

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|---|---|---------------------------------------|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 56 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mrs Laura A | | OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> AUSTIN CITY CLERK RECEIVED 2016 JUN 15 PM 5:57 </div> | | |
| | NICKNAME LAST SUFFIX Pressley, Ph.D. | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10203 Woodglen Cove, Austin, TX 78753 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 762-3825 | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Fidel M | | Date Hand-delivered or Date Postmarked | | |
| | NICKNAME LAST SUFFIX Acevedo | | Receipt # Amount \$ | | |
| | | | Date Processed | | |
| | | | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3807 Prairie, Austin, TX 78728 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 775-7276 | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 07 / 01 / 2015 THROUGH 12 / 31 / 2015 | | | | |
| 11 ELECTION | <table style="width:100%;"> <tr> <td style="width: 30%;">ELECTION DATE Month Day Year 12 / 16 / 2014</td> <td style="width: 70%;">ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE Month Day Year 12 / 16 / 2014 | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special |
| ELECTION DATE Month Day Year 12 / 16 / 2014 | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | <table style="width:100%;"> <tr> <td style="width: 50%;">OFFICE HELD (if any) N/A</td> <td style="width: 50%;">OFFICE SOUGHT (if known) Austin City Council District 4</td> </tr> </table> | | | OFFICE HELD (if any) N/A | OFFICE SOUGHT (if known) Austin City Council District 4 |
| OFFICE HELD (if any) N/A | OFFICE SOUGHT (if known) Austin City Council District 4 | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 7,458.95

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 38,749.95

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 65.00

4. TOTAL POLITICAL EXPENDITURES \$ 82,078.61

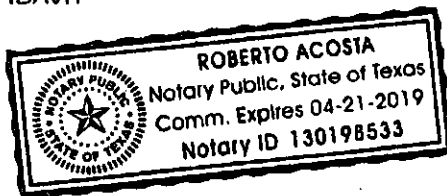
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,142.17

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 76,789

18 AFFIDAVIT



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 15th day of JANUARY, 20 16, to certify which, witness my hand and seal of office.

R. Acosta

Signature of officer administering oath

ROBERTO ACOSTA

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Laura Pressley, Ph.D.

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | | |
|-----|--------------------------|--|--------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 38,749.95 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ 83245.4 |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 82078.61 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 7,321 |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 110.80 |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
7/6/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mr. and Mrs. Jim Lodwick 7710 Shadyrock Austin TX 78746

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

Real Estate

9 Employer (See Instructions)

Self

Date
7/6/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

David Nelson 5608 Parkcrest Dr, Suite 310 Austin TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/8/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

James Skowbo 15301 Mallard Green Ln Austin TX 78728

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self

Date
7/8/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mr. and Mrs. Anthony Daywood 2501 Rock Terrace Dr Austin TX 78746

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
7/14/15**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

Ann Quest 5609 Ursula Ln. Dallas, TX 75229

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)
Non Profit Management**9** Employer (See Instructions)
SelfDate
7/14/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Russell Ramsland 6339 Desco Dr. Dallas, TX 75225

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)
InvestorEmployer (See Instructions)
SelfDate
7/14/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Honey Lanham 5958 Preston Valley Dallas, TX 75240

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/14/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Cynthia Turnball 10121 Pensive Dr. Dallas, TX 75229

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
8/6/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Vickie Karp 9300 Lauralan Dr. Austin TX 78736

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

Real Estate

9 Employer (See Instructions)

Self

Date

8/6/15

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Alfonzie Stepney III 18100 Mammoth Cave Pflugerville TX 78660

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Permit Reviewer

Employer (See Instructions)

State of Texas

Date

8/7/15

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mark Miller 2609 Indian Creek Rd Austin TX 78734

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

U.T. Austin

Date

8/7/15

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mary Anderson 5019 Placid Place Austin TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
7/16/15**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

Jeff Blumenthal 6416 VIA CORRETO DR TX 78749

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

75

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
7/16/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Julie Byrnes 1426 Marian Ave Ann Arbor MI 48103

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/28/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Ms. Jane Ransland 85225 Thackery St.Dallas TX 75225

Contributor address; City; State; Zip Code

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date
8/6/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Karen Renick 2500 Tower Drive Austin TX 78703

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Lawrence Group

Employer (See Instructions)

Project Manager

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
8/9/15**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

Frank Blanchard 6600 Vanderbilt Ave Dallas TX 75214

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

350

8 Principal occupation / Job title (See Instructions)
Developer**9** Employer (See Instructions)
Blanchard Homes, LLC

Date

8/11/15

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

Matthew Buckley 2700 Bee Caves Rd Austin TX 78746

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/12/15

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

Jim Keller 121 Cedar St San Antonio TX 78210

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
ArtistEmployer (See Instructions)
Self

Date

8/12/15

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

Christopher Campbell Requested, Austin, TX

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
8/17/15**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

Claire Martinez 3005 S. Lamar Austin TX 78704

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/5/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Texans For Accountable Government 1306 Baronets Austin, Tx 78753

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/5/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Jim Lodwick 7710 Shadyrock Austin, TX 78745

Contributor address; City; State; Zip Code

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date
8/12/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Julie Minnis 1902 YAUPON VALLEY Austin, TX 78746

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/5/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Linda Green 911 Stoneoak Ln Austin TX 78745

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
100**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/5/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Liana Stivans 1700 Fortview Rd Austin TX 78704

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/8/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jim Skaggs 4700 Toreador Dr Austin, TX 78746

Contributor address; City; State; Zip Code

Amount of contribution (\$)
1000Principal occupation / Job title (See Instructions)
InvestorEmployer (See Instructions)
SelfDate
9/10/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Bill Worsham 1105 Norwalk Ln Austin TX 78703

Contributor address; City; State; Zip Code

Amount of contribution (\$)
200Principal occupation / Job title (See Instructions)
DirectorEmployer (See Instructions)
L J A Engineering**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/11/15**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

Rae Nadler Olenick 1205 E. 52nd. St #101 Austin, TX 78723

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

5000

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

9/11/15

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

Robert Delozier 10708 Regal Oaks Austin TX 78737

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/11/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Dana Ambs 3208 Cherrywood Austin TX 78722

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date
9/10/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Jim Lodwick 7710 Shadyrock Austin TX 78746

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/14/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

William Doyle 3431 N. Hills Dr. Austin, TX 78731

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)
Employee**9** Employer (See Instructions)
GovernmentDate
9/14/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Lisa Wilson 3571 Far West Blvd. #45 Austin TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)

125

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/14/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Harry Grothjahn P.O. Box 130 Alcoa, TN 37701

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/15/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Judith Haller 5319 Woodrow Ave Austin TX 78756

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/15/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Dante Monsivais 8412 Saber Creek Trail Austin TX 78759

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
250**8** Principal occupation / Job title (See Instructions)
Student**9** Employer (See Instructions)
n/aDate
9/15/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mary Anderson 5019 Placid Place Austin, TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)
110Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
9/15/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Theresa Coronado 10614 Shaenpath San Antonio, TX 78254

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/15/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Margaret Otto-Hannaford 6270 NW 136 St Kansas City, MO 64164

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/15/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jonathan Bouve 24 South St. Hingham, MA 02043

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
75**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/15/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Lori Faulkner 1037 Western Hills Rd Rockdale TX 76567

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/15/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Arthur Rhodes 6506 Mesa Austin, TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date
9/17/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Todd Sanders 1720 S. 1st St. Austin TX 78704

Contributor address; City; State; Zip Code

Amount of contribution (\$)
250

Principal occupation / Job title (See Instructions)

Retail

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/18/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Dr. and Mrs. Donald Parsons 3706 Graystone Austin, TX 78731
6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
500**8** Principal occupation / Job title (See Instructions)
Retired**9** Employer (See Instructions)
RetiredDate
9/18/15Full name of contributor ☐ out-of-state PAC (ID#: _____)
Michael Black Sr 7074 NW CR 141 Rice TX 75155
Contributor address; City; State; Zip CodeAmount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/20/15Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jim Keller 121 Cedar St. San Antonio, TX 78210
Contributor address; City; State; Zip CodeAmount of contribution (\$)
1000Principal occupation / Job title (See Instructions)
ArtistEmployer (See Instructions)
SelfDate
9/20/15Full name of contributor ☐ out-of-state PAC (ID#: _____)
Robert Stern P.O. Box 77 Knoxville TN 37932
Contributor address; City; State; Zip CodeAmount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/18/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Julie Minnis 1902 Yaupon Valley Austin, TX 78746

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)
Nurse**9** Employer (See Instructions)
RequestedDate
9/18/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Will Dozier 5511 Bent Trail Dallas, TX

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/20/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Conservative Soc. of Navarro County 8040 FM 642 Purdon, TX 76679 100

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/23/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Vickie Karp 9300 Lauralan Dr. Austin, TX 78736

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/23/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Penny Story 307 Kirven Ave Waxhachie, TX 75165

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
100**8** Principal occupation / Job title (See Instructions)
Retired**9** Employer (See Instructions)
RetiredDate
9/23/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Ray Myers 308 Bluffview Fortney, TX 75126

Contributor address; City; State; Zip Code

Amount of contribution (\$)
70Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
9/23/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jackie King 8040 FM 642 Purdon, TX 76679

Contributor address; City; State; Zip Code

Amount of contribution (\$)
60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/24/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mark Schruben 2253 SH 71 W Cedar Creek TX 78612

Contributor address; City; State; Zip Code

Amount of contribution (\$)
250Principal occupation / Job title (See Instructions)
ArchitectEmployer (See Instructions)
COA**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
9/24/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

J. Lee Baldwin P.O. Box 57213 Dallas, TX 75357 100

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)**8** Principal occupation / Job title (See Instructions)
Retired**9** Employer (See Instructions)
RetiredDate
9/25/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Margaret Otto-Hannaford 6270 NW 136 St Kansas City, MO 64164

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
9/29/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Julie Byrnes 1426 Marian Ave Ann Arbor MI 48103 250

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
10/2/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Marcia Cavett 7475 Prestwick Beaumont, TX 77707 100

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
10/5/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Cecil Moss 606 Clearwater Trail Round Rock TX 78664

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
200**8** Principal occupation / Job title (See Instructions)
Cleaning Services**9** Employer (See Instructions)
SelfDate
10/9/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Bob Brewer 1800 DeCharles St Tyler, TX 75701

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
10/9/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jane Oravetz 705 Becky Dr Tyler, TX 75703

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
10/9/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Bobby Bennett 8991 Pennisula Dr Tyler, TX 75707

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
10/11/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mark Miller 2609 Indian Creek Rd Austin TX 78734

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
100**8** Principal occupation / Job title (See Instructions)
Professor**9** Employer (See Instructions)
UT AustinDate
10/20/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Kaufman County Tea Party 308 Bluffview Fortney, TX 75126

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/20/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mary Cline P.O. Box 399 Kaufman, TX 75142 100

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
10/26/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Vickie Karp 9300 Lauralan Dr. Austin, TX 78736 100

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)
Real EstateEmployer (See Instructions)
Self**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
10/26/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Steve Hannah 6213 Idlewood Austin, TX 78745

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

75

8 Principal occupation / Job title (See Instructions)
Retired**9** Employer (See Instructions)
RetiredDate
10/26/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Kat Fox 502 Pinto Lane Fortney, TX 75126

Contributor address; City; State; Zip Code

Amount of contribution (\$)

60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/3/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Gil Robinson 5150 Broadway San Antonio, TX 78209

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
OwnerEmployer (See Instructions)
Alamo Height Internal MedicineDate
11/3/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Suzanne Leach 10730 Odair Ct. Dallas TX 75218

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
11/5/15**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

Joyce Riley P.O. Box 85 Versailles, MO 65084

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
590**8** Principal occupation / Job title (See Instructions)
Radio**9** Employer (See Instructions)
The Power HourDate
11/5/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Anthony Bruner 26401 CR 457 Mineola, TX 75773

Contributor address; City; State; Zip Code

Amount of contribution (\$)
200Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
11/5/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Mike Newman 1127 Thistle Mesquite, TX

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/5/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Vickie Slaton 174 FM21 Mt. Vernon, TX 75457

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
11/5/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jim Howard 1600 Princeton Corsicana, TX 75110

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
100**8** Principal occupation / Job title (See Instructions)
Car Repair, Owner**9** Employer (See Instructions)
Corsicana Collision CenterDate
11/11/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jeannie Forrest 6108 Glennox Ln Dallas, TX 75214

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
11/12/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

George Humphrey 2603 Tanglewood Austin, Tx 78703

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
DeveloperEmployer (See Instructions)
SelfDate
11/5/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Joan Sefcik, DDS 4014 Marathon Austin, TX 78756

Contributor address; City; State; Zip Code

Amount of contribution (\$)
500Principal occupation / Job title (See Instructions)
DentistEmployer (See Instructions)
Self**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
11/14/15**5** Full name of contributor ☐ out-of-state PAC (ID#:

Karen Renick 2500 Tower Drive Austin TX 78703

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
500**8** Principal occupation / Job title (See Instructions)
Project Manager**9** Employer (See Instructions)
Lawrence GroupDate
11/14/15Full name of contributor ☐ out-of-state PAC (ID#:

Vickie Karp 9300 Lauralan Dr. Austin TX 78736

Contributor address; City; State; Zip Code

Amount of contribution (\$)
300Principal occupation / Job title (See Instructions)
Real EstateEmployer (See Instructions)
SelfDate
11/14/15Full name of contributor ☐ out-of-state PAC (ID#:

Mary Anderson 5019 Placid Place Austin, TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)
240Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
11/4/15Full name of contributor ☐ out-of-state PAC (ID#:

Jim Keller 121 Cedar St. San Antonio, TX 78210

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
ArtistEmployer (See Instructions)
Self**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
11/14/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Susan Straus 121 Cedar St. San Antonio, TX 78210

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
100**8** Principal occupation / Job title (See Instructions)
Retired**9** Employer (See Instructions)
RetiredDate
11/14/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jim Howard 1600 Princeton Corsicana, TX 75110

Contributor address; City; State; Zip Code

Amount of contribution (\$)
40Principal occupation / Job title (See Instructions)
Car RepairEmployer (See Instructions)
Corsicana Collision RepairDate
11/14/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Greg Rousch DERECHO DR TX Austin, TX 78737

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/4/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Brad Parsons 3706 Graystone Austin, TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
Retired**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
11/14/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Vickie Karp 9300 Lauralan Dr. Austin TX 78736

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
80**8** Principal occupation / Job title (See Instructions)
Real Estate**9** Employer (See Instructions)
SelfDate
11/14/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Steve Hannah 6213 Idlewood Austin, TX 78745

Contributor address; City; State; Zip Code

Amount of contribution (\$)
75Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
11/14/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Susan Straus 121 Cedar St. San Antonio, TX 78210

Contributor address; City; State; Zip Code

Amount of contribution (\$)
60Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
11/14/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Reed Burns 6501 Thomas Springs Rd Austin TX 78736

Contributor address; City; State; Zip Code

Amount of contribution (\$)
60Principal occupation / Job title (See Instructions)
RancherEmployer (See Instructions)
Self**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

SCHEDULE A1Revised 02/27/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
11/20/15**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

James Medlin 3423 Candlepine Spring TX 77388

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
100**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
11/20/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Dorothy Erminger 11751 D K Ranch Road Austin, TX 78759

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
Loan OfficerEmployer (See Instructions)
CapstarDate
11/21/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Don & Rosalie Peck 2739 Meadow Tree Lane Spring TX 77388

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/29/15Full name of contributor ☐ out-of-state PAC (ID# _____)

Jayne Belancio 172 Turkey Run Meadowlakes, TX 78654

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
11/30/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Julio Seretti 7904 Havenwood Austin, TX 78759

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
160**8** Principal occupation / Job title (See Instructions)
Dental Tech**9** Employer (See Instructions)
Seretti Dental LabDate
12/1/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jim Keller 121 Cedar St San Antonio TX 78210

Contributor address; City; State; Zip Code

Amount of contribution (\$)
3500 (Paid Directly to M. Cohen)Principal occupation / Job title (See Instructions)
ArtistEmployer (See Instructions)
SelfDate
12/1/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Albert Richardson 3400 Packsaddle Dr. Horseshoe Bay, TX 78657

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
11/29/15Full name of contributor ☐ out-of-state PAC (ID#: _____)

Alan Barr 7706 Stoneywood Austin, TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)

275

Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
Retired**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
11/30/15**5** Full name of contributor ☐ out-of-state PAC (ID#:

Cheryl Johnson 810 Myrtlewood Friendswood, TX

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
100**8** Principal occupation / Job title (See Instructions)
Galveston County Tax Assessor Collector**9** Employer (See Instructions)
Galveston CountyDate
12/1/15Full name of contributor ☐ out-of-state PAC (ID#:

Sasha Sessums 680 Tillery, Austin, TX 78702

Contributor address; City; State; Zip Code

Amount of contribution (\$)
75

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/2/15Full name of contributor ☐ out-of-state PAC (ID#:

Don Brown 6200 Cat Mountain Cove Austin TX 78731

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/3/15Full name of contributor ☐ out-of-state PAC (ID#:

Terynes Castaneda 1141 NICKOLS AVENUE AUSTIN TX 78721

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
12/4/15**5** Full name of contributor ☐ out-of-state PAC (ID#:
Arthur Adams 1911 Clubhouse Hill Dr. Spicewood, TX 78669**6** Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
100**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
12/5/15Full name of contributor ☐ out-of-state PAC (ID#:
Abbe DeLozier 10708 Regal Oaks Austin TX 78737

Contributor address; City; State; Zip Code

Amount of contribution (\$)
186Principal occupation / Job title (See Instructions)
Real EstateEmployer (See Instructions)
Skye RealtyDate
12/8/15Full name of contributor ☐ out-of-state PAC (ID#:
Blue and Neomi Delgado 10213 Willfield Austin, TX 78753

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
RetiredDate
12/9/15Full name of contributor ☐ out-of-state PAC (ID#:
Highland Lakes Tea Party 27206 Waterfall Hill Spicewood, TX 78654

Contributor address; City; State; Zip Code

Amount of contribution (\$)
317

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date

12/10/15

5 Full name of contributor☐ out-of-state PAC (ID# _____)

Tea Party Patriots of Eastland County P.O. Box 1121 Cisco, TX

7 Amount of contribution (\$)

76437

240

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/10/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jim Lodwick 7710 Shadyrock Austin, TX 78745

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

12/10/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Melvin and Sharon Williams 2125 Potosi Rd Abilene, TX 79602

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

12/10/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Sharon Moylan P.O. Box 306 Eastland, TX 76448

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date

12/16/15

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Kevin Corcoran 133 N. Friendswood Dr Friendswood, TX 77546

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/18/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Skaggs 4700 Toreador Dr Austin, TX 78746

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

12/20/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Anderson 5019 Placid Place Austin, TX 78731

Amount of contribution (\$)

116

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

12/21/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dwayne Collins 7418 FM 279 Ben Wheeler, TX 75754

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** Date
12/31/15**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

James Skaggs 4700 Toreador Dr Austin, TX 78746

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 3 |
| 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$n/a |
| 5 Date of loan 4/13/15 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Pressley | 9 Loan Amount (\$) \$1,000 |
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753 | 10 Interest rate 0% |
| | | 11 Maturity date None |
| 12 Principal occupation / Job title (See Instructions) Owner | | 13 Employer (See Instructions) Pure Rain, LLC |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor n/a 18 Guarantor address; City; State; Zip Code n/a | 19 Amount Guaranteed (\$) n/a |
| 20 Principal Occupation (See Instructions) n/a | | 21 Employer (See Instructions) n/a |
| Date of loan 4/13/15 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Pressley | Loan Amount (\$) \$15,000 |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753 | Interest rate 0% |
| | | Maturity date None |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Pure Rain, LLC |
| Description of Collateral <input checked="" type="checkbox"/> none n/a | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor n/a Guarantor address; City; State; Zip Code n/a | Amount Guaranteed (\$) n/a |
| Principal Occupation (See Instructions) n/a | | Employer (See Instructions) n/a |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **3**

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

6/2/15

7 Name of lender

☐ out-of-state PAC (ID# _____)

Laura Pressley

9 Loan Amount (\$)

\$6,000

6 Is lender a financial institution?

Y N

8 Lender address;

City; State; Zip Code

10203 Woodglen Cove, Austin, TX 78753

10 Interest rate

0%

11 Maturity date

None

12 Principal occupation / Job title (See Instructions)

Owner

13 Employer (See Instructions)

Pure Rain, LLC

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

n/a

21 Employer (See Instructions)

n/a

Date of loan

6/17/15

Name of lender

☐ out-of-state PAC (ID# _____)

Visa

Loan Amount (\$)

\$10,368

Is lender a financial institution?

Y N

Lender address;

City; State; Zip Code

P.O. Box 183037 Columbus, OH 43218-3051

Interest rate

15.24

Maturity date

n/a

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☒ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

☒ not applicable

Principal Occupation (See Instructions)

n/a

Employer (See Instructions)

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **3**

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

6/19/15

7 Name of lender

Discover

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$12,363

6 Is lender a financial institution?

Y N

8 Lender address;

City: State: Zip Code

P.O. Box 6103 Carol Stream, IL 60197-6103

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

n/a

13 Employer (See Instructions)

n/a

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☒ not applicable

18 Guarantor address;

City: State: Zip Code

20 Principal Occupation (See Instructions)

n/a

21 Employer (See Instructions)

n/a

Date of loan

n/a

Name of lender

n/a

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

n/a

Is lender a financial institution?

Y N

Lender address;

n/a

City: State: Zip Code

Interest rate

n/a

Maturity date

n/a

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

Description of Collateral

☒ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

n/a

Amount Guaranteed (\$)

Guarantor address;

City: State: Zip Code

☒ not applicable

n/a

Principal Occupation (See Instructions)

n/a

Employer (See Instructions)

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 7/2/15 | 7 Name of lender VISA <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) 5,600 |
| 6 Is lender a financial Institution? X Y N | 8 Lender address; City; State; Zip Code P.O. Box 183037 Columbus OH 43218 | 10 Interest rate 15.24 |
| | | 11 Maturity date None |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor n/a | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 9/10/15 | Name of lender Chase <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) 3,296 |
| Is lender a financial Institution? X Y N | Lender address; City; State; Zip Code P.O. Box 15123 Willmington, DE 19850 | Interest rate 0 |
| | | Maturity date None |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 8/4/15 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Capital One | 9 Loan Amount (\$) 15,579.20 |
| 6 Is lender a financial Institution? X Y N | 8 Lender address; City; State; Zip Code P.O. Box 60599 City of Industry, CA 91716 | 10 Interest rate 8.74 |
| | | 11 Maturity date None |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor n/a | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 8/9/15 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) IEEE US Bank | Loan Amount (\$) 13,339.20 |
| Is lender a financial Institution? X Y N | Lender address; City; State; Zip Code P.O. Box 790408 St. Louis, MO | Interest rate 12.24 |
| | | Maturity date None |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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

LOANS**SCHEDULE E**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 10/30/15 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Pressley | 9 Loan Amount (\$) 400 |
| 6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753 | 10 Interest rate 0 |
| | | 11 Maturity date None |
| 12 Principal occupation / Job title (See Instructions) Owner | | 13 Employer (See Instructions) Pure Rain, LLC |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor n/a | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 11/29/15 | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Pressley | Loan Amount (\$) 300 |
| Is lender a financial institution? Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753 | Interest rate 0 |
| | | Maturity date None |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Pure Rain, LLC |
| Description of Collateral <input checked="" type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 7/2/15 | | 5 Payee name Mark Cohen | | | |
| 6 Amount (\$) 10,000 | | 7 Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Legal Fees. | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 7/3/15. | | Payee name Laura Pressley, Ph.D. Mark Cohen | | | |
| Amount (\$) 5,600 | | Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 7/3/15 | | Payee name Ken Magnuson | | | |
| Amount (\$) 750 | | Payee address; City; State; Zip Code P.O. Box 23040 Dallas, Tx. | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Consulting | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Laura Pressley, Ph.D. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/13/15 | 5 Payee name Dr. Jeff Jacobson | |
| 6 Amount (\$) 1000 | 7 Payee address; City; State; Zip Code 333 Lamartine St., Jamaica Plain, MA 2130 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Consulting | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | |
| Date 7/14/15. | Payee name Mark Cohen | |
| Amount (\$) 1,500 | Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Legal Fees | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | |
| Date 8/5/10 | Payee name Mark Cohen | |
| Amount (\$) 15,579 | Payee address; City; State; Zip Code 805 W. 10th Ste. 100, Austin, Tx 78701 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Legal Fees | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 8/5/15 | | 5 Payee name Dr. Jeff Jacobson | | | |
| 6 Amount (\$) 1000 | | 7 Payee address; City; State; Zip Code 333 Lamartine St., Jamaica Plain, MA 2130 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Consulting | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 8/10/15 | | Payee name Mark Cohen | | | |
| Amount (\$) 13,339 | | Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 9/1/15 | | Payee name Dr. Jeff Jacobson | | | |
| Amount (\$) 15,579 | | Payee address; City; State; Zip Code 333 Lamartine St., Jamaica Plain, MA 2130 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Consulting | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/4/15 | | 5 Payee name Smarter Solutions | | | |
| 6 Amount (\$) 400 | | 7 Payee address; City; State; Zip Code P.O. Box 202644 Austin, Texas 78720 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Consulting | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 9/10/15 | | Payee name Capital One | | | |
| Amount (\$) 250 | | Payee address; City; State; Zip Code P.O Box 60599 City of Industry, CA 91716 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 9/10/15 | | Payee name Citi Card | | | |
| Amount (\$) 400 | | Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/10/15 | | 5 Payee name Discover | | | |
| 6 Amount (\$) 400 | | 7 Payee address; City; State; Zip Code P.O. Box 6103 Carol Steam, IL 60197 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Office held | | | | | |
| Date 9/10/15 | | Payee name IEEE US Bank | | | |
| Amount (\$) 500 | | Payee address; City; State; Zip Code P.O Box 790408 St. Louis, MO | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Office held | | | | | |
| Date 9/11/15 | | Payee name Mark Cohen | | | |
| Amount (\$) 400 | | Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Office held | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/11/15 | 5 Payee name Mark Cohen | | |
| 6 Amount (\$) 3500 | 7 Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Legal Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | | |
| Date 9/15/15 | Payee name Mark Cohen | | |
| Amount (\$) 5000 | Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | | |
| Date 9/24/15 | Payee name Mark Cohen | | |
| Amount (\$) 4363 | Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/29/15 | | 5 Payee name Office Depot | | | |
| 6 Amount (\$) 64.94 | | 7 Payee address; City; State; Zip Code Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Printing Supplies | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 9/29/15 | | Payee name Paper Place | | | |
| Amount (\$) 155.88 | | Payee address; City; State; Zip Code N Lamar, Austin, Tx | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Paper Supplies | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/5/15 | | Payee name Dr. Jeff Jacobson | | | |
| Amount (\$) 4363 | | Payee address; City; State; Zip Code 333 Lamartine St., Jamaica Plain, MA 2130 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Consulting | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Laura Pressley, Ph.D. | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--|--|

| | |
|--------------------------|-----------------------------------|
| 4 Date 10/8/15 | 5 Payee name Mark Cohen |
|--------------------------|-----------------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$) 64.94 | 7 Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 |
|-------------------------------|---|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Legal Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|---------------------|
| Date 10/13/15 | Payee name Chase |
|------------------|---------------------|

| | |
|----------------------|--|
| Amount (\$) 34.00 | Payee address; City; State; Zip Code P.O. Box 15123 Willmington, DE 19850 |
|----------------------|--|

| | | |
|---------------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------|------------------------|
| Date 10/13/15 | Payee name Discover |
|------------------|------------------------|

| | |
|--------------------|--|
| Amount (\$) 245 | Payee address; City; State; Zip Code P.O. Box 6103 Carol Stream, IL 60197 |
|--------------------|--|

| | | |
|---------------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/16/15 | | 5 Payee name Mark Cohen | | | |
| 6 Amount (\$) 1500 | | 7 Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Legal Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12/1/15 | | Payee name Dr. Jeff Jacobson | | | |
| Amount (\$) 1000 | | Payee address; City; State; Zip Code 333 Lamartine St., Jamaica Plain, MA 2130 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Consulting | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 11/23/15 | | Payee name Mark Cohen | | | |
| Amount (\$) 2500 | | Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/17/15 | | 5 Payee name Discover | | | |
| 6 Amount (\$) 250 | | 7 Payee address; City; State; Zip Code P.O. Box 6103 Carol Stream, IL 60197 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12/31/15 | | Payee name Dr. Jeff Jacobson | | | |
| Amount (\$) 1000 | | Payee address; City; State; Zip Code 333 Lamartine St., Jamaica Plain, MA 2130 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Consulting | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 11/17/15 | | Payee name VISA | | | |
| Amount (\$) 300 | | Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/24/15 | | 5 Payee name IEEE US Bank | | | |
| 6 Amount (\$) 275 | | 7 Payee address; City; State; Zip Code P.O. Box 790408 St. Louis, MO | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 11/30/15 | | Payee name Chase | | | |
| Amount (\$) 50 | | Payee address; City; State; Zip Code PO Box 15123 Willmington, DE 19850 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 11/30 | | Payee name Capital One | | | |
| Amount (\$) 275 | | Payee address; City; State; Zip Code P.O. Box 60599 City of Industry, CA 91716 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12/16/15 | | 5 Payee name IEEE US Bank | | | |
| 6 Amount (\$) 275 | | 7 Payee address; City; State; Zip Code P.O. Box 790408 St. Louis, MO | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12/16/15 | | Payee name Chase | | | |
| Amount (\$) 50 | | Payee address; City; State; Zip Code PO Box 15123 Willmington, DE 19850 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12/28/15 | | Payee name Capital One | | | |
| Amount (\$) 275 | | Payee address; City; State; Zip Code P.O. Box 60599 City of Industry, CA 91716 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Laura Pressley, Ph.D. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12/16/15 | | 5 Payee name Discover | | | |
| 6 Amount (\$) 250 | | 7 Payee address; City; State; Zip Code P.O. Box 6103 Carol Stream, IL 60197 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 12/16/15 | | Payee name VISA | | | |
| Amount (\$) 350 | | Payee address; City; State; Zip Code PO Box 183037 Columbus OH 43218 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CC Loan/Legal Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 7/1 - 12/31/ 2015 | | Payee name Frost Bank | | | |
| Amount (\$) 124.03 | | Payee address; City; State; Zip Code P.O. Box 1727, Austin, TX 78767 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Bank Fees | | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Laura Pressley, Ph.D. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/1 - 12/31 | 5 Payee name Pyrix | |
| 6 Amount (\$) 297.32 | 7 Payee address; City; State; Zip Code www.Piryx.com | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Transaction Fees for online donations | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F2: | 2 FILER NAME Laura Pressley, Ph.D. | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|---|----|

| | |
|--------------------|-----------------------------------|
| 5 Date 12/31/15 | 6 Payee name Dr. Jeff Jacobson |
|--------------------|-----------------------------------|

| | |
|--------------------------|--|
| 7 Amount (\$) \$7,321 | 8 Payee address; City; State; Zip Code 333 Lamartine St. Jamaica Plain, MA 2130 |
|--------------------------|--|

| | |
|-----------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|---|

| | | |
|---------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Consulting | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------|--|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Laura Pressley

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

City of Austin

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

Austin, TX

7 Purpose for which amount is received

☐

Check if political contribution returned to filer

Refund of over charging for Recount in January 2015

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

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