CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

		·				
The C/OH Instruction	Guide explains how to comp	plete this form.	1 ACCOUNT : {Ethics Commissi		2 Total pages file	A 2019
3 CANDIDATE /	MS/MRS/MR F	IRST	1	MI	OFFICE	USE ONLY
OFFICEHOLDER	Mrs.	_aura		Α	<u></u>	
NAME				SUFFIX	Date Received	N CIT
	F	Pressley	. 1	Ph.D.		~ ≥ ≺
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	STATE;	ZIP CODE	1	મું ત દુવ ડિ.
OFFICEHOLDER MAILING ADDRESS	P.O. Box 82763 Austin, TX 78708				Date Hand-delivered	<u></u>
change of address					Receipt #	Amount
5 CANDIDATE/	AREA CODE PHONE N	IUMBER	EXTENSION			
OFFICEHOLDER PHONE	(512) 762-3825				Date Processed	
6 CAMPAIGN TREASURER		RRST Marcelo		MI	Date Imaged	
NAME				SUFFIX		
		Гаfоуа		SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA 2908 Overdale Road, Au		CITY;	STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	IUMBER	EXTENSION			
9 REPORT TYPE	January 15 🕢 30	th day before election	Runoff		15th day afte treasurer appo- (officeholder only	ointment
	July 15 8tl	n day before election	Exceeded limit	\$500	`	, itach C/OH - FR)
10 PERIOD	Month Day Year		Month	Day	Year	
COVERED	07 / 01 / 2014	THROUGH	09	/ 25 /	2014	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE Primary	Runoff	[7]	General	Special
	11 / 04 / 2014					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOL	JGHT (ifknown))	
	N/A		Austin City	Council, I	District 4	
		GO TO PAC	SE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dr. La	ura Pressley, Pl	n.D.	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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				
	SPECIFIC	COMMITTEE ADDRESS	:		
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages			'		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$\$26,973.78		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$22,000.00		
Noto My	scribed before	is true and correct and includes a me under Title 15. Flection Code exas es 8 Signature of Ca	of perjury, that the accompanying report Il information required to be reported by Ididate or Officeholder , this the		
day	or <u>Octobl</u> Salinas	Luna Stransalivas	my hand and seal of office. Notaly Public		
diameters of the	:-:	District of the second of the	Title of officer and piniotoring onth		

SCHEDULE A

				<u> </u>
TI	ne Instruction Guide explains how to complete this	s form.	1 Total pages Sch 23	nedule A:
2 FILER NAM	E		3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pre	ssley, Ph.D.	•		,
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
9/25/2014	Bill Aleshire		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 3605 Shady Valley, Austin, TX 78739		\$350.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ Attorney	cupation / Job title (See Instructions)	10 Employer (See Riggs, Aleshire, 8		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
8/3/2014	Mary Anderson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 5019 Placid Place, Austin, TX 78731		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
	cupation / Job title (See Instructions)	Employer (See		
Accountant		Self		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/31/2014	Margaret Archer		Contribution (4)	description (ii applicable)
	Contributor address; City; State; Zip Code		P40.00	
	920 Morgan Hill Dr, Dripping Springs, TX 7	8620	\$40.00	,
			(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
9/25/2014	Richard Baccus		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 11504 Oakwood Dr., Austin, TX 78753		\$350.00	<u> </u>
			(If travel outside	of Texas, complete Schedule T)
Principal occ Owner	cupation / Job title (See Instructions)	Employer (See ABC Vacuum Wa	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
7/31/2014	Linda Bailey		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
	4104 Turkey Creek, Austin, TX 78730		\$50.00	
			(If traval outpide	of Toyas, complete Schedule Ti
Principal occ	cupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)

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Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete this	form	1 Total pages Sch	edule A:
· ne	more desired explains now to complete this	. 10/1111.	23	<u> </u>
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	iley, Ph.D.			
4 Date	5 Full name of contributor oul-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
8/7/2014	Debra Bailey		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 8500 Andreas Cove, Austin, TX 78759		\$100.00	} [
			(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/22/2014			Amount of contribution (\$)	description (if applicable)
V, <u>E</u> LIEU 17 ·	Jim Beam]
	Contributor address; City; State; Zip Code		\$100.00	
	2015 Płoverville lane, Austin, TX 78728		,,,,,,,,	
			(if travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		ar rankay administra deliberate 1)
Date	Full name of contributor		Amount of	In-kind contribution
7/20/2014	Biteili Bee		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1301 Cloverleaf Dr., Austin, TX 78723		\$150.00	<u> </u>
			(If travel outside	of Texas, complete Schedule T)
Principal occup Pharmacy Tech	pation / Job title (See Instructions) Inician	Employer (See 1 Peoples Pharmac		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/25/2014	Rebecca Birch		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	4001 Sojourner St, Austin, TX 78725		\$350.00	Advertising
	Total Salamina Salamin, In Total			'
			(If travel outside	of Texas, complete Schedule T)
Principal occuj Mom	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
7/17/2014	Jeffrey Blumenthal		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
	6416 Via Correto, Austin, TX 78749		\$75.00	
				,
			(If travel outside	of Texas, complete Schedule T)
Principal occup Integrated Circu	pation / Job title (See Instructions) uit Designer	Employer (See I MicroSemi Corp	Instructions)	
		<u>. 'r</u>		

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 23	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			·
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
8/19/2014	Richard Bolton		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1739 Cricket Hollow Dr, Austin, TX 78758		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	1	Amount of	In-kind contribution
9/25/2014			contribution (\$)	description (if applicable)
5/25/2014	Jim Bowie 			
	Contributor address; City; State; Zip Code		#0E 00	l
	10603 Parkfield, Austin, TX 78753		\$25.00	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/12/2014	Helen Briggs		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 3903 Cresthill, Austin, TX 78731		\$145.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	L <u>`</u>	or rexus, complete boriedate 17
			•	
Date	Full name of contributor	1	Amount of	In-kind contribution
9/24/2014	Matthew Buckley		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2700 Bee Cave Rd, Austin, TX 78746		\$250.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Health Care Pro	pation / Job title (See Instructions) Difessional	Employer (See I Self	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
8/13/2014	Joseph Burton		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$25.00	I I
	2113 Zach Scott Street, Austin, TX		,	1
			(15 Approved associated	of Toyon complete Cotoobile To
Principal occur	bation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule T)

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P.O. Box 12070

SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 23	edule A:
2 FILER NAME Dr. Laura Press	ley, Ph.D.		3 ACCOUNT#(E	thics Commission Filers)
4 Date 7/30/2014	5 Full name of contributor out-of-state PAC (ID# Edwin Chaplin		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 5501A Balcones Drive, Austin, TX 78731		\$350.00	
	•		(If travel outside	l of Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See I Retired		
Date 7/22/2014	Full name of contributor out-of-state PAC(ID#_ Latreese Cooke Contributor address; City; State; Zip Code (Requested), Austin, TX		Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occup Executive Direc	ation / Job title (See Instructions) tor	Employer (See I	Instructions)	
Date 9/20/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code (Requested), Austin, TX		\$325.00	1
			(If travel outside	of Texas, complete Schedule T)
Principal occup Executive Direc	pation / Job title (See Instructions) tor	Employer (See I		
Date	Full name of contributor U out-of-state PAC (ID#_)	Amount of	In-kind contribution
8/2/2014	Chrstal Cureington		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 128 Sampson, Kyle, TX 78640		\$20.00	
			·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/28/2014	Tom Darilek		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 128 Sampson, Kyle, TX 78640		\$20.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Self	pation / Job title (See Instructions)	Employer (See Self		3013001

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
9/15/2014	Carolyn Crawford		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 7205 Eastcrest, Austin, TX 78723		\$350.00	 Advertising/Signs
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See I Retired	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	
Principal occur	pation / Job title (See Instructions)	Employer (See 1		or rectant complete contention (
,	· · · · · · · · · · · · · · · · · · ·		,	_
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
			/IF travel outside	of Texas, complete Schedute T\
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				1
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
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SCHEDULE A

ΤI	he Instruction Guide explains how to complete this	s form.	1 Total pages Sch 23	edule A:
2 FILER NAM Dr. Laura Pre			3 ACCOUNT # (E	thics Commission Filers)
4 Date 9/11/2014	5 Full name of contributorout-of-state PAC (ID# Blue and Neomi Delgado		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 10213 Willfield Dr, Austin, TX 78753		\$200.00	[]
	·		(If travel outside	! of Texas, complete Schedule T)
9 Principal occ Retired	cupation / Job title (See Instructions)	10 Employer (See Retired	Instructions)	
Date 8/3/2014	Full name of contributor out-of-state PAC (ID# Bob Dew		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2121 Amur, Austin, TX 78745		\$50.00	
		r	(If travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/6/2014	Claire DeYoung		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 4612 Red River St., Austin, TX 78751		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal oc Retired	cupation / Job title (See Instructions)	Employer (See Retired	Instructions)	
Date 7/11/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5002 Sundown St, Lago Vista, TX 78645		\$145.00	
			(If travel outside	of Texas, complete Schedule T)
Principal oc Engineer	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date 7/20/2014	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5002 Sundown St, Lago Vista, TX 78645		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal oc Enginee r	cupation / Job title (See Instructions)	Employer (See CDI	Instructions)	

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Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Sch	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pres	sley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
7/24/2014	Maydelle Fason		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1607 Poquonock Rd, Austin, TX 78703		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
8/2/2014	Kathleen Fors		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	12440 Almeda Circle, Austin, TX 78727		\$40.00	
		*		;
	1		L	of Texas, complete Schedule T)
Principal occu Personal Coad	upation / Job title (See Instructions) Phing	Employer (See I	nstructions)	:
Date	Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution
7/28/2014	Gary Freeborg		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 10401 Davy Crockett Dr, Austin, TX 78727		\$50.00	
		*	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	· ·	or render, complete contended Ty
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/18/2014	Cathy Gattuso —		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			·
	2200A Homedale Drive, Austin, TX 78704		\$145.00	
		·		of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/9/2014	Dannella Gladden-Green		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		,	1
	2601 Covington Rd, Round Rock, TX 78681		\$50.00	
		-	(If travel outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See		or reads, complete policule 1)
				
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SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	lov Dh D		3 ACCOUNT# (E	thics Commission Filers)
Dr. Laura Press	iley, Ph.D.			
4 Date 7/16/2014	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	George Eckrich			; 1
	6 Contributor address; City; State; Zip Code 1103 Maufrais St., Austin, TX 78703		\$25.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Requested	pation / Job title (See Instructions)	10 Employer (See Requested	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
8/21/2014	Rose Edwards		contribution (\$)	description (if applicable)
				!
į	Contributor address; City; State; Zip Code		\$100.00	l I
:	6528 Heron Dr, Austin, TX 78759			
			(If travel outside o	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · ·	or reade, complete delication /
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/25/2014	Jim Edwards		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
•	P.O. Box 161441, Austin, TX 78716		\$100.00	
				1
			(If travel outside	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Retired	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
9/20/2014	Jordan Escobar		contribution (\$)	description (if applicable)
	Contributor address; City: State: Zip Code			
	109 Granite, Kyle, TX 78640		\$350.00	Advertising
	100 Granite, 11/16, 17/10040			1
			(If travel outside	of Texas, complete Schedule T)
Principal occup Student	pation / Job title (See Instructions)	Employer (See None		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
7/26/2014	Diana Everett	_	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
	8206 Shenandoah, Austin, TX 78753		\$100.00	1
	0200 Gheriandoan, Adolin, TX 10100			1
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
				

Austin Texas 78711-2070

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Texas Ethics Commission

SCHEDULE A

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			23	
2 FILER NAMI			3 ACCOUNT# (E	thics Commission Filers)
Dr. Laura Pres				
4 Date	5 Full name of contributorout-of-state PAC(ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/2/2014	Audrey Gonzalez			' ' ' '
	6 Contributor address; City; State; Zip Code 1300 West Lynn ST, Austin, TX 78703	•	\$200.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ LCSW	upation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
9/22/2014	Mr. and Mrs. Rex Gore		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	· . , ,		
	1304 W. Oltorf, Austin, TX 78704		\$350.00	
				-
Dringing Lago	unation / Jah title (Con Instructions)	Employer (See		of Texas, complete Schedule T)
President President	upation / Job title (See Instructions)	PJS of Texas	instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/2014	Mr. and Mrs. Rex Gore		CONTRIBUTION (4)	description (ii applicable)
	Contributor address; City; State; Zip Code 1304 W. Oltorf, Austin, TX 78704	•	\$350.00] [
			(If travel outside	of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	
President		PJS of Texas		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/3/2014	Chris Grigassy		CONTRIBUTION (4)	description (ii applicable)
	Contributor address; City; State; Zip Code 2304 Riverside Farms Rd, Austin, TX 7874		\$25.00	•
	·			
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
			,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/16/2014	Robert Hale		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	10614 Golden Quail Dr, Austin, TX 78758		\$50.00	
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A:	
	mondoction during explains now to complete this		23	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
7/1/2014	John Harkrider		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 6859 Thistle Hill Way, Austin, TX 78754		\$350.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Automotive Tec	pation / Job title (See Instructions) h	10 Employer (See Dave's Ultimate A		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
9/19/2014	Gary Harris		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			·
	836 Neans, Austin, TX 78758		\$350.00	Advertising
	Jos Heans, Austin, 17 10100			; }
			(If travel outside	I of Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See the Amazing Locksmi		
Date	Full name of contributor out-of-state PAC {ID#)	Amount of	In-kind contribution
9/21/2014	Jake Harris		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 836 Neans, Austin, TX 78758		\$350.00	Advertising
			. (If travel outside	of Texas, complete Schedule T)
Principal occup Technician	pation / Job title (See Instructions)	Employer (See Amazing Locksmi	,	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
9/25/2014	Sherry Hartgrove		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2425 E. Riverside, Austin, TX 78741		\$25.00	
			(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
7/25/2014	Mark Hufschmide		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	1807 Rhodes Rd, Austin, TX 78758		\$11.00	
				I
			····	of Texas, complete Schedule T)
Principal occup Sales Manager	pation / Job title (See Instructions)	Employer (See GoldStar Cabinet	•	,
Calco Mariager		Joidoldi Odbillet	•	

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Texas Ethics Commission

SCHEDULE A

<u> </u>				
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23		
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
Dr. Laura Press	iley, Ph.D.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#	<u> </u>	7 Amount of	8 In-kind contribution
9/15/2014	Angela Humphrey		contribution (\$)	description (if applicable)
	6 Contributor address; City, State; Zip Code 2603 Tanglewood, Austin, TX 78703		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Designer	pation / Job title (See Instructions)	10 Employer (See I Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
8/21/2014	Debra Ireland		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	P.O. Box , Nacogdoches, TX 75963		\$350.00	
				· .
			(If travel outside	i of Texas, complete Schedule T)
Principal occup Farmer	pation / Job title (See Instructions)	Employer (See I Self Employed	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
9/25/2014	Jeff Jack		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2008 Rabb Glen, Austin, TX 78704		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See 1	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
9/1/2014	Broderick James		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code (Information Requested), Austin, TX 78758		\$350.00	Advertising
•			(15 Applied a particular	of Tourse assessed Sabadula D
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
9/24/2014	Laine Jastram		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 5501 Balcones Dr, Austin, TX 78731		\$350.00	'
	Joseph Bullottion Distriction, 177 10701			i I
			(If travel outside	of Texas, complete Schedule T)
Principal occup None	pation / Job title (See Instructions)	Employer (See li	Instructions)	
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P.O. Box 12070

SCHEDULE A

<u> </u>				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 23	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Dr. Laura Press	sley, Ph.D.	· ·		
4 Date	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
8/2/2014	Charlotte Jernigan	-	contribution (\$)	description (if applicable)
]
	6 Contributor address; City; State; Zip Code PO Box 300551, Austin, TX 78703		\$30.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
9/25/2014	Craig Kanewske		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	4712 Evans Ave., Austin, TX 78751		\$100.00	'
	The Events of the same of the			!
<u> </u>			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/29/2014	David King		Continuation (\$)	description (ii applicable)
	Contributor address; City; State; Zip Code			}
	1808 Kerr Street, Austin, TX 78704		\$50.00	1
				!
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
8/2/2014	Carol Kitchens		contribution (\$)	description (if applicable)
0/2/2014				! !
	Contributor address; City; State; Zip Code		\$100.00	1
]	4705 Wetchester Dr, Waco, TX 76710			1
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		or rexas, complete sociedate ry
Retired Teache	er	Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
7/11/2014	Nathan Kleffman		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	1141 Nickols Ave, Austin, TX 78721		\$290.00	1
	The state of the s			t I
			(If travel outside	i of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		•
Consultant		Accenture		
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SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	form	1 Total pages Sch	edule A:
			23	
2 FILER NAME	·		3 ACCOUNT # (Ethics Commission Filers)	
Dr. Laura Press	iley, Ph.D.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
7/17/2014	Elise Krentzel		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1330 Shore District Drive, Austin, TX 78741		\$75.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
8/2/2014	Elise Krentzel		contribution (\$)	description (if applicable)
				1
	Contributor address; City; State; Zip Code		\$40.00	Fundraising
	1330 Shore District Drive, Austin, TX 78741			
			(If travel outside	l of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
8/29/2014	Anastasia Kudrashova		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	356 Marcus Garvey Blvd., Brooklyn, NY 112	221	\$15.00	
				1
			'	of Texas, complete Schedule T)
Principal occup Student	pation / Job title (See Instructions)	Employer (See I Student	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/1/2014	Collette Kuemmel		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1.,
	8603 Silver Ridge , Austin, TX 78759		\$350.00	Advertising
		r	•	of Texas, complete Schedule T)
Real Esteate	pation / Job title (See Instructions)	Self Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
7/18/2014	Mr. and Mrs. Colin Laitner		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	4303 Island, Austin, TX 78731		\$580.00	
				of Texas, complete Schedule T)
Principal occuj Attorney	pation / Job title (See Instructions)	Employer (See I Deeter Investmen		
ratorioy		Doctor investmen		

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SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME				thics Commission Filers)
Dr. Laura Pres	•		(-	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
9/24/2014	John Leake		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code			
	8430 Fairlight Dr., Waxhaw, NC 28173		\$150.00	
·	0-30 Fairiight Dr., Waxhaw, NC 20173	•		
			(If travel outside	of Texas, complete Schedule T)
,	pation / Job title (See Instructions)	10 Employer (See		
GM		ER Plumbing Ser	vices	
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
9/25/2014	Nelson Linder		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
İ	1002 Wisteria Cir, Austin, TX 78721		\$10.00	
				1
	<u> </u>	r	·	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/18/2014	Mike Loughrey		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	5305 Ashcroft Ct., Austin, TX 78749		\$100.00	1
				1
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
9/5/2014	Bill Oakey		contribution (\$)	description (if applicable)
575,2511				1
	Contributor address; City; State; Zip Code		\$350.00	Consulting
	Elton, Austin, TX			1
			/If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		or rosae, complete contents of
Artist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/13/2014	Rick Luna		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			I
	109 Granite, Kyle, TX 78640		\$350.00	Advertising
				1
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Retired		Retired		
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SCHEDULE A

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAMI	<u></u>		3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pres	ssley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
7/17/2014	Susan Mack		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1605 Watchhill Rd, Austin, TX 78703		\$290.00	i
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ Writer	upation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/2/2014	Claire and Serge Martinez		contribution (\$)	description (if applicable)
	Contributor address: City: State; Zip Code 3005 S. Lamar, Austin, TX 78704		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occ Engineering C	upation / Job title (See Instructions) Consultant	Employer (See Self	*	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
9/25/2014	Claire and Serge Martinez		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 3005 S. Lamar, Austin, TX 78704		\$110.00	1
			(If travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See		or reves' complete scriedule 1)
Engineering C		Self		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
7/18/2014	Ray McFarland		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
ļ	P.O. Box 170158, Austin, TX 78717		\$290.00	
				of Texas, complete Schedule T)
Principal occ Owner/Partne	rupation / Job title (See Instructions)	Employer (See Metis Capital	Instructions)	
		ono oupitai	A	ha lained
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/2/2014	Mike Minton			1
	Contributor address; City; State; Zip Code	•	\$60.00	}
	8821 Colberg, Austin, TX 78749		\$00.00	
	·		(If travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See		or iongo, complete concease ()
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Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

e Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
		3 ACCOUNT # (E	Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8412 Saber Creek, Austin, TX 78759		\$175.00	· -
		(If travel outside	of Texas, complete Schedule T)
upation / Job title (See Instructions)	10 Employer (See	Instructions)	
David Nasr		Amount of contribution (\$)	In-kind contribution description (if applicable)
8701 W Parmer Ln, Austin, TX 78729		\$100.00	
		(If travel outside	of Texas, complete Schedule T)
upation / Job title (See Instructions)	Employer (See	Instructions)	
Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11701 Barchetta Dr., Austin, TX 78758		\$100.00	
		(If travel outside	of Texas, complete Schedule T)
upation / Job title (See Instructions)	Employer (See ACC	Instructions)	
)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 11701 Barchetta Dr., Austin, TX 78758		\$50.00	[†
		(If travel outside	of Texas, complete Schedule T)
upation / Job title (See Instructions)	Employer (See ACC		
Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4502 Placid Place, Austin, TX 78731		\$350.00	Advertising
		(If travel outside	of Texas, complete Schedule T)
upation / Job title (See Instructions)	Employer (See Retired	Instructions)	
	Ssley, Ph.D. 5 Full name of contributor	ssley, Ph.D. 5 Full name of contributor out-of-state PAC (ID# Dante Monsivais 6 Contributor address; City; State; Zip Code 8412 Saber Creek, Austin, TX 78759	Sidey, Ph.D. 3 ACCOUNT # (Essley, Ph.D. 5 Full name of contributor

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SCHEDULE A

				· - ··
Т	he Instruction Guide explains how to complete this	s form.	1 Total pages Sch 23	edule A:
2 FILER NAM			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pre	essley, Ph.D.			
4 Date	5 Full name of contributoroul-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/22/2014	Meghan Nelson		,,,,	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	6 Contributor address; City; State; Zip Code 203 Prince Dr., Austin, TX 78752		\$40.00	
	2007 Inide Dr., Adotti, 1A 10102			
9 Principal no	cupation / Job title (See Instructions)	10 Employer (See	· '	of Texas, complete Schedule T)
			ccorporation (a)	
Date	Full name of contributor)	Amount of	In-kind contribution
7/19/2014	Mark Osman		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$145.00	
	906 Rock Spring Cove, Round Rock, TX 78	8681	ψ 173.00	
			(If travel outside of	of Texas, complete Schedule T)
Principal oc Physican	cupation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/25/2014	Mark Osman		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		005.05	
	906 Rock Spring Cove, Round Rock, TX 78	3681	\$25.00	[
			(If travel outside	of Texas, complete Schedule T)
1	cupation / Job title (See Instructions)	Employer (See Self	· · · · · · · · · · · · · · · · · · ·	·
Physican	T = 0 = =	1	1	
Date 9/14/2014	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
37.77.2014				1 [
	Contributor address; City; State; Zip Code 7001 Isabelle Dr., Austin, TX 78752	ī	\$100.00	'
			,	
Deie -:	augustion (Joh tillo (Con Instructions)	Empleyer (C		of Texas, complete Schedule T)
Self	cupation / Job title (See Instructions)	Employer (See Self	instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
8/15/2014	Jerry Petermann		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$100.00	<u> </u>
	P.O. Box 121, Hutto, TX 78635		Ψ100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal oc Chemist	cupation / Job title (See Instructions)	Employer (See Time Challenger	Instructions)	
Oriential		Time Challenger		

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SCHEDULE A

				<u> </u>
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Dr. Laura Press	sley, Ph.D.		3 ACCOUNT# (E	thics Commission Filers)
4 Date 8/20/2014	5 Full name of contributorout-of-state PAC(ID#: Jerry Petermann)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code P.O. Box 121, Hutto, TX 78635		\$250.00	 Food for Volunteers
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Chemist	pation / Job title (See Instructions)	10 Employer (See Time Challenger I		
Date 7/11/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1800 W. 6th, Austin, TX 78703		\$145.00	 -
			(If travel outside	 of Texas, complete Schedule T)
Principal occup Principal	pation / Job title (See Instructions)	Employer (See I Barley & Pfeiffer /		
Date 7/17/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753		\$290.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See Pure Rain	Instructions)	
Date 7/18/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State: Zip Code 102 Forest Trail, Leander, TX 78641		\$145.00	
			 	of Texas, complete Schedule T)
Manager Manager	pation / Job title (See Instructions)	Employer (See Canon Nanotechi	·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/18/2014	Sonny Rhodes		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 6506 Mesa, Austin, TX 78731		\$100.00	1
			(If trough autoide	of Toyan, populate Schodule T
	pation / Job title (See Instructions)	Employer (See	4	of Texas, complete Schedule T)
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Texas Ethics Commission

SCHEDULE A

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME	=		3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Pres	ssley, Ph.D.				
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
7/1/2014	Joyce Riley		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code PO Box 85, Versailles, MO 65084		\$300.00	! 	
į			(If travel outside	of Texas, complete Schedule T)	
9 Principal occ Host	upation / Job title (See Instructions)	10 Employer (See Power Hour	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
7/20/2014	Jill Rogers		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	P.O.Box 170158, Austin, TX 78717		\$290.00		
			·	of Texas, complete Schedule T)	
Principal occ	upation / Job title (See Instructions)	Employer (See RedVenture Texa	imployer (See Instructions)		
Owner		Redventure rexa	15		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/29/2014	Carolyn Rush Parsons		(4)	Section (in approximation)	
	Contributor address; City; State; Zip Code 3571 Far West, Austin, TX 78731		\$200.00	 	
		1	(If trave) outside	of Texas, complete Schedule T)	
Principal occ Retired	upation / Job title (See Instructions)	Employer (See Retired	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
8/2/2014	John Russell		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	309 Northfield St, Round Rock, TX 78681		\$35.00	1	
			(If travel outside	of Texas, complete Schedule T)	
Principal occ Consulting	upation / Job title (See Instructions)	Employer (See John Russell Cor	· ·		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
8/2/14	Fared Shafinury		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code	, ,		I	
	Requested		\$350.00	Musical Performance	
				, 	
			(If travel outside	of Texas, complete Schedule T)	
1 '	upation / Job title (See Instructions)	Employer (See	Instructions)		
Muscian		Self			
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SCHEDULE A

TH	ne Instruction Guide explains how to complete this	s form.	1 Total pages Sch 23	edule A:
2 FILER NAM		· •	3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pre	ssley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
7/2/2014	Mark Schruben		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 2253 SH71 W, Austin, TX 78612		\$350.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ Architech	cupation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	N/A		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			,
	Continuator sourcess, City, State, Zip Code			I
			1	1
			(If travel outside i	l of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See	, ,	
			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/9/2014	James Shive		Contribution (4)	description (ii applicable)
	Contributor address; City; State; Zip Code 6505 Auburndale, Austin, TX 78723		\$100.00	
		T	(If travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
7/23/2014	Alice Shukalo		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2605 Princeton, Austin, 78741	· · · · · · · · · · · · · · · · · · ·	\$20.00	
			(If travel evitaide	of Toyan, namelata Sahadula T
Principal oc	cupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
·				
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
7/12/2014	Jarrett Susan		contribution (\$)	description (if applicable)
	Contributor address; City; State: Zip Code			Ì
	PO Box 312, Austin, TX 78767		\$50.00	[
	. 5 50% 612 ₁ / 1000iii, 17% 70107			1
			(If travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See	 	
		<u> </u>		
j				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 23	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
9/25/2014	Elvie Swail		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 4009 Victory Dr. #B105, Austin, TX 78704		\$200.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Retired Teache	pation / Job title (See Instructions)	10 Employer (See Retired	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
9/23/2014	Cathy Tucci		contribution (\$)	description (if applicable)
	Contributor address, City, State, Zip Code			
	1545 Windcreek, Fort Collins, CO 80526		\$350.00	
		I		of Texas, complete Schedule T)
Principal occuj Mom	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
9/25/2014	Cory Walton		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1701 Bouldin Avenue, Austin, TX 78704		\$150.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Marketing	pation / Job title (See Instructions)	Employer (See Emerson	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
7/29/2014	Shobha Wenger		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 15171 Diana Ln, Houston, TX 77062		\$200.00	! -
			(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Retired		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
8/31/2014	Shobha Wenger		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	15171 Diana Ln, Houston, TX 77062		\$100.00	
Datasia di soci	police I leb title (Co. Let			of Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Retired See	instructions)	
				

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 23	iedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	iley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
9/10/2014	Carolyn White-Mosley		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code P.O. Box 143024, Austin, TX 78714		\$350.00	 Marketing
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Founder	pation / Job title (See Instructions)	10 Employer (See Trella's Foundation		
Date	Full name of contributor)	Amount of	In-kind contribution
8/9/2014	Julie Williams		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			I
	924 Terrace Mtn. Dr., Austin, TX 78746		\$100.00	I
				I
Deinainel	vation / Joh title /Con Instruction	Employee (Dec		of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	mau ucuons)	
Date	Full name of contributor)	Amount of	In-kind contribution
7/18/2014	Mike and Susan Williamson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$290.00	<u> </u>
,	7605 Rustling Cove, Austin, TX 78731		ψ230.00	ļ
			(If travel outside	of Texas, complete Schedule T)
Principal occup Peridontist	pation / Job title (See Instructions)	Employer (See		<i>,</i>
	Full pages of contributes		America	In bind santile.str -
Date 9/25/2014	Full name of contributor out-of-state PAC (ID# Mike and Susan Williamson		Amount of contribution (\$)	In-kind contribution description (if applicable)
J.20/20 (7			}	!
	Contributor address; City; State; Zip Code 7605 Rustling Cove, Austin, TX 78731		\$200.00	!
	. 555 Nacaning 5546, Austin, 17, 70751			• •
		T -		of Texas, complete Schedule T)
Principal occup Peridontist	pation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
9/1/2014	Daniel Wimmer		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	1
	7802 Stoneywood, Austin, TX 78731		\$350.00	1
			(If travel outside	of Texas, complete Schedule T)
1	Pation / Job title (See Instructions)	Employer (See		- rondo, complete generale 1)
Retired		Retired		
İ				

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	instruction Guide explains how to complete this	form.	1 Total pages Sch 23	edule A:
2 FILER NAME Dr. Laura Press	ley, Ph.D.		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of	8 In-kind contribution
7/20/2014	5 Full name of contributor □ oul-of-state PAC (ID#: Laurie Worsham		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1105 Norwalk Ln, Austin, TX 78703		\$200.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Mom	pation / Job title (See Instructions)	10 Employer (See None	·	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
7/20/2014	Dean Wright	_	contribution (\$)	description (if applicable)
				
	Contributor address; City; State; Zip Code		\$145.00	
	4401 Mesquite St, Austin, TX 78735		Ψ140.00	
				<u> </u>
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Owner	salidity out the (occ mandendis)	Rapid		
Date	Full_name of contributor out-of-state PAC (ID#.)	Amount of	In-kind contribution
8/29/2014			contribution (\$)	description (if applicable)
0/23/2014	Joneth (Jay) Wyatt			! 1
	Contributor address; City; State; Zip Code		\$100.00	
	2105 Rountree Dr, Austin, TX 78722		4 .00.00	!
			(If travel outside	of Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See		or rexas, complete softestile 1)
ATU President	,	ATU	•	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/2/2014	Latife Yardim		contribution (\$)	description (if applicable)
0,2,00				
	Contributor address; City; State; Zip Code		\$350.00	Pictures
	(Information Requested), Austin, TX]
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete scriedule_1/
Designer		SalsaMobi		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
9/1/2014	Joyce Ochs		contribution (\$)	description (if applicable)
				• 1
	Contributor address; City; State; Zip Code		\$350.00	Advertising/Signs
	7205 Eastcrest, Austin, TX 78723			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		variables and and and and
Catering	<u> </u>	Self		
-		<u> </u>		,

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P.O. Box 12070

LOANS	· · · · · · · · · · · · · · · · · · ·			SCHEDULE E
The	Instruction Guide explains how to comp	olete this form.	1 Total pa	ges Schedule E:
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
Dr. Laura Pressley	, Ph.D.			
4 ТОТА	L OF UNITEMIZED LOANS:	\$\phi\$ \$\phi\$ \$\phi\$ \$\phi\$	₽	\$20,000.00
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
9/2/2014	Laura Pressley	·	· · · · · · · · · · · · · · · · · · ·	20,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 10203 Woodglen Cove, Austin, TX	Zip Code 78753		10 Interest rate 0%
Y (N)				11 Maturity date None
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
Owner		Pure Rain, LLC		•
14 Description of Coll	ateral	15 Check if personal funds were	e deposited	into political account
none		\square		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)		
L	on tocc manufactoria)	 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)		·
Description of Coll	ateral	Check if personal funds were	e deposited	into political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	I ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COP der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NE truction guide for additional re		quirements.

Texas Ethics Commission

	EVENDITUEL	OATEOODIES I	FOR BOY 0/a		 ·
Advertising Expense	EXPENDITURE (Gift/Awards/Memorials Expense	CATEGORIES : Salaries/Wages/Co	•) Loan Repayment	t/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai			quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	• .	Contributions/Do	
Event Expense	Polling Expense	Travel Out Of Distr	rict		ficeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a	category not listed above)
	The Instruction Guide	explains how to o	omplete this fo	orm.	
Total pages Schedule F:	2 FILER NAME			3 ACCOUN	NT # (Ethics Commission Filer
1	Dr.Laura Pressley, Ph.D.				
Date	5 Payee name				
/1/2014	Richard Franklin				
Amount (\$)	7 Payee address; City; State	te; Zip Code			-
\$30.00	4001 Sojourner St, Austin, TX	78725			
PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description) (If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Contract Labor	·	Marketing	•	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office soug	ht	Office held
Date	Payee name				
/1/2014	Piryx.com				
Amount (\$)	Payee address; City; Sta	ite; Zip Code	.,		
\$68.85	Piryx.com				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Fees		Fees		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office soug	ht	Office held
Date	Payee name				
/2/2014	Piryx.com				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
\$80.55	Piryx.com	.,			
¥00.00	i iiyx.com				
					
PURPOSE	Category (See categories listed at the lop	of this schedule)	Description	1 (If travel outside of To	exas, complete Schedule T)
OF EXPENDITURE	Fees		Fees		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	.	Office soug	jht	Office held
Date	Payee name				<u></u>
//3/2014	Computer Medic				
Amount (\$)	 '	te; Zip Code			
\$281.45	2309 F Thornton, Austin, Tx 78				
			<u> </u>		
PURPOSE OF	Category (See categories listed at the top	of this schedule)			exas, complete Schedule T)
EXPENDITURE	Other		Computer R	epair ————————————————————————————————————	
Complete ONLY if direct expenditure to benefit C			Office soug	jht	Office held
					
	ATTACH ADDITIONAL CO	ODIES OF THIS S	CHEDINE	NEEDED	

Advertising Expense	EXPENDITURE CATEGORI Gift/Awards/Memorials Expense Salaries/Wage	ES FOR BOX 8(a) Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of		Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	- •	ad/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this fo	
Total pages Schedule F:	2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers
Date 7/3/2014	5 Payee name Piryx.com		~
Amount (\$)	7 Payee address; City; State; Zip Code)	
\$218.94	Piryx.com		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct expenditure to benefit C		Office soug	ht Office held
Date	Payee name		
//7/2014	Greater Austin Chamber of Commerce		
Amount (\$)	Payee address; City; State; Zip Code	÷	
\$50.00	535 E. 5th Street, Austin, TX 78701		
PURPOSE	Category (See categories listed at the top of this schedule)	·	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Luncheon	
Complete ONLY if direct expenditure to benefit C		Office soug	ht Office held
Date	Payee name		
7/8/2014	Samantha Meazel		· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code		
\$2,350.00	1810 Airole Way, Austin, TX 78704		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Consulting	
Complete ONLY if direct expenditure to benefit C		Office soug	ht Office held
Date	Рауее пате		
7/9/2014	Fed Ex		
Amount (\$) \$84.54	Payee address; City; State; Zip Code Burnet Rd, Austin, TX	•	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Printing	- ,
Complete <u>ONLY</u> if direct expenditure to benefit (Office soug	ht Office held
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<u> </u>	EXPENDITURE	CATEGORIES	FOR BOX 8(a	1)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor aising Expense strict	Loan Repaym Transportation Contributions/ Candidate/	ent/Reimbursement n Equipment & Related Expense Donations Made By 'Officeholder/Political Committee r a category not listed above)
	The Instruction Guide		•	•	
1 Total pages Schedule F: 21	2 FILER NAME Dr.Laura Pressley, Ph.D.			3 ACCC	OUNT # (Ethics Commission Filer
4 Date 7/9/2014	5 Payee name Hoot Suite Media	· · · · · · · · · · · · · · · · · · ·			
\$ Amount (\$) \$9.99	7 Payee address; City; Si www.HootSuite.com	tate; Zip Code			
8 PURPOSE OF	(a) Category (See calegories listed at the lo	p of this schedule)	1,,	n (If travel outside o	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Complete.	Candidate / Officeholder name	•	Advertising Office soug	pht	Office held
Date 7/9/2014	Payee name Stacy Guidry	···			
Amount (\$) \$325.00		tate; Zip Code 8744			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description Consulting	n (If travel outside o	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		•	Office soug	jht	Office held
Date	Payee name				
7/9/2014	Texas History Museum				
Amount (\$) \$8.00	Payee address; City; St 1800 Congress Ave, Austin, T	tate; Zip Code X			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description Parking	n (if travel outside o	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Complete C			Office soug	jht	Office held
Date 7/11/2014	Payee name Travis County				
Amount (\$) \$32.50	Payee address; City; S 8314 Cross Park Drive, Austin	•			
PURPOSE OF	Category (See categories listed at the to	op of this schedule)		n (If travel outside i	of Texas, complete Schedule T)
EXPENDITURE	Voter Data		Voter Data		, .,
Complete ONLY if direct expenditure to benefit		Ð	Office soug	şht	Office held

P.O. Box 12070

Advertising Expense	EXPENDITURE CA Gift/Awards/Memorials Expense Sa	ATEGORIES FO alaries/Wages/Contra	• • •	an Repayment/Reimbursement
Accounting/Banking	•	olicitation/Fundraising	_	an Repayment Remoursement ansportation Equipment & Related Expense
Consulting Expense	•	avel In District		intributions/Donations Made By
Event Expense	- ·	avel Out Of District	00	Candidate/Officeholder/Political Committee
Fees	- ·	ffice Overhead/Renta	al Expense OT	HER (enter a category not listed above)
	The Instruction Guide ex	plains how to com	plete this form.	
Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
1	Dr.Laura Pressley, Ph.D.			
Date	5 Payee name			
//14/2014	Bumper Sticker			
Amount (\$)	7 Payee address; City; State;	Zip Code		
\$292.27	612 West 34th Street, Austin, TX	78705		
3 PURPOSE	(a) Category (See categories listed at the top of the	his schedule) (b)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Sti	ickers	
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder name OH	•	Office sought	Office held
Date	Payee name			
7/15/2014	Piryx.com		,	
Amount (\$)	Payee address; City; State;	Zip Code		
\$7.88	Piryx.com			
PURPOSE OF	Category (See categories listed at the top of the	his schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Fe	es	
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name 'OH		Office sought	Office held
Date	Payee name		•	
7/16/2014	Fed Ex			
Amount (\$)	Payee address; City; State;	Zip Code		
\$0.72	Burnet Rd, Austin, TX			
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Pr	inting	
Complete ONLY if direct expenditure to benefit Complete C			Office sought	Office held
Date	Payee name			
7/16/2014	Piryx.com			
Amount (\$)	Payee address; City; State;	Zip Code		
\$32.64	Piryx.com			
PURPOSE	Category (See categories listed at the top of t	this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fe	es	
Complete ONLY if direct expenditure to benefit (Office sought	Office held
	·			

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POLITICAL EXPENDITURES

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/V Legal Services Solicitatio Food/Beverage Expense Travel In Polling Expense Travel Ou Printing Expense Office Ov	Vages/Contract Labor n/Fundraising Expense District it Of District erhead/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 for	m.
1 Total pages Schedule F: 21	2 FILER NAME Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
7/17/2014	Richard Franklin		
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip C 4001 Sojourner St, Austin, TX 78725	code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Contract Labor	(b) Description ((If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C		Office sought	t Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
7/21/2014	Rock N Roll Austin		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$70.36	1420 W. Oltorf, Austin, TX 78704		
PURPOSE	Category (See categories listed at the top of this sched	ule) Description	(If travel outside of Texas, complete Schedula T)
OF EXPENDITURE	Event Expense	Audio Equipm	ent
Complete ONLY if direct expenditure to benefit Complete ONLY		Office sought	t Office held
Date	Payee name		
7/21/2014	Samantha Meazel		
Amount (\$)	Payee address; City; State; Zip C	code	
\$930.00	1810 Airole Way, Austin, TX 78704		
PURPOSE	Category (See categories listed at the top of this sched	ule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Consulting	
Complete <u>ONLY</u> if direc expenditure to benefit (Office sough	t Office held
Date	Payee name		
7/22/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$26.10	Piryx.com		
PURPOSE	Category (See categories listed at the top of this sched	ule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if dire- expenditure to benefit		Office sough	t Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS I	NEEDED

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POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Accounting/Banking Consulting Expense Accounting/Banking Consulting Expense Event Expense Free Survey Polling Expense Free Survey Polling Expense Free Survey Polling Expense Free Survey Polling Expense Free Survey Polling Expense Free Survey Polling Expense Printing Expe	ed Expense al Committee ed above) mission Filers
Total pages Schedule F. 2 FILER NAME Dr.Laura Pressley, Ph.D. 3 ACCOUNT # (Ethics Commodities of Payee name Franklin BBQ Franklin BBQ 7 Payee address; City; State; Zip Code 900 E. 11th, Austin, TX 78702 3 PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code 900 E. 11th, State; Zip Code 900 E. 11th, Austin, TX 78702 Complete QNLY if direct expenditure to benefit C/OH Payee name I Live Here I Give Here Payee address; City; State; Zip Code 900 E. 2ip Code 900 E. 11th, Austin, TX 78702 Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Donation Payee address; City; State; Zip Code 9100.00 PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Donation Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Donation Candidate / Officeholder name Payee name Piryx.com Payee address; City; State; Zip Code	
Dr. Laura Pressley, Ph.D. Date Date Date Date Date Date Date Dat	
Purpose Category (See categories listed at the top of this schedule) Payee address; City; State; Zip Code Purpose Complete QNLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Pode Payee name Complete QNLY if direct expenditure to benefit C/OH Payee name Complete QNLY if direct expenditure to benefit C/OH Payee name Complete QNLY if direct expenditure to benefit C/OH Payee name Complete QNLY if direct expenditure to benefit C/OH Payee name Complete QNLY if direct expenditure to benefit C/OH Payee name Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule) Donation Donatio	dule T)
PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Event Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	dule T)
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name I Live Here I Give Here Amount (\$) Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) Food Office sought Office here Payee name I Live Here I Give Here Category (See categories listed at the top of this schedule) Donation Complete ONLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this schedule) Donation Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office here Office sought Office here Office sought Office here Office here Office sought Office here Office here Office sought Office here Office here Office sought Office here Office here Office sought Office here Office here Office sought Office here Office here Office here Office sought Office here	dule T)
Expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name C/23/2014 Candidate / Officeholder name City: State: Zip Code www.lliveherelgivehere.org PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Donation Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	dule T)
Complete ONLY if direct expenditure to benefit C/OH Date Payee name I Live Here I Give Here Amount (\$) Payee address; City; State; Zip Code **Www.lliveherelgivehere.org PURPOSE OF EXPENDITURE Candidate / Officeholder name	
Date Payee name I Live Here I Give Here Amount (\$) Payee address; City; State; Zip Code www.fliveherelgivehere.org PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	
Amount (\$) Payee address; City; State; Zip Code \$100.00 Www.lliveherelgivehere,org PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Complete Payee name Candidate / Officeholder name Complete Only if Description (If travel outside of Texas, complete Schedule) Donation Office holder name Candidate / Officeholder name	eld
\$100.00 www.lliveherelgivehere,org PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule) Donation Complete ONLY if direct expenditure to benefit C/OH Date Payee name Piryx.com Amount (\$) Payee address; City; State; Zip Code	
PURPOSE Category (See categories listed at the top of this schedule) OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Payee name Piryx.com Amount (\$) Payee address; City; State; Zip Code	
OF EXPENDITURE Donation Donation Complete ONLY if direct expenditure to benefit C/OH Date Payee name Piryx.com Amount (\$) Payee address; City; State; Zip Code	
Date Payee name Piryx.com Amount (\$) Payee address; City; State; Zip Code	dule T)
7/23/2014 Piryx.com Amount (\$) Payee address; City; State; Zip Code	eld
Amount (\$) Payee address; City; State; Zip Code	
\$95.87 Piryx.com	
PURPOSE Category (See categories listed at the top of this schedule) OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule) Fees	dule T)
Complete ONLY if direct Candidate / Officeholder name Office sought Office hexpenditure to benefit C/OH	ıeld
Date Payee name	
//24/2014 Stacy Guidry	
Amount (\$) Payee address; City; State; Zip Code	
\$559.00 4802 Turnstone, Austin, TX 78744	
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule) OF	dule T)
EXPENDITURE Consulting Expense Consulting	
Complete ONLY if direct Candidate / Officeholder name Office sought Office hexpenditure to benefit C/OH	ıeld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	<u> </u>	 _
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	aising Expense trict	Contributions/Donat Candidate/Office	pment & Related Expense
	The Instruction Guide	explains how to	complete this fo	rm.	
Total pages Schedule F:	2 FILER NAME Dr.Laura Pressley, Ph.D.			3 ACCOUNT	# (Ethics Commission Filers)
Date	5 Payee name				
//25/2014	Piryx.com				
Amount (\$)	7 Payee address; City; St	ate; Zip Code			
\$6.31	Piryx.com				
3 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	1	(If travel outside of Texas	s, complete Schedule T)
EXPENDITURE	Fees		Fees		
Camplete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	•	Office sough	ht	Office held
Date	Payee name	·	-		
7/28/2014	Statesman				
Amount (\$)	Payee address; City; St	tate; Zip Code			
\$9.99	305 S. Congress Ave, Austin,	TX 78704			
PURPOSE OF	Category (See categories listed at the top	p of this schedule)	1	(If travel outside of Texa	s, complete Schedule T)
EXPENDITURE	Fees		Subscription		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH		Office sough	ht	Office held
Date	Payee name	 			
7/28/2014	Piryx.com				
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$0.90	Piryx.com				
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	1	(If travel outside of Texa	s, complete Schedule T)
EXPENDITURE	Fees		Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	•	Office sough	ht	Office held
Date	Payee name				<u>-</u>
7/30/2014	Brandon Vezman				
Amount (\$)	Payee address; City; St	tate; Zip Code			
\$200.00	(Requested), Austin, TX				
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	1	(If travel outside of Texa	s, complete Schedule T)
= :	Advertising		Website		
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C		•	Office soug	ht	Office held

Texas Ethics Commission

	EXPENDITURE C	ATEGORIES FOR BOX 8	(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T	alaries/Wages/Contract Labor folicitation/Fundraising Expense fravel In District fravel 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)
	• ,	xplains how to complete this	•
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
1	Dr.Laura Pressley, Ph.D.		
Date	5 Payee name		•
/30/2014	Statesman		
Amount (\$)	7 Payee address; City; State	Zip Code	
\$9.99	305 S. Congress Ave, Austin, TX	(78704	
PURPOSE OF	(a) Category (See categories listed at the top of		on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Subscriptio	n
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ught Office held
Date	Рауее пате		
//31/2014	Joyce Ochs		
Amount (\$)	Payee address; City; State	; Zip Code	
\$100.00	7205 Eastcrest, Austin, TX 7872	23	
PURPOSE OF	Category (See categories listed at the top of		On (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Sign Const	ruction
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sou	ught Office held
Date	Рауее пате		
//31/2014	Statesman		
Amount (\$)	Payee address; City; State	; Zip Code	
\$9.99	305 S. Congress Ave, Austin, TX	X 78704	
PURPOSE OF	Category (See categories listed at the top of	·	ion (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Subscriptio	ח
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office sou	ught Office held
Date	Payee name		
/31/2014	Piryx.com		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$2.25	Piryx.com		
PURPOSE	Category (See categories listed at the top of	this schedule) Descripti	ion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct	Candidate / Officeholder name	Office so	ught Office held

	EXPENDITURE O	CATEGORIES	FOR BOX 8(a))	
Advertising Expense		Salaries/Wages/C		Loan Repaymer	t/Reimbursement
Accounting/Banking		Solicitation/Fundra	aising Expense	Transportation E	quipment & Related Expense
Consulting Expense	- •	Travel In District			onations Made By
Event Expense	<u> </u>	Travel Out Of Dis			fficeholder/Political Committee
Fees	*	Office Overhead/	·	•	category not listed above)
T-t-Lanca Cabadala E	The Instruction Guide 6	explains now to	complete this to		NY 4 /E4/1- O
Total pages Schedule F	Dr.Laura Pressley, Ph.D.			3 ACCOU	NT # (Ethics Commission Filers
Date	5 Payee name				
3/1/2014	Piryx.com				
		7:- C-d-			
Amount (\$)	,	e; Zip Code			
\$2.25	Piryx.com				
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of 1	exas, complete Schedule T)
OF EXPENDITURE	Fees		Fees		
9 Complete <u>QNLY</u> if direct expenditure to benefit (Office sough	ht	Office held
Date	Payee name				
8/2/2014	HEB				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
\$266.32	1000 E. 41st St, Austin, TX 787	751			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense		Food for Fun	draiser	
Complete <u>ONLY</u> if direct expenditure to benefit (Office sough	ht ·	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·		
8/4/2014	Samantha Meazel				
Amount (\$)	Payee address; City; State	e; Zip Code			
\$1,125.00	1810 Airole Way, Austin, TX 78	3704			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of	(exas, complete Schedule T)
OF EXPENDITURE	Consulting Expense		Consulting		
Complete ONLY if direct expenditure to benefit (Office sough	ht	Office held
Date	Payee name				
8/5/2014	Piryx.com				
Amount (\$)	Payee address; City; Stat	te, Zip Code			
\$2.25	Piryx.com				•
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Fees		Fees		
Complete <u>QNLY</u> if dire expenditure to benefit			Office soug	ht	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS	NEEDED	
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS	NEEDED	

P.O. Box 12070

	EXPENDITURE CATE	GORIES FOR BOX 8(a	1)
Advertising Expense	Gift/Awards/Memorials Expense Salarie	s/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicita	ation/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 explain	ns how to complete this fo	orm.
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
21	Dr.Laura Pressley, Ph.D.		
Date	5 Payee name		
3/6/2014	Erin Schultz		
Amount (\$)	7 Payee address; City; State; Zi	p Code	
\$125.00	2504 Huntwick Dr, Austin , TX 7874	1	
8 PURPOSE	(a) Category (See categories listed at the top of this so	hedule) (b) Description	(If Iravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Consulting	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	ht Office held
Date	Payee name		
3/6/2014	Erin Schultz		
Amount (\$)	Payee address; City; State; Zi	p Code	
\$13.00	2504 Huntwick Dr, Austin, TX 7874	1	
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)
OF	Consulting Expense	Consulting	
EXPENDITURE	Consulting Expense	Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	tht Office held
Date	Payee name		
8/6/2014	Richard Franklin		
Amount (\$)	Payee address; City; State; Zi	 p.Code	
* *		•	
\$4,000.00	4001 Sojoumer St, Austin, TX 7872)	
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	n (If travel outside of Texas, complete Schedule T)
OF	Contract Labor		
EXPENDITURE	Contract Labor	Marketing	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ght Office held
Date	Payee name		
8/7/2014	Dirt Cheap Signs		
Amount (\$)	Payee address; City; State; Zi	p Code	
\$685.00	7301 Bar K Ranch Rd, Lago Vista, T	X 78645	
	Category (See categories listed at the top of this so	hedule) Description	n (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories instead at the top of this see		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs	
OF	Advertising Expense Candidate / Officeholder name	Yard Signs Office soug	ght Office held
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate / Officeholder name	Office soug	

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

The instruction Guide explains how to complete this form. 2 FILER NAME 21 D.F.Laura Pressley, Ph.D. 4 Date 5 Payee name 8/7/2014 Worley 6 Amount (\$) 7 Payee address; City: State: Zip Code 9 1,501.97 3217 N Interstate 35, Austin, TX 78722 8 PURPOSE EXPENDITURE Printing 9 Complete QNLY if direct expenditure to benefit Groth Payee address: City: State: Zip Code 8/8/2014 Rock N Roil Austin Amount (\$) Payee address: City: State: Zip Code 8/8/2014 Rock N Roil Austin Amount (\$) Payee address: City: State: Zip Code 9 Category (See categore is based at the top of this scheaule) EVENT EXPENDITURE Printing Printing Payee name 8/8/2014 Rock N Roil Austin Amount (\$) Payee address: City: State: Zip Code 9 Category (See categore is based at the top of this scheaule) EVENT EXPENDITURE Complete QNLY if direct expenditure to benefit Groth Conditions (S) Payee address: City: State: Zip Code Www.HootSuite.com Purpose Conditions (S) Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8/11/2014 Payee address: City: State: Zip Code 8	Event Expense Fees	Polling Expense Travel Out Of D Printing Expense Office Overhead		(enter a category not listed above)
Dr.Laura Pressley, Ph.D. 5 Payee name 7 Payee address; City; State; Zip Code 3217 N Interstate 35, Austin, TX 78722 8 PURPOSE EXPENDITURE 10) Category (See categories issed at the top of this schedule) Printing 10) Category (See categories issed at the top of this schedule) Printing 11) Candidate / Office hold Payee name Rock N Roll Austin Amount (\$) Payee address; City; State: Zip Code 1420 W. Oltorf, Austin, TX 78704 PURPOSE EXPENDITURE Candidate / Officeholder name Camplete ONLY if direct spenditure to benefit CrOH Date Payee name Rock N Roll Austin, TX 78704 PURPOSE EXPENDITURE Candidate / Officeholder name Office sought Description (if revel outside of Texas, complete Schedule T) Audio Equipment Office hold Office hold Office hold Office hold Payee name R/11/2014 Hoot Suite Media Amount (\$) Payee address, City; State: Zip Code 89.99 Www.HootSuite.com Web Support Complete ONLY if direct or Candidate / Officeholder name Office sought Office sought Office hold Date Purpose Category (See categories issed at the top of this schedule) Payee name R/11/2014 Hoot Suite Media Payee address, City; State: Zip Code Web Support Web Support Office sought Office sought Office hold Office hold Office hold Office hold Office hold Date Purpose Category (See categories issed at the top of this schedule) OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office hold	. 455			content a datagory not noted above,
Dr.Laura Pressley, Ph.D. Date S Peyce name 37//2014 Worley 3 Amount (5) F Payce address; City; State: Zip Code \$1,501.97 3217 N Interstate 35, Austin, TX 78722 3 PURPOSE EXPENDITURE Printing Candidate / Officeholder name Office sought Office sought Office held Office held Payce address; City; State: Zip Code 3/8/2014 Rock N Roll Austin Amount (8) Payce address; City; State: Zip Code 1420 W. Oltorf, Austin, TX 78704 PURPOSE EXPENDITURE Complete ONLY if direct operations of the complete only in the com	Total pages Schedule F:	<u> </u>		ACCOUNT # (Ethics Commission Filers)
Libite S Payee name				(
Amount (\$) 7 Payee address: City: State: Zip Code \$1,501.97 3217 N Interstate 35, Austin, TX 78722 8 PURPOSE OF EXPENDITURE (a) Category (see delegones isled at the top of this schedule) (b) Description (if invest dualide of Texas, complete Schedule T) Signs				
\$1,501.97 3217 N Interstate 35, Austin, TX 78722 (a) Category (See categories listed at the top of this schedule) Printing Candidate / Office held expenditure to benefit C/OH Payee name Rock N Roll Austin Amount (\$) Payee address; City; State; Zip Code systembriture Category (See categories listed at the top of this schedule) Purpose Office sought Description (if travel outside of Taxas, complete Schedule T) Audio Equipment Category (See categories listed at the top of this schedule) Purpose Office sought Office held Description (if travel outside of Taxas, complete Schedule T) Audio Equipment Office held Office held Office held Description (if travel outside of Taxas, complete Schedule T) Audio Equipment Office held Office held Description (if travel outside of Taxas, complete Schedule T) Office held Office held Description (if travel outside of Taxas, complete Schedule T) Office held Office held Description (if travel outside of Taxas, complete Schedule T) Office held Office held Description (if travel outside of Taxas, complete Schedule T) Office held Office held Office held Office held Description (if travel outside of Taxas, complete Schedule T) Web Support Candidate / Officeholder name Office sought Office held	3/7/2014	Worley		
R PURPOSE OF Printing	Amount (\$)	7 Payee address, City; State; Zip Code		·
OF EXPENDITURE Printing Signs Office sought	\$1,501.97	3217 N Interstate 35, Austin, TX 78722		
Complete ONLY if direct expenditure to benefit C/OH	-	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel ou	utside of Texas, complete Schedule T)
Date Payee name Rock N Roll Austin Amount (\$) Payee address, City; State; Zip Code PURPOSE Category (See categories listed at the top of this schedule) Date Payee address, City: State: Zip Code PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Audio Equipment Office sought Office held Purpose Category (See categories listed at the top of this schedule) Date Payee name All 1/2014 Hoot Suite Media Amount (\$) Payee address, City: State: Zip Code \$9.99 www.HootSuite.com Purpose Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Web Support Office sought Office held Office held Payee name Stacy Guidry Amount (\$) Payee address; City: State: Zip Code ### Support ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ### Description (If travel outside of Texas, complete Schedule T) ##		Printing	Signs	
Rock N Roll Austin Amount (\$) Payee address: City: State: Zip Code \$84.44			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code \$84.44	Date	Payee name		
\$84.44 PURPOSE Category (See categories fisted at the top of this schedule) EVENTITURE Camplete ONLY if direct expenditure to benefit C/OH Payee name 3/11/2014 Amount (\$) Purpose Category (See categories fisted at the top of this schedule) Payee name 3/11/2014 Purpose Category (See categories fisted at the top of this schedule) Payee name Purpose Category (See categories listed at the top of this schedule) Purpose Category (See categories listed at the top of this schedule) Purpose Category (See categories listed at the top of this schedule) Purpose Category (See categories listed at the top of this schedule) Purpose Category (See categories listed at the top of this schedule) Purpose Category (See categories listed at the top of this schedule) Payee name 3/11/2014 Payee name Stacy Guidry Amount (\$) Payee name Stacy Guidry Amount (\$) Payee address; City; State; Zip Code \$122.50 Purpose Category (See categories listed at the top of this schedule) Consulting Expense Category (See categories listed at the top of this schedule) Consulting Consulting Office sought Office sought Office held	3/8/2014	Rock N Roll Austin		
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) EVENT EXPENSE Category (See categories listed at the top of this schedule) EVENT EXPENSE Candidate / Office holder name Office sought Office sought Office hold Office hold Payee name Hoot Suite Media Amount (\$) Payee address; City; State; Zip Code www.HootSuite.com PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Web Support Candidate / Office holder name Office sought Office sought Office hold Office hold Office hold Office hold Office hold Payee name 8/11/2014 Candidate / Officeholder name Office sought Office sought Office hold Payee name 8/11/2014 Stacy Guidry Amount (\$) 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 Complete ONLY if direct of Exas, complete Schedule T) Consulting Consulting Consulting Office sought Office sought Office sought Office hold	Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) EVENT EXPENSE Category (See categories listed at the top of this schedule) EVENT EXPENSE Candidate / Office holder name Office sought Office sought Office hold Office hold Payee name Hoot Suite Media Amount (\$) Payee address; City; State; Zip Code www.HootSuite.com PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Web Support Candidate / Office holder name Office sought Office sought Office hold Office hold Office hold Office hold Office hold Payee name 8/11/2014 Candidate / Officeholder name Office sought Office sought Office hold Payee name 8/11/2014 Stacy Guidry Amount (\$) 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 Complete ONLY if direct of Exas, complete Schedule T) Consulting Consulting Consulting Office sought Office sought Office sought Office hold	\$84.44	1420 W. Oltorf, Austin, TX 78704		
Expenditure Complete ONLY if direct expenditure to benefit C/OH Date B/11/2014 Hoot Suite Media Amount (\$) Payee address; City; State; Zip Code \$9.99 Category (See categories listed at the top of this schedule) Web Support Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Description (If travel outside of Texas, complete Schedule T) Web Support Candidate / Officeholder name Office sought Office held Date Payee name 8/11/2014 Candidate / Officeholder name Office sought Office held Payee address; City; State; Zip Code \$122.50 Payee address; City; State; Zip Code \$122.50 Description (If travel outside of Texas, complete Schedule T) Office held Date Payee name Stacy Guidry Amount (\$) Payee address; City; State; Zip Code \$122.50 Description (If travel outside of Texas, complete Schedule T) Consulting Expense Consulting Expense Consulting Consulting Consulting Consulting Candidate / Officeholder name Office sought Office sought Office held	,	, .		
EXPENDITURE EVENT Expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name B/11/2014 Hoot Suite Media Amount (\$) Payee address; City: State: Zip Code Www.HootSuite.com PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Web Support Complete ONLY if direct expenditure to benefit C/OH Payee address; City: State: Zip Code Www.HootSuite.com Description (If travel outside of Texas, complete Schedule T) Web Support Office sought Office held Office held Payee name S/11/2014 Stacy Guidry Amount (\$) Payee address; City: State: Zip Code 4802 Turnstone, Austin, TX 78744 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting Expense Consulting Consulting Consulting Candidate / Officeholder name Office sought Office sought Office held	PURPOSE	Category (See categories fisted at the top of this schedule)	Description (If travel ou	itside of Texas, complete Schedule T)
Date Payee address; City; State; Zip Code Web Support Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Web Support Candidate / Officeholder name Payee name B/11/2014 Candidate / Officeholder name Complete ONLY if direct expenditure Payee address; City; State; Zip Code Payee name Stacy Guidry Amount (\$) Payee address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744 Purpose OF EXPENDITURE Candidate / Officeholder name Consulting Expense Candidate / Officeholder name Office sought Description (if travel outside of Texas, complete Schedule T) Office held Description (if travel outside of Texas, complete Schedule T) Consulting Consulting Candidate / Officeholder name Office sought Office sought Office held	_	Event Expense	Audio Equipment	
Amount (\$) Payee address, City; State; Zip Code ### Www.HootSuite.com Purpose			Office sought	Office held
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expenditure to benefit C/OH	— ·	Consulting Expense	Consulting	
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		ATTACH ADDITIONAL COPIES OF THE		

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POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense	•		Loan Repayment/Reimbursement
Accounting/Banking			Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Dist		Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhe The Instruction Guide explains how		OTHER (enter a category not listed above)
Total pages Schedule F:	<u> </u>	r to complete this for	3 ACCOUNT # (Ethics Commission Filers)
1	Dr.Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics continuesion Files
Date	5 Payee name		
/12/2014	Piryx.com		
Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>	
\$4.50	Piryx.com		
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PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	t Office held
expenditure to benefit (
Date	Payee name		
/13/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip Code	•	
\$4.50	Piryx.com		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct expenditure to benefit Complete C		Office sought	t Office held
Date	Payee name	•	
/18/2014	Erin Schultz		
Amount (\$)	Payee address; City; State; Zip Code		
\$230.00	2504 Huntwick Dr, Austin, TX 78741		
Ψ200.00	2504 Hullerion Di, Austin, 17, 10141		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF			,
EXPENDITURE	Consulting Expense	Consulting	•
Complete ONLY if direct expenditure to benefit Complete C		Office sough	t Office held
Date	Payee name		
3/20/2014	Bumper Sticker		
Amount (\$)	Payee address; City; State; Zip Code)	
\$1,200.00	612 West 34th Street, Austin, TX 78705		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Printing	
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	ATTAOTTADDITIONAL COFILS OF IT		

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Advertising Expense	EXPENDITURE Gift/Awards/Memorials Expense	CATEGORIE Salaries/Wages/	S FOR BOX 8(a)) Loan Repayment	t/Reimbursement
Accounting/Banking	Legal Services	-	fraising Expense		quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In Distric	t	Contributions/Do	nations Made By
Event Expense	Polling Expense	Travel Out Of D		Candidate/Off	ficeholder/Political Committee
Fees	Printing Expense The Instruction Guide		i/Rental Expense		category not listed above)
Total pages Schedule F		- explains now t	o complete this ic		NT # (Ethics Commission Filers
21	Dr.Laura Pressley, Ph.D.				•
Date	5 Payee name				······································
3/22/2014	Lowes				
Amount (\$)	·	ate; Zip Code	2 33 31		
\$23.82	8000 Shoal Creek Boulevard,	Austin, TX 78	3757		
PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	1 (If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Advertising		Sign Constru	ection	
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Date	Payee name	· · · · · · · · · · · · · · · · · · ·			- · · · · · · · · · · · · · · · · · · ·
3/22/2014	Piryx.com				
Amount (\$)	Payee address; City; S	tate; Zip Code			
\$2.75	Piryx.com				
	·				
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Fees		Fees		
Complete ONLY if direct expenditure to benefit ()	Office soug	ht	Office held
Date	Payee name				
3/25/2014	Samantha Meazel				
Amount (\$)	Payee address; City; St	tate; Zip Code			
\$1,050.00	1810 Airole Way, Austin, TX	78704			
PURPOSE	Category (See categories listed at the to	pp of this schedule)	Description	1 (if travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Consulting Expense		Consulting		
Complete ONLY if direct expenditure to benefit (Office soug	ht	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·			
B/25/2014	Stacy Guidry				
Amount (\$)		tate; Zip Code			
\$40.00	4802 Turnstone, Austin, TX 7	8744			
PURPOSE	Category (See categories listed at the to	pp of this schedule)	Description) (If travel outside of To	exas, complete Schedule T)
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### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense AccountingBanking Consulting Expense Event Expenses						
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Event Expense Poling Expense Princip Expense P	Accounting/Banking	Legal Services So	olicitation/Fundraising	Expense Tr	ansportation Equipme	ent & Related Expense
The Instruction Guide explains how to complete this form. Total pages Schedule F. I FILER NAME ID Latura Pressley, Ph.D. Date S Payee name (A) Candidate / Officeholder name Complete DNLY if direct expenditure to benefit C/DH PURPOSE EXPENDITURE Candidate / Officeholder name Complete DNLY if direct expenditure Event Expense Candidate / Officeholder name Complete DNLY if direct expenditure Event Expense Candidate / Officeholder name Complete DNLY if direct expenditure Event Expense Candidate / Officeholder name Complete DNLY if direct expenditure Event Expense Candidate / Officeholder name Complete DNLY if direct expenditure Event Expense Candidate / Officeholder name Complete DNLY if direct expenditure to benefit C/DH Date Purpose Expenditure to Denefit C/DH Purpose Expenditure to Denefit C/DH Candidate / Officeholder name Complete DNLY if direct expenditure to Denefit C/DH Date Payee name Austin Monitor Amount (s) Payee address; City, State; Zip Code Expenditure to Denefit C/DH Date Payee name Austin Monitor Amount (s) Payee address, City, State; Zip Code Expenditure to Denefit C/DH Date Purpose Candidate / Officeholder name Complete DNLY if direct expenditure to Denefit C/DH Date Purpose Candidate / Officeholder name Complete DNLY if direct expenditure to Denefit C/DH Purpose Candidate / Officeholder name Complete DNLY if direct expenditure to Denefit C/DH Purpose Candidate / Officeholder name Complete DNLY if direct expenditure to Denefit C/DH Purpose Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Complete DNLY if direct expenditure to Denefit C/DH Candidate / Officeholder name Candidate / O	Consulting Expense	Food/Beverage Expense Travel In District				
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Total pages Schedule F. 2. FILLER NAME. 1. Dr. Laura Pressley, Ph.D. 1. Date 5. Pages name 1/26/2014	Fees	Printing Expense Of	ffice Overhead/Renta	Expense O	THER (enter a catego	ory not listed above)
Dr. Laura Pressley, Ph.D. S Payee name	.	The Instruction Guide exp	plains how to com	plete this form		
Date S Payee name Lowes	• -	1			3 ACCOUNT # (E	Ethics Commission Filers)
Account (s) 7 Payee address; City; State; Zip Code	21 	Dr.Laura Pressley, Ph.D.				
3 Amount (\$) 7 Payee address: City: State: Zip Code 839.99 800 Shoal Creek Boulevard, Austin, TX 78757 3 PURPOSE OF EXPENDITURE Advertising Sign Construction (If travel outside of Texas, complete Schedule T) Sign Construction Sign Construction Office sought Office held operations to benefit C/OH Payee name Rock N Roll Austin, TX 78704 PURPOSE CATEGORY (See categories listed at the top of this schedule) Audio Equipment Office sought Office held operations of the top of this schedule office sought Office held operations of the top of this schedule office sought Office held operations of the top of this schedule operations of the top of this schedule operations of the top of this schedule operations of the top of this schedule operations of the top of this schedule operations of the top of this schedule operations operations of the top of this schedule operations opera	J Date	5 Payee name				
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Amount (\$) Payee address; City; State; Zip Code \$5.41 P.O. Box 867, Austin, TX 78767 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name B/29/2014 HEB Amount (\$) Payee address; City; State; Zip Code Plus Pose (State) of this schedule (St	Date	Payee name				
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PURPOSE Category (See categories listed at the top of this schedule) Fees Subscription Complete ONLY if direct expenditure to benefit C/OH Payee name HEB Amount (\$) Payee address; City; State: Zip Code \$101.02 Purpose Category (See categories listed at the top of this schedule) Payee name HEB Candidate / Office sought Category (See categories listed at the top of this schedule) Payee name HEB Category (See categories listed at the top of this schedule) Purpose Category (See categories listed at the top of this schedule) Purpose Food/Beverage Expense Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office sought Office held	Amount (\$)	Pavee address: City: State:	Zip Code			
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Fees Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Office held Payee name HEB Amount (\$) Payee address; City: State: Zip Code \$101.02 Purpose Category (See categories listed at the top of this schedule) Purpose Category (See categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Office sought Office sought Office held Office held Office held Office held Office held	* *		•			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 8/29/2014 HEB Amount (\$) Payee address; City: State: Zip Code \$101.02 1000 E. 41st St, Austin, TX 78751 PURPOSE OF EXPENDITURE Candidate / Officeholder name Category (See categories listed at the top of this schedule) Food/Beverage Expense Camplete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Office held Office held	ψ3.41	1.0. Box 607, 7431111, 177 70701				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office sought Office held Office held Office sought Office held Office held Date Payee name HEB Amount (\$) Payee address; City; State; Zip Code \$101.02 1000 E. 41st St, Austin, TX 78751 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Office sought Office sought Office held Office held Office held	PURPOSE	Category (See categories listed at the top of the	this schedule)	Description (If	travel outside of Texas, co	omplete Schedule T)
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Date Payee name ### ### ### ### ### ### ### ### ### #	EXPENDITURE	1 663				
Amount (\$) Payee address; City; State; Zip Code \$101.02 1000 E. 41st St, Austin, TX 78751 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food for Fundraiser Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code \$101.02	Date	Payee name				
\$101.02 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Candidate / Officeholder name Office sought Office held	3/29/2014	HEB				
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State;	; Zip Code			
OF EXPENDITURE Food/Beverage Expense Food for Fundraiser Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	\$101.02	1000 E. 41st St, Austin, TX 7875	51			
EXPENDITURE FOOd/Beverage Expense Food for Fundraiser Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	PURPOSE	Category (See categories listed at the top of the	this schedule)	Description (If	travel outside of Texas, co	omplete Schedule T)
expenditure to benefit C/OH		Food/Beverage Expense	Fo	od for Fundra	aiser	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		•		Office sought		Office held
		ATTACH ADDITIONAL COP	PIES OF THIS SCH	HEDULE AS N	EEDED	
Al Constate November 1	M *					

P.O. Box 12070

				
Advertising Expense		aries/Wages/Contra	ict Labor L	oan Repayment/Reimbursement
Accounting/Banking	_	icitation/Fundraising		ransportation Equipment & Related Exper
Consulting Expense	<u> </u>	vel In District	С	contributions/Donations Made By Candidate/Officeholder/Political Commi
Event Expense Fees	- •	vel Out Of District ce Overhead/Renta	al Expense O	THER (enter a category not listed above)
1 000	The Instruction Guide expl			• •
Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission F
21	Dr.Laura Pressley, Ph.D.			
4 Date	5 Payee name			
3/20/2014	Piryx.com			
3 Amount (\$)	7 Payee address; City; State;	Zip Code		
\$2.25	Piryx.com			
8 PURPOSE	(a) Category (See categories listed at the top of this	s schedule) (b)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fe	es	
9 Complete ONLY if direct expenditure to benefit C.		,	Office sought	Office held
Date	Payee name			
8/21/2014	Victory Ministries			
Amount (\$)	Payee address; City; State;	Zip Code		
\$50.00	Canterbury, Austin, TX			
PURPOSE	Category (See categories listed at the top of this	s schedule)	Description (If	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Fo	ood	
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sought	Office held
Date	Payee name			
8/21/2014	Piryx.com			
Amount (\$)	Payee address; City; State;	Zip Code		
\$1.13	Piryx.com			
PURPOSE	Category (See categories listed at the top of this	s schedule)	Description (II	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fe	es	
Complete ONLY if direct expenditure to benefit C			Office sought	Office held
Date	Payee name			- · · · · · · · · · · · · · · · · · · ·
8/22/2014	Lowes			
Amount (\$)	Payee address; City; State;	Zip Code		
\$92.41	8000 Shoal Creek Boulevard, Aust	tin, TX 78757		
PURPOSE	Category (See categories listed at the top of this	s schedule)	Description (II	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Si	gn Construct	ion
Complete ONLY if direct expenditure to benefit (Office sought	Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS SCI	HEDULE AS N	EEDED
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P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor L traising Expense 7 t C istrict WRental Expense C	oan Repayment/Reimbursement fransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
:1	Dr.Laura Pressley, Ph.D.		2 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	5 Payee name	<u></u>	
/2/2014	Bumper Sticker		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$4,570.80	612 West 34th Street, Austin, TX 78705		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (III	f travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
/2/2014	Statesman		
Amount (\$)	Payee address; City; State; Zip Code		
\$9.99	305 S. Congress Ave, Austin, TX 78704		·
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Subscription	
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
/3/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.68	Piryx.com		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
/6/2014	Rick Luna		
Amount (\$)	Payee address; City; State; Zip Code		
\$120.00	109 Granite, Kyle, TX 78640		
PURPOSE	Category (See categories listed at the top of this schedule)		f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Advertising	
Complete ONLY if direct expenditure to benefit		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS N	IEEDED

Texas Ethics Commission

Legal Services Solicitat Food/Beverage Expense Travel It Polling Expense Office C The Instruction Guide explains FILER NAME TLaura Pressley, Ph.D. Payee name acy Guidry Payee address; City; State; Zip 302 Turnstone, Austin, TX 78744 Category (See categories listed at the top of this schoonsulting Expense Candidate / Officeholder name Payee name acy Guidry	Code	3 ACCOUNT # (Ethics Commission of the commission	ommittee bove) sion Filers)
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302 Turnstone, Austin, TX 78744			
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Payee name	· · · · · · · · · · · · · · · · · · ·		
ryx.com			
Payee address; City; State; Zip	Code		
iryx.com			
Category (See categories listed at the top of this sch	edule) Description	(If travel outside of Texas, complete Schedule	T)
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Candidate / Officeholder name	Office soug	pht Office held	
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tatesman			
Payee address: City; State; Zip	Code	•	
05 S. Congress Ave, Austin, TX 787	704		
Category (See categories listed at the top of this sch	edule) Description	n (If travel outside of Texas, complete Schedule	T)
ees	Subscription	1	
Candidate / Officeholder name	Office soug	ght Office held	
ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	SNEEDED	
_ i _ i _	Category (See categories fisted at the top of this schonsulting Expense Candidate / Officeholder name Payee name ryx.com Payee address; City; State; Zip ryx.com Category (See categories listed at the top of this schoes Candidate / Officeholder name Payee name catesman Payee address; City; State; Zip Congress Ave, Austin, TX 787 Category (See categories listed at the top of this schoes Category (See categories listed at the top of this schoes Category (See categories listed at the top of this schoes Category (See categories listed at the top of this schoes Candidate / Officeholder name	Category (See categories listed at the top of this schedule) Description Consulting Expense Candidate / Officeholder name Office soug Payee name ryx.com Payee address; City; State; Zip Code ryx.com Category (See categories listed at the top of this schedule) Payee name Category (See categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office soughther	Category (See categories listed at the top of this schedule) Consulting Candidate / Officeholder name Candidate / Officeholder name Category (See categories listed at the top of this schedule) Payee name ryx.com Payee address; City; State; Zip Code ryx.com Category (See categories listed at the top of this schedule) Payee name Candidate / Officeholder name Category (See categories listed at the top of this schedule) Payee name Category (See categories listed at the top of this schedule) Payee name Category (See categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule) Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule) Subscription

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

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Street, Austin, TX 78705		
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/ Officeholder name	Office sought	Office held
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(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

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Advertising Expense	•	Salaries/Wages/Co	ontract Labor L	oan Repayment/Rei	
Accounting/Banking	_	Solicitation/Fundra Fravel In District	• .		nent & Related Expense
Consulting Expense Event Expense	- .	rraver in District Fravel Out Of Dist		Contributions/Donations Made By Candidate/Officeholder/Political Commit	
Fees	<u> </u>	Office Overhead/R			gory not listed above)
	The Instruction Guide ex	xplains how to	complete this forn	n.	,
1 Total pages Schedule F:	2 FILER NAME Dr.Laura Pressley, Ph.D.			3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name				
9/15/2014	Samantha Meazel				
6 Amount (\$)		; Zip Code			
\$1,320.00	1810 Airole Way, Austin, TX 787	704			
8 PURPOSE OF	(a) Category (See categories listed at the top of	fthis schedule)	(b) Description (I	f travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Consulting Expense		Consulting		
9 Complete ONLY if direct expenditure to benefit C			Office sought		Office held
Date	Payee name				· · · · · · · · · · · · · · · · · · ·
9/16/2014	Erin Schultz			·	
Amount (\$)	Payee address; City; State	e; Zip Code			
\$390.00	2504 Huntwick Dr, Austin , TX 7	78741			
PURPOSE	Category (See categories listed at the top of	fthis schedule)	Description (I	f travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Consulting Expense		Consulting		
Complete ONLY if direct expenditure to benefit C			Office sought		Office held
Date	Payee name				
9/18/2014	XTRA Newspaper				
Amount (\$)	Payee address; City; State	; Zip Code			
\$275.00	http://xtranewspaper.com/				
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (i	If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Advertising Expense	:	Advertising		
Complete ONLY if direct expenditure to benefit C			Office sought		Office held
Date	Payee name			·	
9/19/2014	NOKOA				
Amount (\$)	Payee address; City; State	e; Zip Code			
\$200.00	5200 King Charles Dr, Austin, TX	X 78724			
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Advertising		Advertising		
Complete ONLY if direct expenditure to benefit			Office sought		Office held
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	AT IACH ADDITIONAL CO	FIES OF INIS	OCHEDOLE MO N		

	EXPENDITURE CATEG	ORIES FOR BOX 8(a	1)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitati Food/Beverage Expense Travel Ir Polling Expense Travel O	Wages/Contract Labor on/Fundraising Expense District ut Of District verhead/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 fo	orm.
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 Piryx.com		
6 Amount (\$) \$2.70	7 Payee address; City; State; Zip Piryx.com	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Fees	dule) (b) Description Fees	n (if travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C		Office soug	ht Office held
Date 9/22/2014	Payee name Sarah's		
Amount (\$) \$39.14	Payee address; City; State; Zip 5222 Burnet Rd, Austin, Tx 78756	Code	
PURPOSE OF	Category (See categories listed at the top of this sche Food/Beverage Expense	1	n (If travel outside of Texas, complete Schedule T) an Up volunteers
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office soug	<u> </u>
Date 9/22/2014	Payee name Samantha Meazel		
Amount (\$) \$75.00	Payee address; City; State; Zip 1810 Airole Way, Austin, TX 78704	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Consulting Expense	Description Consulting	↑ (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		Office soug	ght Office held
Date 9/22/2014	Payee пате Piryx.com		
Amount (\$) \$4.50	Payee address; City; State; Zip Piryx.com	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	Description Fees	n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit		Office soug	ght Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS	SNEEDED
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Texas Ethics Commission

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor I draising Expense t (district d/Rental Expense (district)	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Takal and a Cabadala Fi		o complete this for	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
!1	Dr.Laura Pressley, Ph.D.		
Date	5 Payee name		
/23/2014	Piryx.com		
\$ Amount (\$) \$4.50	7 Payee address; City; State; Zip Code Piryx.com		
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)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/25/2014	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$110.72	12625 N. IH-35, Austin, TX 78753		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing	Toner	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/25/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.25	Piryx.com		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Fees	Fees	
EXPENDITURE		1 663	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			