

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 47
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Laura	MI A
	NICKNAME	LAST Pressley	SUFFIX Ph.D.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 82763 Austin, TX 78708		
	5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 762-3825		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Marcelo	MI
	NICKNAME	LAST Tafoya	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2908 Overdale Road, Austin, TX 78723		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 698-4124		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2014 09 / 25 / 2014		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Austin City Council, District 4	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Dr. Laura Pressley, Ph.D.

15 ACCOUNT # (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE
COMMITTEE NAME

N/A

☐ **GENERAL**
COMMITTEE ADDRESS
☐ **SPECIFIC**
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS
☐ additional pages

**17 CONTRIBUTION
TOTALS**

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

\$ 1,371.27

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

\$ 20,272.27

**EXPENDITURE
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 35,929.76

**CONTRIBUTION
BALANCE**

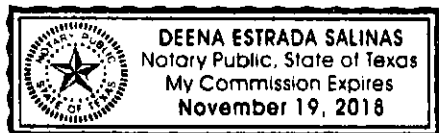
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 26,973.78

**OUTSTANDING
LOAN TOTALS**

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

\$ 22,000.00

18 AFFIDAVIT


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 16th day of October, 20 14, to certify which, witness my hand and seal of office.

Deena Estrada Salinas
Signature of officer administering oath

Deena Estrada Salinas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Aleshire 6 Contributor address; City; State; Zip Code 3605 Shady Valley, Austin, TX 78739	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Riggs, Aleshire, & Ray PC	
Date 8/3/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Anderson Contributor address; City; State; Zip Code 5019 Placid Place, Austin, TX 78731	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self	
Date 7/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret Archer Contributor address; City; State; Zip Code 920 Morgan Hill Dr, Dripping Springs, TX 78620	Amount of contribution (\$) \$40.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Baccus Contributor address; City; State; Zip Code 11504 Oakwood Dr., Austin, TX 78753	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ABC Vacuum Warehouse	
Date 7/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Bailey Contributor address; City; State; Zip Code 4104 Turkey Creek, Austin, TX 78730	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debra Bailey 6 Contributor address; City; State; Zip Code 8500 Andreas Cove, Austin, TX 78759	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Beam Contributor address; City; State; Zip Code 2015 Ploverville lane, Austin, TX 78728	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biteili Bee Contributor address; City; State; Zip Code 1301 Cloverleaf Dr., Austin, TX 78723	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions) Peoples Pharmacy	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Birch Contributor address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) N/A	
Date 7/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeffrey Blumenthal Contributor address; City; State; Zip Code 6416 Via Correto, Austin, TX 78749	Amount of contribution (\$) \$75.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Integrated Circuit Designer		Employer (See Instructions) MicroSemi Corp	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Bolton 6 Contributor address; City; State; Zip Code 1739 Cricket Hollow Dr, Austin, TX 78758	7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Bowie Contributor address; City; State; Zip Code 10603 Parkfield, Austin, TX 78753	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Helen Briggs Contributor address; City; State; Zip Code 3903 Cresthill, Austin, TX 78731	Amount of contribution (\$) \$145.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matthew Buckley Contributor address; City; State; Zip Code 2700 Bee Cave Rd, Austin, TX 78746	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Health Care Professional		Employer (See Instructions) Self	
Date 8/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Burton Contributor address; City; State; Zip Code 2113 Zach Scott Street, Austin, TX	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwin Chaplin 6 Contributor address; City; State; Zip Code 5501A Balcones Drive, Austin, TX 78731	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 7/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Latreese Cooke Contributor address; City; State; Zip Code (Requested), Austin, TX	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) MEELJ	
Date 9/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Latreese Cooke Contributor address; City; State; Zip Code (Requested), Austin, TX	Amount of contribution (\$) \$325.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) MEELJ	
Date 8/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chrstal Cureington Contributor address; City; State; Zip Code 128 Sampson, Kyle, TX 78640	Amount of contribution (\$) \$20.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Date 7/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Darilek Contributor address; City; State; Zip Code 128 Sampson, Kyle, TX 78640	Amount of contribution (\$) \$20.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carolyn Crawford 6 Contributor address; City; State; Zip Code 7205 Eastcrest, Austin, TX 78723	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Advertising/Signs
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: n/a Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: n/a Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: n/a Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: n/a Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blue and Neomi Delgado 6 Contributor address; City; State; Zip Code 10213 Willfield Dr, Austin, TX 78753	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 8/3/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Dew Contributor address; City; State; Zip Code 2121 Amur, Austin, TX 78745	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claire DeYoung Contributor address; City; State; Zip Code 4612 Red River St., Austin, TX 78751	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 7/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Dixon Contributor address; City; State; Zip Code 5002 Sundown St, Lago Vista, TX 78645	Amount of contribution (\$) \$145.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CDI	
Date 7/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Dixon Contributor address; City; State; Zip Code 5002 Sundown St, Lago Vista, TX 78645	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CDI	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maydelle Fason 6 Contributor address; City; State; Zip Code 1607 Poquonock Rd, Austin, TX 78703	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathleen Fors Contributor address; City; State; Zip Code 12440 Alameda Circle, Austin, TX 78727	Amount of contribution (\$) \$40.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Personal Coaching		Employer (See Instructions) Self	
Date 7/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Freeborg Contributor address; City; State; Zip Code 10401 Davy Crockett Dr, Austin, TX 78727	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathy Gattuso Contributor address; City; State; Zip Code 2200A Homedale Drive, Austin, TX 78704	Amount of contribution (\$) \$145.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dannella Gladden-Green Contributor address; City; State; Zip Code 2601 Covington Rd, Round Rock, TX 78681	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Eckrich 6 Contributor address; City; State; Zip Code 1103 Maufrais St., Austin, TX 78703	7 Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Requested		10 Employer (See Instructions) Requested	
Date 8/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose Edwards Contributor address; City; State; Zip Code 6528 Heron Dr, Austin, TX 78759	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Edwards Contributor address; City; State; Zip Code P.O. Box 161441, Austin, TX 78716	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 9/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan Escobar Contributor address; City; State; Zip Code 109 Granite, Kyle, TX 78640	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) None	
Date 7/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana Everett Contributor address; City; State; Zip Code 8206 Shenandoah, Austin, TX 78753	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/2/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Audrey Gonzalez 6 Contributor address; City; State; Zip Code 1300 West Lynn ST, Austin, TX 78703	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) LCSW		10 Employer (See Instructions) Self	
Date 9/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Rex Gore Contributor address; City; State; Zip Code 1304 W. Oltorf, Austin, TX 78704	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) PJS of Texas	
Date 9/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Rex Gore Contributor address; City; State; Zip Code 1304 W. Oltorf, Austin, TX 78704	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) PJS of Texas	
Date 9/3/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Grigassy Contributor address; City; State; Zip Code 2304 Riverside Farms Rd, Austin, TX 78741	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Hale Contributor address; City; State; Zip Code 10614 Golden Quail Dr, Austin, TX 78758	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Harkrider 6 Contributor address; City; State; Zip Code 6859 Thistle Hill Way, Austin, TX 78754	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Automotive Tech		10 Employer (See Instructions) Dave's Ultimate Automotive	
Date 9/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Harris Contributor address; City; State; Zip Code 836 Neans, Austin, TX 78758	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Amazing Locksmith	
Date 9/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jake Harris Contributor address; City; State; Zip Code 836 Neans, Austin, TX 78758	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Amazing Locksmith	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sherry Hartgrove Contributor address; City; State; Zip Code 2425 E. Riverside, Austin, TX 78741	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Hufschmidt Contributor address; City; State; Zip Code 1807 Rhodes Rd, Austin, TX 78758	Amount of contribution (\$) \$11.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) GoldStar Cabinet	

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angela Humphrey 6 Contributor address; City; State; Zip Code 2603 Tanglewood, Austin, TX 78703	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Designer		10 Employer (See Instructions) Self	
Date 8/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debra Ireland Contributor address; City; State; Zip Code P.O. Box , Nacogdoches, TX 75963	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Jack Contributor address; City; State; Zip Code 2008 Rabb Glen, Austin, TX 78704	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Broderick James Contributor address; City; State; Zip Code (Information Requested), Austin, TX 78758	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Entertainer		Employer (See Instructions) Self	
Date 9/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laine Jastram Contributor address; City; State; Zip Code 5501 Balcones Dr, Austin, TX 78731	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/2/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charlotte Jernigan 6 Contributor address; City; State; Zip Code PO Box 300551, Austin, TX 78703	7 Amount of contribution (\$) \$30.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Craig Kanewske Contributor address; City; State; Zip Code 4712 Evans Ave., Austin, TX 78751	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David King Contributor address; City; State; Zip Code 1808 Kerr Street, Austin, TX 78704	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol Kitchens Contributor address; City; State; Zip Code 4705 Wetchester Dr, Waco, TX 76710	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) Retired	
Date 7/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nathan Kleffman Contributor address; City; State; Zip Code 1141 Nickols Ave, Austin, TX 78721	Amount of contribution (\$) \$290.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Accenture	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elise Krentzel 6 Contributor address; City; State; Zip Code 1330 Shore District Drive, Austin, TX 78741	7 Amount of contribution (\$) \$75.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elise Krentzel Contributor address; City; State; Zip Code 1330 Shore District Drive, Austin, TX 78741	Amount of contribution (\$) \$40.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Fundraising
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anastasia Kudrashova Contributor address; City; State; Zip Code 356 Marcus Garvey Blvd., Brooklyn, NY 11221	Amount of contribution (\$) \$15.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student	
Date 9/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Collette Kuemmel Contributor address; City; State; Zip Code 8603 Silver Ridge, Austin, TX 78759	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
Date 7/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Colin Laitner Contributor address; City; State; Zip Code 4303 Island, Austin, TX 78731	Amount of contribution (\$) \$580.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Deeter Investments	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Leake 6 Contributor address; City; State; Zip Code 8430 Fairlight Dr., Waxhaw, NC 28173	7 Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) GM		10 Employer (See Instructions) ER Plumbing Services	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nelson Linder Contributor address; City; State; Zip Code 1002 Wisteria Cir, Austin, TX 78721	Amount of contribution (\$) \$10.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Loughrey Contributor address; City; State; Zip Code 5305 Ashcroft Ct., Austin, TX 78749	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Oakey Contributor address; City; State; Zip Code Elton, Austin, TX	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Consulting
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self	
Date 9/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rick Luna Contributor address; City; State; Zip Code 109 Granite, Kyle, TX 78640	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Mack 6 Contributor address; City; State; Zip Code 1605 Watchhill Rd, Austin, TX 78703	7 Amount of contribution (\$) \$290.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Writer		10 Employer (See Instructions) Self	
Date 8/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Claire and Serge Martinez Contributor address; City; State; Zip Code 3005 S. Lamar, Austin, TX 78704	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineering Consultant		Employer (See Instructions) Self	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Claire and Serge Martinez Contributor address; City; State; Zip Code 3005 S. Lamar, Austin, TX 78704	Amount of contribution (\$) \$110.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineering Consultant		Employer (See Instructions) Self	
Date 7/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray McFarland Contributor address; City; State; Zip Code P.O. Box 170158, Austin, TX 78717	Amount of contribution (\$) \$290.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner/Partner		Employer (See Instructions) Metis Capital	
Date 8/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Minton Contributor address; City; State; Zip Code 8821 Colberg, Austin, TX 78749	Amount of contribution (\$) \$60.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dante Monsivais 6 Contributor address; City; State; Zip Code 8412 Saber Creek, Austin, TX 78759	7 Amount of contribution (\$) \$175.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Nasr Contributor address; City; State; Zip Code 8701 W Parmer Ln, Austin, TX 78729	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Nazor Contributor address; City; State; Zip Code 11701 Barchetta Dr., Austin, TX 78758	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) ACC	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Nazor Contributor address; City; State; Zip Code 11701 Barchetta Dr., Austin, TX 78758	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) ACC	
Date 9/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Nellis Contributor address; City; State; Zip Code 4502 Placid Place, Austin, TX 78731	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meghan Nelson 6 Contributor address; City; State; Zip Code 203 Prince Dr., Austin, TX 78752	7 Amount of contribution (\$) \$40.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Osman Contributor address; City; State; Zip Code 906 Rock Spring Cove, Round Rock, TX 78681	Amount of contribution (\$) \$145.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Osman Contributor address; City; State; Zip Code 906 Rock Spring Cove, Round Rock, TX 78681	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self	
Date 9/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Palmer Contributor address; City; State; Zip Code 7001 Isabelle Dr., Austin, TX 78752	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Date 8/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Petermann Contributor address; City; State; Zip Code P.O. Box 121, Hutto, TX 78635	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) Time Challenger Labs	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry Petermann 6 Contributor address; City; State; Zip Code P.O. Box 121, Hutto, TX 78635	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Food for Volunteers
9 Principal occupation / Job title (See Instructions) Chemist		10 Employer (See Instructions) Time Challenger Labs	
Date 7/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peter Pfeiffer Contributor address; City; State; Zip Code 1800 W. 6th, Austin, TX 78703	Amount of contribution (\$) \$145.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Barley & Pfeiffer Architects	
Date 7/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laura Pressley Contributor address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753	Amount of contribution (\$) \$290.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain	
Date 7/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Douglas Resnick Contributor address; City; State; Zip Code 102 Forest Trail, Leander, TX 78641	Amount of contribution (\$) \$145.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Canon Nanotechnologies	
Date 9/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sonny Rhodes Contributor address; City; State; Zip Code 6506 Mesa, Austin, TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joyce Riley 6 Contributor address; City; State; Zip Code PO Box 85, Versailles, MO 65084	7 Amount of contribution (\$) \$300.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Host		10 Employer (See Instructions) Power Hour	
Date 7/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jill Rogers Contributor address; City; State; Zip Code P.O.Box 170158, Austin, TX 78717	Amount of contribution (\$) \$290.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) RedVenture Texas	
Date 8/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carolyn Rush Parsons Contributor address; City; State; Zip Code 3571 Far West, Austin, TX 78731	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 8/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Russell Contributor address; City; State; Zip Code 309 Northfield St, Round Rock, TX 78681	Amount of contribution (\$) \$35.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) John Russell Consulting	
Date 8/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fared Shafinury Contributor address; City; State; Zip Code Requested	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Musical Performance
Principal occupation / Job title (See Instructions) Muscian		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/2/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Schruben 6 Contributor address; City; State; Zip Code 2253 SH71 W, Austin, TX 78612	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Architech		10 Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: N/A Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Shive Contributor address; City; State; Zip Code 6505 Auburndale, Austin, TX 78723	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alice Shukalo Contributor address; City; State; Zip Code 2605 Princeton, Austin, 78741	Amount of contribution (\$) \$20.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jarrett Susan Contributor address; City; State; Zip Code PO Box 312, Austin, TX 78767	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elvie Swail 6 Contributor address; City; State; Zip Code 4009 Victory Dr. #B105, Austin, TX 78704	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired Teacher		10 Employer (See Instructions) Retired	
Date 9/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cathy Tucci Contributor address; City; State; Zip Code 1545 Windcreek, Fort Collins, CO 80526	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) None	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cory Walton Contributor address; City; State; Zip Code 1701 Bouldin Avenue, Austin, TX 78704	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Emerson	
Date 7/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shobha Wenger Contributor address; City; State; Zip Code 15171 Diana Ln, Houston, TX 77062	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 8/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shobha Wenger Contributor address; City; State; Zip Code 15171 Diana Ln, Houston, TX 77062	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carolyn White-Mosley 6 Contributor address; City; State; Zip Code P.O. Box 143024, Austin, TX 78714	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Marketing
9 Principal occupation / Job title (See Instructions) Founder		10 Employer (See Instructions) Trella's Foundation	
Date 8/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie Williams Contributor address; City; State; Zip Code 924 Terrace Mtn. Dr., Austin, TX 78746	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike and Susan Williamson Contributor address; City; State; Zip Code 7605 Rustling Cove, Austin, TX 78731	Amount of contribution (\$) \$290.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Peridontist		Employer (See Instructions) Self	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike and Susan Williamson Contributor address; City; State; Zip Code 7605 Rustling Cove, Austin, TX 78731	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Peridontist		Employer (See Instructions) Self	
Date 9/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Wimmer Contributor address; City; State; Zip Code 7802 Stoneywood, Austin, TX 78731	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laurie Worsham 6 Contributor address; City; State; Zip Code 1105 Norwalk Ln, Austin, TX 78703	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Mom		10 Employer (See Instructions) None	
Date 7/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dean Wright Contributor address; City; State; Zip Code 4401 Mesquite St, Austin, TX 78735	Amount of contribution (\$) \$145.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rapid	
Date 8/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joneth (Jay) Wyatt Contributor address; City; State; Zip Code 2105 Rountree Dr, Austin, TX 78722	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATU President		Employer (See Instructions) ATU	
Date 9/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Latife Yardim Contributor address; City; State; Zip Code (Information Requested), Austin, TX	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Pictures
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) SalsaMobi	
Date 9/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joyce Ochs Contributor address; City; State; Zip Code 7205 Eastcrest, Austin, TX 78723	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising/Signs
Principal occupation / Job title (See Instructions) Catering		Employer (See Instructions) Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ➡ ➡ ➡ ➡ ➡ ➡		\$ 20,000.00	
5 Date of loan 9/2/2014	7 Name of lender Laura Pressley <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) 20,000.00	
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753	10 Interest rate 0%	
		11 Maturity date None	
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)				
4 Date 7/1/2014		5 Payee name Richard Franklin						
6 Amount (\$) \$30.00		7 Payee address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725						
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Marketing				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 7/1/2014		Payee name Pirya.com						
Amount (\$) \$68.85		Payee address; City; State; Zip Code Pirya.com						
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 7/2/2014		Payee name Pirya.com						
Amount (\$) \$80.55		Payee address; City; State; Zip Code Pirya.com						
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 7/3/2014		Payee name Computer Medic						
Amount (\$) \$281.45		Payee address; City; State; Zip Code 2309 F Thornton, Austin, Tx 78704						
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Computer Repair				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/3/2014	5 Payee name Pirya.com		
6 Amount (\$) \$218.94	7 Payee address; City; State; Zip Code Pirya.com		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/7/2014	Candidate / Officeholder name Office sought Office held		
Amount (\$) \$50.00	Payee name Greater Austin Chamber of Commerce Payee address; City; State; Zip Code 535 E. 5th Street, Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/8/2014	Candidate / Officeholder name Office sought Office held		
Amount (\$) \$2,350.00	Payee name Samantha Meazel Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/9/2014	Candidate / Officeholder name Office sought Office held		
Amount (\$) \$84.54	Payee name Fed Ex Payee address; City; State; Zip Code Burnet Rd, Austin, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/9/2014		5 Payee name Hoot Suite Media			
6 Amount (\$) \$9.99		7 Payee address; City; State; Zip Code www.HootSuite.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/9/2014		Payee name Stacy Guidry			
Amount (\$) \$325.00		Payee address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/9/2014		Payee name Texas History Museum			
Amount (\$) \$8.00		Payee address; City; State; Zip Code 1800 Congress Ave, Austin, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel		Description (If travel outside of Texas, complete Schedule T) Parking	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/11/2014		Payee name Travis County			
Amount (\$) \$32.50		Payee address; City; State; Zip Code 8314 Cross Park Drive, Austin, TX 78754			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Voter Data		Description (If travel outside of Texas, complete Schedule T) Voter Data	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME Dr.Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 7/14/2014	5 Payee name Bumper Sticker				
6 Amount (\$) \$292.27	7 Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Stickers			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:30%; border: none;">Office sought</td> <td style="width:30%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 7/15/2014	Payee name Pirya.com				
Amount (\$) \$7.88	Payee address; City; State; Zip Code Pirya.com				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:30%; border: none;">Office sought</td> <td style="width:30%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 7/16/2014	Payee name Fed Ex				
Amount (\$) \$0.72	Payee address; City; State; Zip Code Burnet Rd, Austin, TX				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Printing			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:30%; border: none;">Office sought</td> <td style="width:30%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 7/16/2014	Payee name Pirya.com				
Amount (\$) \$32.64	Payee address; City; State; Zip Code Pirya.com				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:30%; border: none;">Office sought</td> <td style="width:30%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/17/2014	5 Payee name Richard Franklin		
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Marketing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/21/2014	Payee name Rock N Roll Austin		
Amount (\$) \$70.36	Payee address; City; State; Zip Code 1420 W. Oltorf, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Audio Equipment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/21/2014	Payee name Samantha Meazel		
Amount (\$) \$930.00	Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/22/2014	Payee name Pirya.com		
Amount (\$) \$26.10	Payee address; City; State; Zip Code Pirya.com		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/23/2014		5 Payee name Franklin BBQ			
6 Amount (\$) \$2,547.00		7 Payee address; City; State; Zip Code 900 E. 11th, Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Food	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/23/2014		Payee name I Live Here I Give Here			
Amount (\$) \$100.00		Payee address; City; State; Zip Code www.ilivehereIgivehere.org			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T) Donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/23/2014		Payee name Pirya.com			
Amount (\$) \$95.87		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/24/2014		Payee name Stacy Guidry			
Amount (\$) \$559.00		Payee address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/25/2014	5 Payee name Piryx.com		
6 Amount (\$) \$6.31	7 Payee address; City; State; Zip Code Piryx.com		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/28/2014	Payee name Statesman		
Amount (\$) \$9.99	Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/28/2014	Payee name Piryx.com		
Amount (\$) \$0.90	Payee address; City; State; Zip Code Piryx.com		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/30/2014	Payee name Brandon Vezman		
Amount (\$) \$200.00	Payee address; City; State; Zip Code (Requested), Austin, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Website	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/30/2014		5 Payee name Statesman			
6 Amount (\$) \$9.99		7 Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Subscription	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/31/2014		Payee name Joyce Ochs			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 7205 Eastcrest, Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Sign Construction	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/31/2014		Payee name Statesman			
Amount (\$) \$9.99		Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/31/2014		Payee name Pirya.com			
Amount (\$) \$2.25		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/1/2014		5 Payee name Pirya.com			
6 Amount (\$) \$2.25		7 Payee address; City; State; Zip Code Pirya.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/2/2014		Payee name HEB			
Amount (\$) \$266.32		Payee address; City; State; Zip Code 1000 E. 41st St, Austin, TX 78751			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food for Fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/4/2014		Payee name Samantha Meazel			
Amount (\$) \$1,125.00		Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/5/2014		Payee name Pirya.com			
Amount (\$) \$2.25		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/6/2014		5 Payee name Erin Schultz			
6 Amount (\$) \$125.00		7 Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin, TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/6/2014		Payee name Erin Schultz			
Amount (\$) \$13.00		Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/6/2014		Payee name Richard Franklin			
Amount (\$) \$4,000.00		Payee address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/7/2014		Payee name Dirt Cheap Signs			
Amount (\$) \$685.00		Payee address; City; State; Zip Code 7301 Bar K Ranch Rd, Lago Vista, TX 78645			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Yard Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/7/2014		5 Payee name Worley			
6 Amount (\$) \$1,501.97		7 Payee address; City; State; Zip Code 3217 N Interstate 35, Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/8/2014		Payee name Rock N Roll Austin			
Amount (\$) \$84.44		Payee address; City; State; Zip Code 1420 W. Oltorf, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Audio Equipment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/11/2014		Payee name Hoot Suite Media			
Amount (\$) \$9.99		Payee address; City; State; Zip Code www.HootSuite.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Web Support		Description (If travel outside of Texas, complete Schedule T) Web Support	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/11/2014		Payee name Stacy Guidry			
Amount (\$) \$122.50		Payee address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/12/2014		5 Payee name Pirya.com			
6 Amount (\$) \$4.50		7 Payee address; City; State; Zip Code Pirya.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/13/2014		Payee name Pirya.com			
Amount (\$) \$4.50		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/18/2014		Payee name Erin Schultz			
Amount (\$) \$230.00		Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin , TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/20/2014		Payee name Bumper Sticker			
Amount (\$) \$1,200.00		Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/22/2014	5 Payee name Lowe's	
6 Amount (\$) \$23.82	7 Payee address; City; State; Zip Code 8000 Shoal Creek Boulevard, Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Sign Construction
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/22/2014	Payee name Pirya.com	
Amount (\$) \$2.75	Payee address; City; State; Zip Code Pirya.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/25/2014	Payee name Samantha Meazel	
Amount (\$) \$1,050.00	Payee address; City; State; Zip Code 1810 Airle Way, Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/25/2014	Payee name Stacy Guidry	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/26/2014	5 Payee name Lowes	
6 Amount (\$) \$39.99	7 Payee address; City; State; Zip Code 8000 Shoal Creek Boulevard, Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Sign Construction
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/27/2014	Payee name Rock N Roll Austin	
Amount (\$) \$24.90	Payee address; City; State; Zip Code 1420 W. Oltorf, Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Audio Equipment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/29/2014	Payee name Austin Monitor	
Amount (\$) \$5.41	Payee address; City; State; Zip Code P.O. Box 867, Austin, TX 78767	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/29/2014	Payee name HEB	
Amount (\$) \$101.02	Payee address; City; State; Zip Code 1000 E. 41st St, Austin, TX 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Food for Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/20/2014		5 Payee name Pirya.com			
6 Amount (\$) \$2.25		7 Payee address; City; State; Zip Code Pirya.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/21/2014		Payee name Victory Ministries			
Amount (\$) \$50.00		Payee address; City; State; Zip Code Canterbury, Austin, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/21/2014		Payee name Pirya.com			
Amount (\$) \$1.13		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/22/2014		Payee name Lowe's			
Amount (\$) \$92.41		Payee address; City; State; Zip Code 8000 Shoal Creek Boulevard, Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Sign Construction	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/2/2014		5 Payee name Bumper Sticker			
6 Amount (\$) \$4,570.80		7 Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Printing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/2/2014		Payee name Statesman			
Amount (\$) \$9.99		Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/3/2014		Payee name Pirya.com			
Amount (\$) \$0.68		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/6/2014		Payee name Rick Luna			
Amount (\$) \$120.00		Payee address; City; State; Zip Code 109 Granite, Kyle, TX 78640			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 9/8/2014	5 Payee name Stacy Guidry				
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Consulting			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/8/2014	Payee name Stacy Guidry				
Amount (\$) \$60.00	Payee address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/8/2014	Payee name Pirya.com				
Amount (\$) \$1.13	Payee address; City; State; Zip Code Pirya.com				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/9/2014	Payee name Statesman				
Amount (\$) \$9.99	Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Subscription			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/9/2014		5 Payee name Richard Franklin			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/11/2014		Payee name Bumper Sticker			
Amount (\$) \$5,804.37		Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/11/2014		Payee name Richard Franklin			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/12/2014		Payee name Pirya.com			
Amount (\$) \$4.50		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/2014		5 Payee name Samantha Meazel			
6 Amount (\$) \$1,320.00		7 Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/16/2014		Payee name Erin Schultz			
Amount (\$) \$390.00		Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin , TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/18/2014		Payee name XTRA Newspaper			
Amount (\$) \$275.00		Payee address; City; State; Zip Code http://xtranewspaper.com/			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/19/2014		Payee name NOKOA			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 5200 King Charles Dr, Austin, TX 78724			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21		2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/19/2014		5 Payee name Pirya.com			
6 Amount (\$) \$2.70		7 Payee address; City; State; Zip Code Pirya.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/22/2014		Payee name Sarah's			
Amount (\$) \$39.14		Payee address; City; State; Zip Code 5222 Burnet Rd, Austin, Tx 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food for Clean Up volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/22/2014		Payee name Samantha Meazel			
Amount (\$) \$75.00		Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/22/2014		Payee name Pirya.com			
Amount (\$) \$4.50		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 9/23/2014	5 Payee name Pirya.com				
6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code Pirya.com				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/25/2014	Payee name Office Depot				
Amount (\$) \$110.72	Payee address; City; State; Zip Code 12625 N. IH-35, Austin, TX 78753				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Toner			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/25/2014	Payee name Pirya.com				
Amount (\$) \$20.25	Payee address; City; State; Zip Code Pirya.com				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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