX 78703		200.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occi Tennis Pro	upation / Job title (See Instructions)	Employer (See I Self	nstructions)	
Date 6/18/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2603 Tanglewood, Austin, TX 78703		200.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occ Sm Business (	upation / Job title (See Instructions) Owner	Employer (See I Self		
Date 6/30/2014	Full name of contributor out-of-state PAC (ID#: Stephen Hunt	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
·	Contributor address; City; State; Zip Code 1207 W 39th 1/2 St, Austin, TX 78756		100.00	
Principal occ	upation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Senior System		Alchemy Systems	Employer (See Instructions) Alchemy Systems	
i e	ATTACH ADDITIONAL COPIES C			requirements

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#### SCHEDULE A

TH	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAM Dr. Laura Pre			3 ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 6/30/2014	5 Full name of contributorout-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2005 Rabb Glen, Austin, TX 78704		100.00	 
		,	(If travel outside	I of Texas, complete Schedule T)
9 Principal occ Architect	cupation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date 5/26/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
ſ	801 W. Pfluger, Pflugerville, TX 78660		50.00	 
	cupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Realtor		Dash Realty		
Date 6/30/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 801 W. Pfluger, Pflugerville, TX 78660		10.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occ Realtor	supation / Job title (See Instructions)	Employer (See Dash Realty	Instructions)	
Date 6/30/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4011 Sierra Dr, Austin, TX 78731		100.00	 
		·		of Texas, complete Schedule T)
Attorney	supation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date 5/26/2014	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3300 Garden Villa Ln, Austin, TX 78704		20.00	 
		1	(If travel outside	 of Texas, complete Schedule T)
Principal occ Electrician	cupation / Job title (See Instructions)	Employer (See RK Bass Electrica		

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				<u> </u>
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:_	)	7 Amount of	8 In-kind contribution
5/10/2014	Alan Kaiser		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 5905 Back Bay, Austin, TX 78739		50.00	 
			(If travel outside	I of Texas, complete Schedule T)
9 Principal occu Consultant	pation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
5/10/2014	Elise Krentzel		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 3211 Harris Park, Austin, TX 78705		10.00	 
			(If travel outside of	 of Texas, complete Schedule T)
Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Self		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
5/10/2014	Wayne LaChapelle		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1512 Sheridan Tr, Austin, TX 78748	· · · · · · · · · · · · · · ·	20.00	  -
			(If travel outside	of Texas, complete Schedule T)
Principal occu Financial Advis	pation / Job title (See Instructions) Of	Employer (See Self		
Date	Full name of contributor	)	Amount of	In-kind contribution
6/15/2014	John Leake		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	912 Barberry Lane, Peachtree, GA 30269		200.00	
· · · · · · · · · · · · · · · · · · ·			(If travel outside	of Texas, complete Schedule T)
Principal occu Director	pation / Job title (See Instructions)	Employer (See Real Life Operation		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
6/30/2014	James Legg		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 5120 Kite Tail, Austin, TX 78730		100.00	 
			(If travel outside	 of Texas, complete Schedule T}
Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Freescale Semico		

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 35	edule A:	
2 FILER NAME Dr. Laura Press	ley, Ph.D.		3 ACCOUNT # (E	thics Commission Filers)	
4 Date 6/29/2014	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
U/28/20 14	Ellie Leggitt			 	
6 Contributor address; City; State; Zip Code 9101 LaCresada Dr, Austin, TX 78749		10.00			
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup Retired Teacher	pation / Job title (See Instructions) r	10 Employer (See I Retired	Instructions)		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution	
6/27/2014	Nelson Linder		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 1807 Rhodes, Austin, TX 78721	,	50.00		
		,	/If travel outside (	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Insurance Agent  Employer (See Insurance Agent		nstructions)			
Date	Full name of contributor	)	Amount of	In-kind contribution	
6/7/2014	Carsen Livesay		contribution (\$)	description (if applicable)	
	Contributor address; City: State: Zip Code 21920 Rock Wren Rd, Spicewood, TX 78669	9	350.00	  Design	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup Media Designer	pation / Job title (See Instructions)	Employer (See I Self			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
5/20/2014	Mr. and Mrs Jim Lodwick		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	7710 Shadyrock Drive, Austin, TX 78731		550.00	<u> </u>  -	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup Investor	pation / Job title (See Instructions)	Employer (See I Self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
5/20/2014	Eduardo Longoria		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 1508 Norris Drive, Austin, TX 78704		350.00	'	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup Health	pation / Job title (See Instructions)	Employer (See I Self	Instructions)		
	<del></del>				

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The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
Dr. Laura Press	lley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	7 Amount of	8 In-kind contribution
6/24/2014	John Maltabes		contribution (\$)	description (if applicable)
	6 Contributor address: City; State; Zip Code 4512 Eagle Feather, Austin, TX 78735		290.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Director	pation / Job title (See Instructions)	10 Employer (See I Jordan Valley Ser		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
6/30/2014	Priscilla Maltabes		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 4512 Eagle Feather, Austin, TX 78735		350.00	Event Consulting
			(If travel outside o	f of Texas, complete Schedule T)
Principal occup Requested	pation / Job title (See Instructions)	Employer (See I Requested	•	
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/30/2014	Ron Manzanero	<u>.</u>	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 3456 N. Hills Dr., Austin, TX 78731		50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I	· ·	of Texas, complete Schedule T)
Physician		Austin Integrative		···
Date 6/30/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3005 S. Lamar, Austin, TX 78704		290.00	
,	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Manager		GSDM		
Date	Full name of contributor oul-of-state PAC (ID#:	) -	Amount of	In-kind contribution
6/24/2014	Clifford Martinez		contribution (\$)	description (if applicable)
	Contributor address; City, State, Zip Code			
	2805 E. 22nd, Austin, TX 78722		350.00	
				1
Dringing of a	potion / Joh title /Soc locts of and	Emple /S /	·	of Texas, complete Schedule T)
Owner	pation / Job title (See Instructions)	Employer (See I Ben White Florist	instructions)	

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2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Press	ley, Ph.D.				
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
5/30/2014	Sergio Martinez		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code 3005 S. Lamar, Austin, TX 78704		200.00	 	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup Consultant	pation / Job title (See Instructions)	10 Employer (See Self	Instructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
6/30/2014	Melvin Mason		contribution (\$)	description (if applicable)	
	Contributor address; City: State: Zip Code 1137 Marks Circle, Austin, TX 78721		250.00	Advertising	
į			(If travel outside (	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or rexas, complete schedule 1)	
Store Manager		Capital C&B			
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution	
6/24/2014	Steven McDonald		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	200 A ST. Stop 154, Clear, AK 99704		10.00		
			(If travel outside	of Texas, complete Schedule T)	
Principal occup QA	pation / Job title (See Instructions)	Employer (See I ANG	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
6/7/2014	Rick McGinnis		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 612 W. 34th St, Austin, TX 78705		350.00	  Design	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup Owner	pation / Job title (See Instructions)	Employer (See I Bumper Sticker	Instructions)		
Date	Full name of contributor oul-of-state PAC (ID#:	)	Amount of	In-kind contribution	
6/30/2014	Mr. and Mrs Jonathan McQuade		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 8124 NE 157th, Kenmore, WA 98028		700.00		
	0124 NE 137th, Nemilore, WA 90020			] ]	
			(If travel outside	 of Texas, complete Schedule T)	
Principal occup Mental Health T	pation / Job title (See Instructions) herapist	Employer (See I CP Clinic	Instructions)		
· · · · · · · · · · · · · · · · · · ·					

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 35	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
6/16/2014	Samantha Meazell		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704		350.00	  Consulting
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Media Consulta	pation / Job title (See Instructions) ant	10 Employer (See Self	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
6/18/2014	Mona Mehdy		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 5004 Smokey Mountain Dr., Austin, TX 7872		10.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occu Professor	pation / Job title (See Instructions)	Employer (See t		or rexus, complete consessor,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
5/23/2014	Linda Messier	•	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 11610 Bittern Hollow, Austin, TX 78758		30.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occur Self	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
6/30/2014	Taylor Metting		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 800 W. 34th, Austin, TX 78705	• • • • • • • • • •	20.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occu Project Manage	pation / Job title (See Instructions) er	Employer (See   Self	Instructions)	_
Date 6/30/2014	Full name of contributor out-of-state PAC (ID#: Chris Meyer	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 750 West Street, Wheaton , IL 60187		100.00	 
		- "		of Texas, complete Schedule T)
Principal occur Program Manag	pation / Job title (See Instructions) gement	Employer (See I	Instructions)	
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The Instruction Guide explains how to complete this form.		1 Total pages Sch 35	edule A:	
2 FILER NAME		·	3 ACCOUNT # (Ethics Commission Filers)	
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	<u></u>	7 Amount of	8 In-kind contribution
6/29/2014	James Millis		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1314 W. McDermott, Allen, TX 75013		150.00	   
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Financial Advis	pation / Job title (See Instructions) Of	10 Employer (See Self	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
6/26/2014	Jannelle Monney		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 11204 Solitary Fawn, Austin, TX 78735		290.00	[
			/If travel outside	of Texas, complete Schedule T)
Principal occur Owner	pation / Job title (See Instructions)	Employer (See The Monney Gro	Instructions)	or rexas, complete scriedure 1)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/24/2014	Tom Morris		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 890 Maplewood, Reno, NV 89509		25.00	 
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		or render, complete delication . ,
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/30/2014	Gary Hanna		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	1182 Forrest Bluff, Round Rock, TX 78665		350.00	Advertising
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Owner / Formul	ator	Nature's Pure Org	ganics	
Date 5/26/2014	Full name of contributor out-of-state PAC (#D#:_ M R Nadler-Olenick	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code PO Box 7486, Austin, TX 78713		350.00	
		<b>T</b>	(If travel outside	I of Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Retired	Instructions)	
	ATTACU ADDITIONAL CODIFO	SE TIME COMES "	ACAIFFEE	

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#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:
2 FILER NAM	1E		<del> </del>	thics Commission Filers)
Dr. Laura Pre	essley, Ph.D.			
4 Date 6/29/2014	5 Full name of contributorout-of-state PAC (ID# Craig Nazor	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Cod 11701 Barchetta , Austin, TX 78758		100.00	   
9 Principal oc	cupation / Job title (See Instructions)	40 5	4	of Texas, complete Schedule T)
Adjunct Profe		ACC ACC	instructions)	
Date 5/10/2014	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7205 Eastcrest, Austin, TX 78723		<i>,</i>	9.00	 
			(If trave) outside	 of Texas, complete Schedule T)
Principal oc Catering	cupation / Job title (See Instructions)	Employer (See Self		
Date 6/6/2014	Full name of contributor	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; PO Box 7486, Austin, TX 78713			350.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal oc Property Owr	cupation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date 5/31/2014	Full name of contributor	<u>*</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Cod 8210 Bent Tree, Apt. 239, Austin, TX 7875		350.00	1
			(If travel outside	of Texas, complete Schedule T)
Principal oc Engineer	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date 6/26/2014	Full name of contributor  ut-of-state PAC (ID#	(:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State: Zip Cod 611 Bissonet Ln, Austin, TX 78752		100.00	
			(If travel outside	of Texas, complete Schedule T)
		Employer (See Pride of Austin C		

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#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 35	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC(ID#:	)	7 Amount of	8 In-kind contribution
5/20/2014	Justin Padgett		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 6609 Norwood Ave., Lubbock, TX 79413		100.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Broker	pation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date 5/10/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code 3571 Far West, Austin, TX 78731		200.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See i Retired	Instructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
6/29/2014	Donald Parsons		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 3571 Far West, Austin, TX 78731		100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See ) Retired		
Date 5/10/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1015 E. Yager Lane, Austin, TX 78753		200.00	 
	<u> </u>		(If travel outside	f Texas, complete Schedule T)
Principal occup Accountant	pation / Job title (See Instructions)	Employer (See I Se <b>l</b> f	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/24/2014	Linda Patterson		contribution (\$)	description (if applicable)
	Contributor address; City: State: Zip Code 1015 E. Yager Lane, Austin, TX 78753		145.00	] <sup>*</sup>  -  -
		, ·	(If travel outside	of Texas, complete Schedule T)
Principal occup Accountant	pation / Job title (See Instructions)	Employer (See Self	Instructions)	

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
<b>6</b> F# ==		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethics Commission Filers)	
2 FILER NAME Dr. Laura Press	sley, Ph.D.		S ACCOUNT# (E	unics Commission Filers)
4 Date	5 Full name of contributor put-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
6/30/2014	Rick Perkins		contribution (\$)	description (if applicable)
	6 Contributor address: City; State; Zip Code 2425 Ashdale, Austin, TX 78757		50.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Speaker	pation / Job title (See Instructions)	10 Employer (See Self	'	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
6/30/2014	Dawn Phillips		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2104 Peach Tree, Austin, TX 78704		100.00	
			(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	· _ ·	
Software Traine	PF	Hand Corp.	<del></del>	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/30/2014	John Phillips		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2104 Peach Tree, Austin, TX 78704		100.00	 
				of Texas, complete Schedule T)
Principal occup Technician	pation / Job title (See Instructions)	Employer (See I CSC Communica		
Date 6/30/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8500 Cockney, Austin, TX 78748		10.00	1
			(If travel outside	 of Texas, complete Schedule T}
Principal occup Delivery Driver	pation / Job title (See Instructions)	Employer (See I Papa Johns		
Date 6/10/2014	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 506 W. 15th St. #201, Austin, TX 78701		350.00	· 
			(If travel outside	 of Texas, complete Schedule T)
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See		

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#### SCHEDULE A

			<del></del>	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:	
<del></del>			35 3 ACCOUNT # (Ethics Commission Filers)	
Dr. Laura Press	sley, Ph.D.		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
N/A	N/A		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code N/A		N/A	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Owner	pation / Job title (See Instructions)	10 Employer (See Pure Rain, LLC	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
5/10/2014	Laura Pressley		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 10203 Woodglen, Austin, TX 78753		25.00	
			(if travel outside o	of Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See I Pure Rain, LLC		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/14/2014	Patrick Pressley		contribution (\$)	description (if applicable)
	Contributor address: City; State; Zip Code 1003 Circleview Dr, Austin, TX 78733		150.00	<u>.</u> 
			(If travel outside	of Texas, complete Schedule T)
Principal occup Sales Manager	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/30/2014	John Pressley		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1306 Brittany, Mansfield, TX 76063		200.00	
	L		(If travel outside	of Texas, complete Schedule T)
Principal occur Owner	pation / Job title (See Instructions)	Employer (See I Mansfield Fine Je	·	
Date 5/23/2014	Full name of contributor out-of-state PAC (ID#: John Ramsey	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2.20,2017	Contributor address; City; State; Zip Code 5500 Basswood Ln, Austin, TX 78723		350.00	
			(If travel outside o	f Texas, complete Schedule T)
Principal occup Investor	pation / Job title (See Instructions)	Employer (See ) Self		

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#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 35		
2 FILER NAME		-	3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Press	ley, Ph.D.				
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
6/11/2014	David Ray		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code Warrington, Austin, TX 78753		100.00	 	
			(If travel outside	I of Texas, complete Schedule T)	
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See I Retired			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
5/10/2014	Michael Reid		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 4115 Drake St, Houston, TX 77005	,	50.00		
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup Student	pation / Job title (See Instructions)	Employer (See I N/A	nstructions)		
Student		IV/A			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/10/2014	Arthur Rhodes	*	30/m/24/0// (\$)	Cooripion (in application)	
	Contributor address; City; State; Zip Code 6506 Mesa, Austin, Tx 78731		100.00	 	
			(If travel outside	of Texas, complete Schedule T)	
Principal occur Real Estate Mg	pation / Job title (See Instructions) mt	Employer (See t Self	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
6/18/2014	Sonny Rhodes		contribution (\$)	description (if applicable)	
	Contributor address; City: State; Zip Code 6506 Mesa, Austin, TX 78731		100.00	 	
		,	(If travel outside	of Texas, complete Schedule T)	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I Retired	nstructions)		
Date	Full name of contributor oul-of-state PAC (ID#:		Amount of	In-kind contribution	
5/26/2014	Robert Roark		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	1804 A Hunter Rd, San Marcos, TX 78666		10.00		
	,			<u>'</u>	
		_	(If travel outside	l of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Sr. Operations		QC Inspections			

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#### SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Sch 35	edule A:	
2 FILER NAME Dr. Laura Press	ley, Ph.D.	•	3 ACCOUNT # (E	thics Commission Filers)
<b>4</b> Date 6/30/2014	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
:	6 Contributor address; City; State; Zip Code 1217 Olympus Dr, Austin, TX 78733		50.00	 
			(If travel outside	I of Texas, complete Schedule T)
9 Principal occup Entrepreneur	pation / Job title (See Instructions)	10 Employer (See 1 Self	Instructions)	
Date 6/26/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1112 W. 9th, Austin, TX 78703		350.00	 
			(If travel outside o	of Texas, complete Schedule T)
Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See I Self		
Date 5/10/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 309 Northfield, Round Rock, TX 78681		350.00	Consulting
			(If travel outside	 of Texas, complete Schedule T)
Principal occur Media Consulta	pation / Job title (See Instructions) nt	Employer (See I Self	nstructions)	
Date 6/30/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8402 Spring Valley, Austin, TX 78736		20.00	 
			(If travel outside	 of Texas, complete Schedule T)
Principal occur Land Surveyor	pation / Job title (See Instructions)	Employer (See I Samford & Assoc	,	
Date 6/10/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See I National Instrume	nstructions)	of Texas, complete Schedule T)
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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
		35		
2 FILER NAME Dr. Laura Press	sley, Ph.D.		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
6/30/2014	Jeneen Scholz		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 2805 Rock Terrace, Austin, TX 78704		145.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup PR Director	pation / Job title (See Instructions)	10 Employer (See I Peoples Pharmac		
Date 6/27/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2805 Rock Terrace, Austin, TX 78704		100.00	
			(If travel outside of	f Texas, complete Schedule T)
Principal occup PR Director	pation / Job title (See Instructions)	Employer (See I Peoples Pharmac	nstructions)	•
Date 6/16/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code Huntwick Dr, Austin, TX 78741		350.00	Consulting
			(If travel outside	 of Texas, complete Schedule T)
Principal occup Social Media C	pation / Job title (See Instructions) onsultant	Employer (See I Self	nstructions)	
Date 6/30/2014	Full name of contributor out-of-state PAC (ID# Thomas Sealy	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 805 Sunny Lane, Cedar Park, TX 78613	· · · · · · · · · · · · · · · · · · ·	350.00	! !
			(If travel outside e	of Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See I US Treasury		
Date 5/20/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 7502 Mowinkle Dr, Austin, TX 78736		350.00	 
				l of Texas, complete Schedule T)
Principal occur Dentist	pation / Job title (See Instructions)	Employer (See I Joan L. Sefcik, DI		
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### SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pres	sley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
5/10/2014	James Shaw		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 6505 Auburn, Austin, TX 78723		100.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu Analyst	pation / Job title (See Instructions)	10 Employer (See State of TX	Instructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
6/30/2014	Michele Simpson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 729 Shade Tree, Austin, TX 78748		100.00	 
			(If travel outside of	 of Texas, complete Schedule T)
Principal occu Cosmetology	pation / Job title (See Instructions)	Employer (See I Self	Instructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
6/20/2014	Michele Simpson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 729 Shade Tree, Austin, TX 78748		250.00	Advertising
	,		(If travel outside	of Texas, complete Schedule T)
Principal occu Cosmetology	pation / Job title (See Instructions)	Employer (See   Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
5/20/2014	James and Betty Skaggs		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 4700 Toreador, Austin, TX 78746		700.00	 
			(If travel outside	 of Texas, complete Schedule T)
Principal occu Investor	pation / Job title (See Instructions)	Employer (See   Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
6/27/2014	James and Delores Skowbo		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 15301 Mallard, Austin, TX 78728		700.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occu IT Consultant	pation / Job title (See Instructions)	Employer (See   Self	·	
lf	ATTACH ADDITIONAL COPIES C			requirements.

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 35	edule A:
2 FILER NAME Dr. Laura Press	ley, Ph.D.	-	3 ACCOUNT # (E	thics Commission Filers)
4 Date 6/30/2014	5 Full name of contributorout-of-state PAC (ID#: Travis Snavely		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2006 - A Kenneth Ave, Austin, TX 78741	,	20.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Medial Biller	pation / Job title (See Instructions)	10 Employer (See I RC Billing	nstructions)	
Date N/A	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code N/A		N/A	<u> </u>
			(If travel outside o	f Texas, complete Schedule T)
Principal occup N/A	pation / Job title (See Instructions)	Employer (See I N/A		s total, complete concease sy
Date 6/4/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 9000 Thickwoods Cove, Austin, TX 78735		50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occur Vice President	pation / Job title (See Instructions)	Employer (See I PLUS, Inc.	nstructions)	•
Date 5/23/2014	Full name of contributor out-of-state PAC (ID#: Rhonda Stanley		Amount of contribution (\$)	In-kind contribution description (if applicable)
1	Contributor address; City; State; Zip Code 1422 Larkwood Dr, Austin, TX 78723		100.00	   
			(If travel outside	l of Texas, complete Schedule T)
Principal occup Student	pation / Job title (See Instructions)	Employer (See I Consultant	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
6/10/2014	Gary Stewart, Ph.D.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 201 Sycamore Valley, Dripping Springs, TX	78620	60.00	 
			(If travel outside o	of Texas, complete Schedule T)
Principal occup Adjunct Profess	oation / Job title (See Instructions) Of	Employer (See I ACC	•	
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#### SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Dr. Laura Press	sley, Ph.D.	-	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5/10/2014	5 Full name of contributor □ out-of-state PAC (ID#:_  Kathy Stimets-Vidal	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 500 Wilmes Drive, Austin, TX 78752		100.00	 
<u> </u>			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Sonographer	pation / Job title (See Instructions)	10 Employer (See CTOA	Instructions)	
Date 6/14/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 9700 Halifax Dr, Austin, TX 78753		200.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup Real Estate App	pation / Job title (See Instructions) praiser	Employer (See I American Realty	Instructions)	
Date 6/27/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2402 Katy Cove, Austin, TX 78704		350.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Owner and Fou	pation / Job title (See Instructions) nder	Employer (See I Peoples Pharmac	Instructions) Cy	
Date 6/30/2014	Full name of contributor out-of-state PAC (ID# Elvie Swail		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code 4009 Victory Dr #B105, Austin, TX 78704		145.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I Retired		
Date 6/30/2014	Full name of contributor  ul-of-state PAC (ID#:_Mariya Swanson  Contributor address; City; State; Zip Code 1619 W. 11th, #A, Austin, TX 78703		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Hospitality/Lode		Self		
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#### SCHEDULE A

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TI	ne Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAM Dr. Laura Pre			3 ACCOUNT # (E	thics Commission Filers)
<b>4</b> Date 5/23/2014	5 Full name of contributorout-of-state PAC (ID#: Nick Taylor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 6705 290 W. #502, Austin, TX 78735		350.00	 
			(If travel outside	I of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Investor  10 Employer (See Investor		Instructions)		
Date 5/10/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1701 Travis Heights, Austin, TX 78704		30.00	
Principal occupation / Job title (See Instructions) Employer (See I		(If travel outside of Texas, complete Schedule T)		
Concrete	,	Self		
Date	Full name of contributor out-of-state PAC (fD#:	)	Amount of	In-kind contribution
5/26/2014	Chuck Thomas		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 11011 Deep Brook Dr., Austin, TX 78726		20.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occ Finance	cupation / Job title (See Instructions)	Employer (See Self	·	
Date 6/27/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6902 Beauford Dr, Austin, TX 78750		200.00	  -  -
		T		of Texas, complete Schedule T)
Principal occ Banking	cupation / Job title (See Instructions)	Employer (See ABC Bank	Instructions)	
Date 5/30/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 11509 June Dr., Austin, TX 78753		50.00	<del> </del> 
D				of Texas, complete Schedule T)
Principal occ Partner	cupation / Job title (See Instructions)	Employer (See VMG	Instructions)	

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#### SCHEDULE A

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 35		
2 FILER NAME		-	3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Press	sley, Ph.D.				
4 Date	T=	<del></del>	7 Amount of	5 In hind annuith thing	
6/16/2014			contribution (\$)	8 In-kind contribution description (if applicable)	
0/10/2014	Brandon Vezmar				
	6 Contributor address; City; State; Zip Code 11509 June Dr., Austin, TX 78753		300.00	Video Production	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Partner  10 Employer (See In Vezmar Media Gro					
Date	Full name of contributor		Amount of	In-kind contribution	
5/26/2014	Arthur Wagner		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 9500 Linkmeadow Dr, Austin, TX 78748		35.00		
			(If travel outside	of Toyon, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)		
Retired		Retired	<u>,                                      </u>		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
6/13/2014	Jason Wahoski		contribution (\$)	description (if applicable)	
			ì		
	Contributor address; City; State; Zip Code 11003 Spear Oak Cove, Austin, TX 78759		100.00	¦ 1	
	1 1003 Spear Oak Cove, Austin, 17 76759			1	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	See Instructions)		
Engineer		Applied Materials	,		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
6/29/2014	Gordon Walton	_	contribution (\$)	description (if applicable)	
				<u>'</u>	
	Contributor address; City; State; Zip Code		50.00	1	
	8207 Ganttcrest Dr, Austin, TX 78749	*			
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ourisatile 17	
Manager		Are+Craft Enterta	inment		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
6/16/2014	Tenesha Wards	•	contribution (\$)	description (if applicable)	
				` 	
Contributor address; City; State; Zip Code		290.00	' 		
	205 S. Wild Basin Rd, Austin, TX 78746			! !	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		or ronder complete contended ()	
Chiropractor	·	Infinity Wellness (			

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

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 35	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
6/7/2014	Ed Wendler, Jr		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 4803 Balcones Dr., Austin, TX 78731		200.00	 
			(If travel outside	i of Texas, complete Schedule T)
9 Principal occup Real Estate	pation / Job title (See Instructions)	10 Employer (See Self	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
6/30/2014	Ed Wendler, Jr		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 4803 Balcones Dr., Austin, TX 78731		150.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See I Self		
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of	In-kind contribution
6/27/2014	Doug Wenger		contribution (\$)	description (if applicable)
	Contributor address: City: State, Zip Code 1800 Wayside, Wimberley, TX 78676		350.00	 
!			(If travel outside	of Texas, complete Schedule T)
Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See I Self		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
6/27/2014	Rayma Wenger		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1800 Wayside, Wimberley, TX 78676		50.00	
			(If traval outside	of Tayon, complete Schodule T
Principal occur Teacher	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		Jeli .		<del></del> -
Date 6/29/2014	Full name of contributor out-of-state PAC (ID#:_ Shobha Wenger		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State; Zip Code 15171 Diana Ln, Houston, TX 77062		200.00	 
D-in-!!	- No. / Lab Mills (Co. Laboration )	F1 /O	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Retired	pation / Job title (See Instructions)	Employer (See I Retired	nstructions)	
	ATTACH ADDITIONAL CODIES C	NE TUIS SCUED! "	AC NEEDED	

P.O. Box 12070

#### SCHEDULE A

		<del></del>		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Dr. Laura Press	slev. Ph.D.		3 ACCOUNT # (E	thics Commission Filers)
	-			_ · · · · · · · · · · · · · · · · · · ·
4 Date 6/30/2014	5 Full name of contributorout-of-state PAC(ID#: Shobha Wenger		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 15171 Diana Ln, Houston, TX 77062		50.00	  - 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Retired	pation / Job title (See Instructions)	10 Employer (See I Retired	nstructions)	
Date 5/26/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 15000 Pheasant Lane, Austin, TX 78734	:	70.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occu LMT	pation / Job title (See Instructions)	Employer (See I Self	nstructions)	
Date 5/10/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3408 Hollywood, Austin, TX 78722	. ,	100.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occu Photographer	pation / Job title (See Instructions)	Employer (See I Self		
Date 6/24/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 555 E. 5th, Apt 713, Austin, TX 78701		350.00	
			(If travel outside	of Toyas, gamplata Schodula T)
Principal occu Physician	pation / Job title (See Instructions)	Employer (See I Wiseman Family I	nstructions)	of Texas, complete Schedule T)
Date 6/4/2014	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3201 Barton Point Circle, Austin, TX 78733		350.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occu Engineering Ma	pation / Job title (See Instructions) anager	Employer (See I Freescale		5. Ishaa, sampleta danadala 17
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pres			`	
4 Date	5 Full name of contributor   out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
6/6/2014	Barry Woltag		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 907 Quail Forest Cove, Austin, TX 78758	,	25.00	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occi Broker	upation / Job title (See Instructions)	<b>10</b> Employer (See Self	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
6/18/2014	Texans for Accountable Govt		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1306 Baronets Trail, Austin, TX 78753		350.00	
			//6 ****** ********	 
Principal occ	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
PAC		N/A		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
				of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
			106 4	 
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	1		T	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			·   ·
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	ASNEEDED	

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

PLED(	GED CONTRIBUTIONS			SCHEDULE B
TI	ne Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule B:
2 FILER NAM Dr. Laura Pre			3 ACCOUNT # (E	thics Commission Filers)
	TAL OF UNITEMIZED PLEDGES: ⇔		<b>\$ \$</b>	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description
6/30/2014	Jim Lodwick 7 Pledgor address; City; State; Zip Code 7710 Shadyrock Drive, Austin, TX 78731		150.00	(if applicable)
			I	of Texas, complete Schedule T)
10 Principal oc Investor	cupation / Job title (See Instructions)	11 Employer (See I Self	nstructions)	
Date 6/30/2014	Full name of pledgor out-of-state PAC (ID#: Melvin Mason		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 1137 Marks Circle, Austin, TX 78721	· · · · · · · · · · · · · · · · · · ·	100.00	;   
			(If travel outside	of Texas, complete Schedule T)
Principal oc Store Manag	cupation / Job title (See Instructions) er	Employer (See I Capital C&B	nstructions)	
Date 6/30/2014	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 2253 SH 71 W, Cedar Park, TX 78612	• · · · · · · · · · · · · · · · · · · ·	350.00	   
		1	'	of Texas, complete Schedule T)
	cupation / Job title (See Instructions) ject Manager	Employer (See I City of Austin	nstructions)	
Date 6/30/2014	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 5501A Balcones Drive, Austin, TX 78731	;	350.00	 
			(If travel outside	I of Texas, complete Schedule T)
Principal oc N/A	cupation / Job title (See Instructions)	Employer (See N/A	Instructions)	
Date 6/29/2014	Full name of pledgor out-of-state PAC (ID#: Craig Nazor	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 11701 Barchetta , Austin, TX 78758	• · · · · · · · · · · · · · · · · · · ·	250.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal oc Adjunct Profe	cupation / Job title (See Instructions)	Employer (See ACC	nstructions)	
 	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see instru			requirements.

P.O. Box 12070

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule B:
2 FILER NAMI	<u> </u>		<del></del>	thics Commission Filers)
Dr. Laura Pres	ssley, Ph.D.		·	·
4 тот	TAL OF UNITEMIZED PLEDGES:	□ □ □	⇒ ⇒	\$
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:		8 Amount of	9 In-kind description
6/28/2014	Joyce Riley		pledge (\$)	(if applicable)
	7 Pledgor address; City; State; Zip Code			
	PO Box 85, Versailles, MO 65084		300.00	
			()f travel outside o	 of Texas, complete Schedule T)
•	upation / Job title (See Instructions)	11 Employer (See In	nstructions)	,
Radio Host		The Power Hour		
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
6/27/2014	Don Busby		p	( 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Pledgor address; City; State; Zip Code		145.00	
	Austin, TX			 
			(If travel outside	l of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See In	,	
Broker		Commerce Busine	ess Brokers	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
				<b> </b> 
	Pledgor address; City; State; Zip Code			1
<del></del>				of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of	In-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code			
				<u>.</u>
			(If travel outside	l of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	· · · ·	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
				1
	Pledgor address; City; State; Zip Code			<b>,</b>
				'
			(If travel outside	of Texas, complete Schedule T)

LOANS				SCHEDULE <b>E</b>
The	Instruction Guide explains how to com	plete this form.	1 Total p.	ages Schedule E:
2 FILER NAME			3 ACCOL	JNT # (Ethics Commission Filers)
Dr. Laura Pressley	, Ph.D.			
<b>4</b> TOTA	L OF UNITEMIZED LOANS:	\$\display \display \d	₽	\$2,000.00
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:		9 Loan Amount (\$)
5/6/2014	Laura Pressley			2,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 10203 Woodglen Cove, Austin, TX	Zip Code 78753		10 Interest rate 0%
Y (N)				11 Maturity date None
12 Principal occupat Owner	ion / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	1	
14 Description of Col	lateral	15 Check if personal funds wer	e deposite	d into political account
none		$\square$		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	I ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)
Is lender a financial	Lender address; City; State;	Zip Code		Interest rate
Institution?	,			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were	deposited	d into political account
none				
GUARANTOR INFORMATION	Name of guarantor	-1		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupa	tion (See Instructions)	Employer (See Instructions)		I
If len	ATTACH ADDITIONAL COI der is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NE struction guide for additional re		equirements.

	EVERYOLE O AT	FOODIES FOR DE	>× o ( )	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solici Food/Beverage Expense Trave Polling Expense Trave	ries/Wages/Contract Lab itation/Fundraising Expe el In District el Out Of District e Overhead/Rental Exp	oor Loan Inse Trans Contri Ca ense OTHE	Repayment/Reimbursement portation Equipment & Related Expense ibutions/Donations Made By andidate/Officeholder/Political Committee R (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
11	Dr. Laura Pressley, Ph.D.			• 11000011 (11010)
4 Date	5 Payee name		<u> </u>	<del></del>
5/5/2014	TheBumperSticker			
6 Amount (\$)		Zip Code		
305.86	612 W. 34th, Austin, TX 78705			
8 PURPOSE	(a) Category (See categories listed at the top of this s	schedule) (b) Des	scription (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Sticker	S	
9 Complete ONLY if direct expenditure to benefit C		Offic	e sought	Office held
Date	Payee name			
5/5/2014	Bluebonnet Station			
Amount (\$)	Payee address; City; State; 2	Zi <b>p C</b> ode		
154.00	1822 W. Braker Ln, Austin, TX 7870	08		
PURPOSE	Category (See categories listed at the top of this s	schedule) Des	scription (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Expense	PO Bo	x - 1 year	
Complete <u>ONLY</u> if direct expenditure to benefit C.		Offic	e sought	Office held
Date	Payee name	4		
5/9/2014	Dirt Cheap Signs			
Amount (\$)	Payee address; City; State; Z	Zip Code		····- ··
1750.00	7301 Bar K Ranch Road, Lago Vista			
PURPOSE	Category (See categories listed at the top of this s	schedule) Des	scription (If trave	al outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Yard S	igns	
Complete ONLY if direct expenditure to benefit C		Offic	e sought	Office held
Date	Payee name			
5/10/2014	Pappasitos Cantina	•		
Amount (\$)	Payee address; City; State; 2	Zip Code	· ·· ·	
1900.00	6513 Interstate 35 Frontage Road, a	Austin, TX 78752		
PURPOSE	Category (See categories listed at the top of this s	schedule) Des	scription (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Kick-O	ff Party	
Complete <u>ONLY</u> if direct expenditure to benefit (		Offic	e sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDI	JLE AS NFFI	DED
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## SCHEDULE F

	EXPENDITURE CATEGORIE	ES EOR BOY 8/a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	s/Contract Labor draising Expense ct District d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.
1 Total pages Schedule F	2 FILER NAME	<u> </u>	3 ACCOUNT # (Ethics Commission Filers)
11	Dr. Laura Pressley, Ph.D.		
4 Date	5 Payee name		
5/13/2014	Thomas Reprographics		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
77.40	304 East 3rd Street, Austin, TX 78701		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit to		Office sought	t Office held
Date	Payee name		
5/14/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip Code		
38.26			
	Piryx.com		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete <u>ONLY</u> if direct expenditure to benefit (		Office sought	t Office held
Date	Payee name	•	
5/19/2014	Samantha Meazell		
Amount (\$)	Payee address, City; State; Zip Code		
498.00	1810 Airole Way, Austin, TX 78704		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit (		Office sought	t Office held
Date	Payee name		
5/19/2014	Diaspora Vote		
Amount (\$)	Payee address; City; State; Zip Code		
50.00	(Requested) Austin, TX		
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Expense	Membership	
Complete ONLY if dire expenditure to benefit		Office sought	t Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS I	NEEDED
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	EXPENDITURE CATE	GORIES FOR BOX 80	(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salarie Legal Services Solicit Food/Beverage Expense Travel Polling Expense Travel	es/Wages/Contract Labor ation/Fundraising Expense In District Out Of District 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)
4 Total acces Cabadala Fr	<u> </u>	no now to complete tina	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
11	Dr. Laura Pressley, Ph.D.		
4 Date	5 Payee name		
5/22/2014	Kenli Schoolland		
6 Amount (\$) 200.00	7 Payee address; City; State; Zi (Requested) Honolulu, HI	p Code	
8 PURPOSE	(a) Category (See categories listed at the top of this so	hedule) (b) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Web Consu	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held
Date	Payee name		
5/23/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zi	p Code	
68.63	Piryx.com		
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	on (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	or the same of the
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ight Office held
Date	Payee name		
5/27/2014	Samantha Meazell		
Amount (\$)	Payee address; City; State; Zi	p Code	
1070.00	1810 Airole Way, Austin, TX 78704		
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	On (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Consulting	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ight Office held
Date	Payee name		
5/27/2014	Piryx.com		•
Amount (\$)	Payee address; City; State; Zi	p Code	
20.25	Piryx.com		
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	OF (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct expenditure to benefit C		Office sou	ight Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE A	SNEEDED
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			S FOR BOX 8(a)		-
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/		Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fund		Transportation Equipment & Related	Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Di		Candidate/Officeholder/Political C	-
Fees	Printing Expense The Instruction Guide	Office Overhead e explains how to	•	OTHER (enter a category not listed	above)
1 Total pages Schedule F:		<del>'</del>		3 ACCOUNT # (Ethics Commis	sion Filers)
11	Dr. Laura Pressley, Ph.D.				
4 Date	5 Payee name				
5/29/2014	Leif Allred				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
85.00	10203 Woodglen Cove, Austin	n, TX 78753			
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule	• T)
EXPENDITURE	Advertising Expense		Juneteenth P	arade	
9 Complete ONLY if direct expenditure to benefit C		1	Office sough	ot Office held	<del>1</del>
Date	Payee name				
6/2/2014	Piryx.com				
Amount (\$)	Payee address; City; St	tate; Zip Code		,	
2.25	Piryx.com				
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule	 ∋ T)
OF EXPENDITURE	Fees		Fees		
Complete ONLY if direct expenditure to benefit C		•	Office sough	office held	<u> </u>
Date	Payee name'	_		1	
6/3/2014	Piryx.com				
Amount (\$)	Payee address; City; St.	ate; Zip Code	·		
15.75	Piryx.com				
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule	e T)
OF	Fees		Fees		
EXPENDITURE					
Complete <u>ONLY</u> if direct expenditure to benefit C		•	Office sough	nt Office held	d 
Date	Payee name				
6/4/2014	RECA				
Amount (\$)	1 ' '	ate; Zip Code			
55.00	98 San Jacinto #510, Austin, T	TX 78701			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Scheduk	e T)
OF EXPENDITURE	Food/Beverage Expense		Luncheon		
Complete ONLY if direct expenditure to benefit			Office sough	nt Office held	<u>-</u> .
,		2001E0 05 *****	S COUEDLY 5 AC	NEEDED	
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDEU	
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	EXPENDITURE CA	TEGORIES FOR BOX 8(	a)
Advertising Expense	Gift/Awards/Memorials Expense Sal	aries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Sol	icitation/Fundraising Expense	Transportation Equipment & Related Expens
Consulting Expense	Food/Beverage Expense Tra	vel In District	Contributions/Donations Made By
Event Expense	Polling Expense Tra	vel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense Off	ice Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide exp	plains how to complete this	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Fil
l <b>1</b>	Dr. Laura Pressley, Ph.D.		
Date	5 Payee name		
5/4/2014	Piryx.com		
Amount (\$)	7 Payee address; City; State;	Zip Code	
15.75	Piryx.com		
B PURPOSE OF	(a) Category (See categories listed at the top of th	is schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Fees	
9 Complete ONLY if direct expenditure to benefit C		Office sou	ght Office held
Date	Payee name		
6/5/2014	Thomas Reprographics		
Amount (\$)	Payee address; City; State;	Zip Code	
59.54	304 East 3rd Street, Austin, TX 78	701	
PURPOSE	Category (See categories listed at the top of thi	s schedule) Descriptio	on (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	Cards	
EXPENDITURE	Advertising Expense	Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C.		Office sou	ght Office held
Date	Payee name ·		•
6/9/2014	Arpeggio Grill		
Amount (\$)	Payee address; City; State;	Zip Code	· <u>-··-</u> ··
39.00	6619 Airport Boulevard, Austin, TX	•	
33.00	0019 Allport Boulevard, Adstirt, 17	(10/52	
DI IDDOCE	Category (See extension listed at the tan of th	is schodulo) Descriptio	III. (If travel outside of Toyas, complete Schodule T)
PURPOSE OF	Category (See categories listed at the top of th		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food/Beverage Expense	Luncheon	
Complete ONLY if direct expenditure to benefit C		Office sou	ght Office held
Date	Payee name		
3/10/2014	Victory Ministries		•
Amount (\$)	Payee address; City; State;	Zip Code	
80.00	2300 Canterbury St, Austin, TX 78	3702	
PURPOSE	Category (See categories listed at the top of th	is schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Donation	
Complete <u>ONLY</u> if direct expenditure to benefit (		Office sou	ght Office held
		EQ OF THIS SCHEDULE A	ê NEEDED
	ATTACH ADDITIONAL COPI	ES OF I HIS SCHEDULE A	3 NECUEU

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Si Food/Beverage Expense Ti Polling Expense Ti	ATEGORIES alaries/Wages/C olicitation/Fundra ravel In District ravel Out Of Dis office Overhead/F	ontract Labor aising Expense trict	Loan Repayment/Reim Transportation Equipm Contributions/Donation Candidate/Officehol OTHER (enter a categi	ent & Related Expense s Made By der/Political Committee
	The Instruction Guide ex	cplains how to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME Dr. Laura Pressley, Ph.D.			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Payeename	<del> </del>		. <u>l</u>	
6/10/2014	Piryx.com				
6 Amount (\$)		; Zip Code			
18.00	Piryx.com	, zip code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of I	lhis schedule)	(b) Description (	If travel outside of Texas, co	mplete Schedule T)
					5.00
9 Complete QNLY if direct expenditure to benefit C			Office sought	İ	Office held
Date 6/11/2014	Payee name Capital Area Democratic Women				
Amount (\$)	Payee address; City; State	; Zip Code			
96.00	P.O. Box 2211, Austin, TX 78768	3			
PURPOSE	Category (See categories listed at the top of t	this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Food/Beverage Expense		Luncheon		
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sought		Office held
Date	Payee name	•			
6/11/2014	Piryx.com				
Amount (\$)	Payee address; City; State;	: Zin Code			<del></del>
10.58	Piryx.com	,,			
PURPOSE	Category (See categories listed at the top of t	this schedule)	Description (	If travel outside of Texas, co	implete Schedule T)
OF EXPENDITURE	Fees	,	Fees		,
Complete <u>QNLY</u> if direct expenditure to benefit C			Office sought		Office held
Date	Payee name				
6/12/2014	Piryx.com				
Amount (\$)	Payee address; City; State;	; Zip Code			
31.50	Piryx.com	•			
PURPOSE	Category (See categories listed at the top of t	this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Fees		Fees		
Complete ONLY if direct expenditure to benefit (			Office sought	:	Office held
	ATTACH ADDITIONAL COP	PIES OF THIS	SCHEDIII E AS P	NEEDED	

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/	ontract Labor aising Expense strict Rental Expense	Contributions/Donat Candidate/Office OTHER (enter a cat	pment & Related Expense
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
11	Dr. Laura Pressley, Ph.D.				,
4 Date	5 Payee name				· · · · · · · · · · · · · · · · · · ·
6/13/2014	Piryx.com				
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code			<del></del>
2.25	Piryx.com				
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)		If travel outside of Texas	s, complete Schedule T)
EXPENDITURE	Fees		Fees		
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held
Date	Payee name				
6/16/2014	Samantha Meazell				
Amount (\$)	Payee address; City; Sta	ate; Zip Code	<del>.</del>		
1320.00	1810 Airole Way, Austin, TX 78	3704			
,					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description /	If travel outside of Texas	complete Schedule T)
OF		or this seriedate)	1	ir travel outside of Texas	s, complete achedala ( )
EXPENDITURE	Consulting Expense		Consulting		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office saught		Office held
Date	Payee name	•			
6/16/2014	BumperSticker				
Amount (\$)	Payee address; City; Sta	ite; Zip Code	·		
102.84	612 West 34th Street, Austin, T	ΓX 78705			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas	s, complete Schedule T)
OF	Advertising Expense		Stickers		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	:	Office held
Date	Payee name				
6/18/2014	BumperSticker	•			
Amount (\$)	· · · · · · · · · · · · · · · · · · ·	ite; Zip Code			
686.31	612 West 34th Street, Austin, T	•			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Stickers		
Complete <u>QNLY</u> if direct expenditure to benefit C			Office sought		Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS N	NEEDED	
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P.O. Box 12070

11 Dr 4 Date 5 6/18/2014 Pir 6 Amount (\$) 7 15.75 Pir 8 PURPOSE (a) OF EXPENDITURE Fe 9 Complete QNLY if direct expenditure to benefit C/OH Date 6/19/2014 Pa Amount (\$) 121.24 40  PURPOSE OF EXPENDITURE Address Add	Legal Services So Food/Beverage Expense Tra Polling Expense Tra	alaries/Wages/Cont olicitation/Fundraisinavel In District avel Out Of District ffice Overhead/Ren plains how to co	ract Labor Loang Expense Trar Cont ( Italian Expense OTH Implete this form.	n Repayment/Reimbursement nsportation Equipment & Related Expense attributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)  3 ACCOUNT # (Ethics Commission Filers)
Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule F: 2 11	Legal Services So Food/Beverage Expense Tr. Polling Expense Tr. Printing Expense Of The Instruction Guide expense Tr. Laura Pressley, Ph.D. Payee name ryx.com Payee address; City; State; ryx.com  Category (See categories listed at the top of the essential content of the	blicitation/Fundraisinavel In District avel Out Of District ffice Overhead/Ren plains how to co	ng Expense Tran Con I ( Intal Expense OTH Implete this form.	nsportation Equipment & Related Expense atributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
Consulting Expense Event Expense Fees  I Total pages Schedule F: 2 I1 Dr  I Date 5 I3/18/2014 Pir I5 Amount (\$) 7 I5.75 Pir I6 PEXPENDITURE  Date 6/19/2014 Paramount (\$) I21.24 40  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure Address of the complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure expensive expensi	Food/Beverage Expense Polling Expense Printing Expense Tra Printing Expense The Instruction Guide ex  FILER NAME T. Laura Pressley, Ph.D. Payee name Tryx.com Payee address; City; State; Tryx.com  O Category (See categories listed at the top of the ees	avel In District avel Out Of District ffice Overhead/Ren plains how to co  Zip Code	Con t ( stal Expense OTH implete this form.	ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
Total pages Schedule F:  1 Dr Date 5/18/2014 Pir 5.75 Pil 6 PURPOSE Complete ONLY if direct expenditure to benefit C/OH  PURPOSE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Amount (\$) 21.24 40  PURPOSE OF EXPENDITURE  Complete ONLY if direct Add  PURPOSE OF EXPENDITURE  Add  Complete ONLY if direct	Polling Expense Transporting Expense Of The Instruction Guide expense Of The Instruction Guide expense Transporting Expense Of The Instruction Guide expense Transporting Expense Provide Expense Of The Instruction Guide Expense Of T	avel Out Of Districtifice Overhead/Ren plains how to co  Zip Code	t (  ntal Expense OTH  mplete this form.	Candidate/Officeholder/Political Committee HER (enter a category not listed above)
Total pages Schedule F: 2 1 Dr Date	Printing Expense Of The Instruction Guide ex FILER NAME r. Laura Pressley, Ph.D. Payee name ryx.com Payee address; City; State; ryx.com  O Category (See categories listed at the top of the	ffice Overhead/Ren plains how to co Zip Code	atal Expense OTH	HER (enter a category not listed above)
Total pages Schedule F: 2 1 Dr Date 5 /18/2014 Pir Amount (\$) 7 5.75 Pil  PURPOSE OF EXPENDITURE Fe Complete ONLY if direct expenditure to benefit C/OH  Date /19/2014 Pa Amount (\$) 21.24 40  PURPOSE OF EXPENDITURE Add  Complete ONLY if direct	The Instruction Guide experience of Instruction Guide	Zip Code	mplete this form.	
1 Dr Date /18/2014 Pir Amount (\$) 7 5.75 Pii  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date /19/2014 Pa Amount (\$) 21.24 40  PURPOSE OF EXPENDITURE  Add  Complete ONLY if direct	r. Laura Pressley, Ph.D.  Payee name ryx.com Payee address; City; State; ryx.com  Category (See categories listed at the top of the	hís schedule) (	b) Description (If tra	3 ACCOUNT # (Ethics Commission Filers
Date /18/2014  Amount (\$)  5.75  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date /19/2014  Amount (\$)  21.24  PURPOSE OF EXPENDITURE  Add  Complete ONLY if direct	Payee name ryx.com Payee address; City; State; ryx.com  Category (See categories listed at the top of the	hís schedule) (	b) Description (If tra	
/18/2014 Pir Amount (\$) 7 5.75 Pir  PURPOSE (a) OF EXPENDITURE Fe  Complete ONLY if direct expenditure to benefit C/OH  Date /19/2014 Pa  Amount (\$) 21.24 40  PURPOSE OF EXPENDITURE Add  Complete ONLY if direct	ryx.com  Payee address; City; State;  ryx.com  Category (See categories listed at the top of the	hís schedule) (	b) Description (If tra	
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PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date /19/2014  Amount (\$) 21.24  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the top of the	hís schedule) (	b) Description (If tra	
PURPOSE (a) OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Category (See categories listed at the top of the		b) Description (Iftra	
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EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  5/19/2014  Amount (\$)  121.24  PURPOSE OF EXPENDITURE  Complete ONLY if direct		ĮF		ivel outside of Texas, complete Schedule T)
Date 6/19/2014 Pa Amount (\$) 121.24 40  PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name		ees	
### Part			Office sought	Office held
Amount (\$) 21.24  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name			
PURPOSE OF EXPENDITURE  Complete ONLY if direct	aper Place			
PURPOSE OF EXPENDITURE  Add  Complete ONLY if direct	Payee address; City; State;	Zip Code		
OF EXPENDITURE Add	001 North Lamar Boulevard #54	0, Austin, TX 7	78756	
OF EXPENDITURE Add				
Complete ONLY if direct	Category (See categories listed at the top of the	his schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
	dvertising Expense	s	Stationary	
expenditure to benefit C/OH	Candidate / Officeholder name	I	Office sought	Office held
Date •	Payee name		•	
i/19/2014 Pa	aper Place			
Amount (\$)	Payee address; City; State;	Zip Code		
34.44 40	001 North Lamar Boulevard #54	0, Austin, TX 7	78756	
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)
OF EXPENDITURE Ad	dvertising Expense	s	Stationary	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Payee name		·	
/19/2014 Pir	ryx.com			
Amount (\$)	Payee address; City; State;	Zip Code		
0.75 Pi	ryx.com			
PURPOSE	Category (See categories listed at the top of It	his schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)
OF EXPENDITURE Fe	ees	ļF	ees	
Complete ONLY if direct expenditure to benefit C/OH	C	1	Office sought	Office held
	Candidate / Officeholder name			

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	EXPENDITURE		•	•	_		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repaymen			
Accounting/Banking	Legal Services	Solicitation/Fundra	ilsing Expense		quipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Travel In District	talat	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dis Office Overhead/F					
rees	The Instruction Guide		•		category not listed above)		
1 Total pages Schodule F:	2 FILER NAME	explains now to	complete tina it		IT # /ENGL. O		
1 Total pages Schedule F: 11	Dr. Laura Pressley, Ph.D.			3 ACCOUR	NT # (Ethics Commission Filers)		
4 Date	5 Payee name		<del></del>				
6/23/2014	FedEX						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
86.96	9222 Burnet Road, Austin, TX	78758					
8 PURPOSE	(a) Category (See categories listed at the top	e top of this schedule) (b) Description (I		1 (If travel outside of Te	exas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense		Printing				
9 Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH		Office soug	ht	Office held		
Date	Payee name						
6/23/2014	USPS						
Amount (\$)	Payee address; City; St	ate; Zip Code					
78.40	1822 W. Braker Lane, Austin,	TX 78758					
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense		Mail				
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH		Office soug	ht	Office held		
Date	· Payee name		· · ·	•			
6/23/2014	Piryx.com						
Amount (\$)	Payee address; City; State; Zip Code						
9.00	Piryx.com						
PURPOSE	Category (See categories listed at the top	p of this schedule)	Description	n (If travel outside of Te	exas, complete Schedule T)		
OF EXPENDITURE	Fees		Fees				
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder name		Office soug	pht	Office held		
Date	Payee name	<del> </del>					
6/24/2014	Stacy Guidry						
Amount (\$)	Payee address; City; State; Zip Code						
335.00	4802 Turnstone, Austin, TX 78	3744					
PURPOSE	Category (See categories listed at the top	p of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)		
OF EXPENDITURE	Consulting Expense	Consulting					
Complete ONLY if direct expenditure to benefit C			Office soug	pht	Office held		
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	EXPENDITURE CAT	EGORIES FOR BOX	8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solic Food/Beverage Expense Trave Polling Expense Trave	ries/Wages/Contract Labor itation/Fundraising Expense el In District el Out Of District e Overhead/Rental Expense	Transportation Contributions Candidate	nent/Reimbursement n Equipment & Related Expense /Donations Made By /Officeholder/Political Committee r a category not listed above)		
. 435	The Instruction Guide expla		5 7 7 1 La 1 (5 1 1 1 5	r a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME Dr. Laura Pressley, Ph.D.		<b>3</b> ACC	OUNT # (Ethics Commission Filers)		
4 Date	5 Payee name		I			
6/24/2014	USPS					
6 Amount (\$)	7 Payee address; City; State; 2	•		· · · · · · · · · · · · · · · · · · ·		
78.40	1822 W. Braker Lane, Austin, TX 78	8758				
8 PURPOSE OF	(a) Category (See categories listed at the top of this	schedule) (b) Descrip	(b) Description (If travel outside of Texas, complete Sch			
EXPENDITURE	Advertising Expense	Mail				
Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name /OH	Office so	ought	Office held		
Date	Payee name					
6/24/2014	Paper Place					
Amount (\$)	Payee address; City; State;	Zip Code				
12.99	4001 North Lamar Boulevard #540,	Austin, TX 78756				
PURPOSE	Category (See categories listed at the top of this:	schedule) Descrip	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising Expense	Stationary	Stationary			
Complete <u>ONLY</u> if direct expenditure to benefit C.	Candidate / Officeholder name /OH	Office so	ought	Office held		
Date	Payee name		<del></del>	•		
6/24/2014	Piryx.com					
Amount (\$)	Payee address; City; State; Zip Code					
31.50	Piryx.com					
PURPOSE	Category (See categories listed at the top of this:	schedule) Descrip	otion (If travel outside	of Texas, complete Schedule T)		
OF EXPENDITURE	Fees	Fees				
Complete <u>ONLY</u> if direct expenditure to benefit C		Office so	ought	Office held		
Date	Payee name		<u> </u>			
6/25/2014	Xtra Newspaper					
Amount (\$)	Payee address; City; State;	Zip Code				
100.00	P.O. Box 1196, Austin, TX 78704					
PURPOSE OF	Category (See categories listed at the top of this:	schedule) Descrip	Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Advertising Expense	Advertisin	Advertising			
Complete ONLY if direct expenditure to benefit (		Office s	ought	Office held		
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundra		Loan Repayment/R Transportation Equi Contributions/Dona Candidate/Office	oan Repayment/Reimbursement  Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee  DTHER (enter a category not listed above)			
	The Instruction Guide	explains how to	complete this for	rm.				
1 Total pages Schedule F:	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT	# (Ethics Commission Filers)					
4 Date								
l -	5 Payee name							
6/27/2014	Piryx.com				<u> </u>			
6 Amount (\$) 20.71	7 Payee address; City; Sta Piryx.com	te; Zip Code						
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  Fees		(b) Description	s, complete Schedule T)				
EXPENDITURE			1, 555					
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held			
Date	Payee name							
6/30/2014	BumperSticker			<del></del> -				
Amount (\$)		ite: Zip Code						
64.96	612 West 34th Street, Austin, T	X 78705						
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)			
OF EXPENDITURE	Advertising Expense	Stickers						
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held			
Date	Payee name •				•			
6/30/2014	Piryx.com							
Amount (\$)	Payee address; City; State; Zip Code							
0.45	Piryx.com							
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)			
OF EXPENDITURE	Fees	,	Fees		,			
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held			
Date	Payee name			•				
Amount (\$)	Payee address; City; Sta	te; Zip Code						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description	s, complete Schedule T)				
Comptete <u>QNLY</u> if direct expenditure to benefit C			Office sough	nt	Office held			
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULEAS	NEEDED				
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