## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	iuide explains how to complet		Filer ID (Ethics Commission Filers)	2 Total pages filed: 556
3 CANDIDATE / OFFICEHOLDER		irst _aura	мі <b>А</b>	OFFICE USE ONLY
NAME		Pressley, Ph.D.	SUFFIX	Date Received 2016
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUI 10203 Woodglen Co AREA CODE PHONE N ( 512 ) 762	ve, Austin, TX 78	STATE; ZIP CODE  3753  EXTENSION	AUSTIN CITY CLARED RECEIVED FIN 15 FIN Date Hand-delivered of Table Postmarked
6 CAMPAIGN TREASURER		irst Fidel	Mt	Receipt # . Amount \$
NAME		Acevedo · · · · · · ·	SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX P	,	CITY; STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N ( 512 ) 775-72		EXTENSION	·
9 REPORT TYPE	January 15  X July 15	30th day before election 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 07 / 01 /	<sub>Үваг</sub> 2015	Month 12/	Day Year 2015
11 ELECTION	Month Day Year	Primary General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Austin City Counc	
GO TO PAGE 2				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		45 =:	ler ID (Ethics Commission Filers)
Laura Pressley,	Ph.D.	15 -	iei io (Eulies Commission Fileis)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TO KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORM OF SUCH EXPENDITURES.		THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 7,458.95
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$38,749.95
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 65.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 82,078.61
CONTRIBUTION BALANCE	ľ	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 2,142.17
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 76,789
18 AFFIDAVIT			
A CONTRACTOR OF THE CONTRACTOR	ROBERTO ACOS otary Public, State o Comm. Expires 04-2 Notary ID 13019	1-2019 under Title 15, Election Code.	
		Signature of Candidate	e or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsci	ribed before me, I	by the said LAVRA PRESSLEY	, this the
day of JANUARA		to certify which, witness my hand and seal of office.	
R. And	<b>A</b>	ROBERTO ALOSTA	VOTARY PUBLIC
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

#### **SUBTOTALS-COH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME Laura Pressley, Ph.D.  20 Filer ID (I	Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s \$38,749.95
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	s 83245.4
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 82078.61
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 7,321
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s 110.80

#### SCHEDULE A1

		· · · · · · · · · · · · · · · · · · ·	GONEBULE AT
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	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
7/6/15	Mr. and Mrs. Jim Lodwick 7710 Shadyrock 6 Contributor address; City; State;	· · · · · · · · · · · · · · · · · · ·	200
•	pation / Job title (See Instructions) I Estate	9 Employer (See Instruction Self	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
7/6/15	David Nelson 5608 Parkcrest Dr, Suite 310	Austin TX 78731	100
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
7/815	James Skowbo 15301 Mallard Green Ln A Contributor address; City; State;		250
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Instruct Self	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
7/8/15	Mr. and Mrs. Anthony Daywood 2501 Rock Contributor address; City; State;	Terrace Dr Austin TX	78746 100
,	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Inve	estor	Self	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:\_\_ 7/14/15 500 Ann Quest 5609 Ursula Ln. Dallas, TX 75229 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Non Profit Management Full name of contributor \_\_ out-of-state\_PAC (ID#:\_\_ Date Amount of contribution (\$) 250 Russell Ramsland 6339 Desco Dr. Dallas, TX 75225 7/14/15 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Investor Self Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 7/1415 Honey Lanham 5958 Preston Valley Dallas, TX 75240 100 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 (\$) Cynthia Turnball 10121 Pensive Dr. Dallas, TX 75229 00 7/14/15 City; Contributor address; State; Zip Code

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 8/6/15 250 Vickie Karp 9300 Lauralan Dr. Austin TX 78736 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Real Estate Self Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 250 Alfonzie Stepney III 18100 Mammoth Cave Pflugerville TX 78660 8/6/15 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Permit Reviewer State of Texas Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) 8/7/15 100 Mark Miller 2609 Indian Creek Rd Austin TX 78734 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Professor U.T. Austin Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_ 150 Mary Anderson 5019 Placid Place Austin TX 78731 8/7/15 City: Contributor address: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A1

TI	Last and a Cold and a complete this f		1 Total pages Schedule A1:
I he	Instruction Guide explains how to complete this fo	orm.	
! FILER NAME	Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
7/16/15	Jeff Blumenthal 6416 VIA CORRETO DR TO 6 Contributor address; City; State;	X 78749 Zip Code	75
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
7/16/15	Julie Byrnes 1426 Marian Ave Ann Arbor MI	48103	100
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/2815	Full name of contributor out-of-state_PAC (II  Ms. Jane Ransland_85225 Thackery St.Dalla  Contributor address; City; State;	4	Amount of contribution (\$)
•	pation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
8/6/15	Karen Renick 2500 Tower Drive Austin TX		250
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	úons)
Lawren	ce Group	Project Manager	

#### 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 8/9/15	5 Full name of contributor		7 Amount of contribution (\$) 350
8 Principal occu Develope	upation / Job title (See Instructions)	9 Employer (See Instruction Blanchard Homes,	
Date 8/11/15	Full name of contributor		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 8/12/15	Full name of contributor		Amount of contribution (\$)
· ·	pation / Job title (See Instructions)  tist	Employer (See Instruc Self	tions)
Date 8/12/15	Christopher Campbell Requested, Austin,	TX:; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
	mistraction dulae explains now to complete this	TOTAL.	· · · · · · · · · · · · · · · · · · ·
FILER NAME	Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers
8/17/15	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
0/1//13	Claire Martinez 3005 S. Lamar Austin TX  6 Contributor address; City; State;		100
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/5/15	Texans For Accountable Government 1306  Contributor address; City; State;		8753 250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/5/15	Jim Lodwick 7710 Shadyrock Austin, tX 7 Contributor address; City: State;		150
-	pation / Job title (See Instructions) vestor	Employer (See Instruc Self	tions)
-	vestor		Amount of contribution (\$)
In	Full name of contributor out-of-state PAC  Julie Minnis 1902 YAUPON VALLEY Austi	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 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 Linda Green_911 Stoneoak Ln_Austin TX 6 Contributor address; City; State		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 9/5/15	Full name of contributor		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 9/8/15	Full name of contributor		Amount of contribution (\$)
•	l pation / Job title (See Instructions) /estor	Employer (See Instruct Self	ions)
Date 9/10/15	l .		Amount of contribution (\$) 200
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
	ATTACH ADDITIONAL COPIES O	L J A Enginee	

#### SCHEDULE A1

			SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
Date 9/11/15	5 Full name of contributor out-of-state PAC Rae Nadler Olenick 1205 E. 52nd. St #101	(ID#:) Austin. TX 78723	7 Amount of contribution (\$)
	6 Contributor address; City; State;		
Principal occi Retire	• • • • • • • • • • • • • • • • • • • •	9 Employer (See Instruction Retired	ons)
Date		(ID#:)	Amount of contribution (\$)
9/11/15	Robert Delozier 10708 Regal Oaks Austin	TX 78737	100
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/11/15	Dana Ambs 3208 Cherrywood Austin TX  Contributor address; City; State;		100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
In	vestor	Self	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/10/15	Jim Lodwick 7710 Shadyrock Austin TX 78	3746	500
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
Date 9/14/15	5 Full name of contributor	7 Amount of contribution (\$)
3,14,13	William Doyle 3431 N. Hills Dr. Austin, TX 78731  6 Contributor address; City; State; Zip Code	200
Principal occu Emplo	pation / Job title (See Instructions)  9	
Date	Full name of contributor	Amount of contribution (\$)
9/14/15	Lisa Wilson 3571 Far West Blvd. #45 Austin TX 78731  Contributor address; City; State; Zip Code	125
Principal occu	pation / Job title (See Instructions)  Employer (See Instruc	l ctions)
Date	Full name of contributor	Amount of contribution (\$)
9/14/15	Harry Grothjahn P.O. Box 130 Alcoa, TN 37701  Contributor address; City; State; Zip Code	100
Principal occu	pation / Job title (See Instructions)  Employer (See Instru	ctions)
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
9/15/15	Judith Haller 5319 Woodrow Ave Austin TX 78756  Contributor address; City; State; Zip Code	100
Principal occu	pation / Job title (See Instructions)  Employer (See Instru	ctions)

#### SCHEDULE A1

		CONLEGEL 711
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 occu Studen	pation / Job title (See Instructions)  9	ctions)
Date 9/15/15	Full name of contributor	Amount of contribution (\$)
•	etired Employer (See Instructions) Employer (See Instructions) Retired	ctions)
Date 9/15/15	Full 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 (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date 9/15/15	Full name of contributorout-of-state_PAC (ID#:)  Margaret Otto-Hannaford 6270 NW 136 St Kansas City, MO 64  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ 9/15/15 Jonathan Bouve 24 South St. Hingham, MA 02043 75 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) 100 Lori Faulkner 1037 Western Hills Rd Rockdale TX 76567 9/15/15 Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 9/15/15 100 Arthur Rhodes 6506 Mesa Austin, TX 78731 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor Self Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_ 250 Todd Sanders 1720 S. 1st St. Austin TX 78704 9/17/15 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retail 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ 9/18/15 Dr. and Mrs. Donald Parsons 3706 Graystone Austin, TX 78731 500 6 Contributor address: City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) 100 Michael Black Sr 7074 NW CR 141 Rice TX 75155 9/18/15 Contributor address: City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_ Date Full name of contributor Amount of contribution (\$) 9/20/15 1000 Jim Keller 121 Cedar St. San Antonio, TX 78210 Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Artist Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: 100 Robert Stern P.O. Box 77 Knoxville TN 37932 9/20/15 Contributor address; City: State; Zip Code 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 9/18/15 100 Julie Minnis 1902 Yaupon Valley Austin, TX 78746 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Requested Nurse Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Will Dozier 5511 Bent Trail Dallas, TX 100 9/18/15 Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 9/20/15 Conservative Soc. of Navarro County 8040 FM 642 Purdon, TX 76679 100 Contributor address: City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: 250 Vickie Karp 9300 Lauralan Dr. Austin, TX 78736 9/23/15 City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Real Estate

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

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 9/23/15 100 Penny Story 307 Kirven Ave Waxhachie, TX 75165 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Retired Retired Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 70 Ray Myers 308 Bluffview Fortney, TX 75126 9/23/15 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor ut-of-state PAC (ID#; Date Amount of contribution (\$) 9/23/15 60 Jackie King 8040 FM 642 Purdon, TX 76679 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) u1-of-state PAC (ID#:\_ Mark Schruben 2253 SH 71 W Cedar Creek TX 78612 250 9/24/15 Contributor address: City: State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) COA Architect 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 9/24/15 J. Lee Baldwin P.O. Box 57213 Dallas, TX 75357 100 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 100 Margaret Otto-Hannaford 6270 NW 136 St Kansas City, MO 64164 9/25/15 Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/29/15 250 Julie Byrnes 1426 Marian Ave Ann Arbor MI 48103 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ 100 Marcia Cavett 7475 Prestwick Beaumont, TX 77707 10/2/15 Contributor address; City: State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

#### SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
FILER NAME	Laura Pressley, Ph.D.	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
1 Date 10/5/15	5 Full name of contributor out-of-state P.  Cecil Moss 606 Clearwater Trail Round 6 Contributor address; City; Sta		7 Amount of contribution (\$) 200
·	upation / Job title (See Instructions) Services	9 Employer (See Instruction Self	ctions)
Date 10/9/15	Full name of contributor		Amount of contribution (\$)
-	pation / Job title (See Instructions) Retired	Employer (See Instruc Retired	ctions)
Date 10/9/15	Full name of contributor		Amount of contribution (\$)
•	pation / Job title (See Instructions) letired	Employer (See Instruc Retired	ctions)
Date 10/9/15	Full name of contributor out-of-state P.  Bobby Bennett 8991 Pennisula Dr Tyler  Contributor address; City; Sta	<i></i>	Amount of contribution (\$)
Principal occu	j upation / Job title (See Instructions)	Employer (See Instruc	ctions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor oul-of-state PAC (ID#:\_\_\_ 10/11/15 Mark Miller 2609 Indian Creek Rd Austin TX 78734 100 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) **UT Austin** Professor Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Kaufman County Tea Party 308 Bluffview Fortney, TX 75126 100 10/20/15 Contributor address: City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 10/20/15 Mary Cline P.O. Box 399 Kaufman, TX 75142 100 City: State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ 100 Vickie Karp 9300 Lauralan Dr. Austin, TX 78736 10/26/15 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Real Estate 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ 10/26/15 Steve Hannah 6213 Idlewood Austin, TX 78745 75 6 Contributor address: City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 60 Kat Fox 502 Pinto Lane Fortney, TX 75126 10/26/15 City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:\_\_\_ Date Full name of contributor Amount of contribution (\$) 11/3/15 Gil Robinson 5150 Broadway San Antonio, TX 78209 500 Contributor address: City: State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Alamo Height Internal Medicine Owner Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (iD#:\_ 100 Suzanne Leach 10730 Odair Ct. Dallas TX 75218 11/3/15 Contributor address; City: State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

#### SCHEDULE A1

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The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME	Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
11/5/15	Joyce Riley P.O. Box 85 Versailles, MO 65		590
	6 Contributor address; City; State;		
8 Principal occu Radio	pation / Job title (See Instructions)	9 Employer (See Instruct The Power Hour	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11/5/15	Anthony Bruner 26401 CR 457 Mineola, TX	75773	200
	Contributor address; City; State;	Zip Code	
Principal occup	pation / Job title (See Instructions) Retired	Employer (See Instruct Retired	ions)
Date	Full name of contributor	1D#:)	Amount of contribution (\$)
11/5/15	Mike Newman 1127 Thistle Mesquite, TX  Contributor address; City; State;	Zip Code	100
Principal occu	 pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributorout-of-state PAC (	(ID#- )	Amount of contribution (\$)
11/5/15	Vickie Slaton 174 FM21 Mt. Vernon, TX 75		100
Principal occu	Deation / Job title (See Instructions)	Employer (See Instruct	ions)
_			
	ATTACH ADDITIONAL COPIES OF		

#### 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		7 Amount of contribution (\$)
8 Principal occu Car Repair,	upation / Job title (See Instructions) , Owner	9 Employer (See Instruc Corsicana Collision	
Date 11/11/15	Full name of contributor		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Retired	Employer (See Instruct Retired	tions)
Date 11/12/15	Full name of contributor	stin, Tx 78703	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)  Developer	Employer (See Instruc Self	tions)
Date 11/5/15	Full name of contributor		Amount of contribution (\$) 500
Principal occu Dentis	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#: 11/14/15 500 Karen Renick 2500 Tower Drive Austin TX 78703 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) **Project Manager** Lawrence Group Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) 300 Vickie Karp 9300 Lauralan Dr. Austin TX 78736 11/14/15 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate** Self Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) 11/14/15 Mary Anderson 5019 Placid Place Austin, TX 78731 240 City: State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#; 100 Jim Keller 121 Cedar St. San Antonio, TX 78210 11/4/15 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Self **Artist** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 02/27/2015

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Laura Pressley, Ph.D.		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/14/15	Susan Straus 121 Cedar St. San Antonio	, TX 78210	100
	6 Contributor address; City; State:	; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Retired	patient, see time (ess mentastione)	Retired	,
	_		
Date		(ID#:)	Amount of contribution (\$)
11/14/15	Jim Howard 1600 Princeton Corsicana, TX	75110	40
	Contributor address; City; State	; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
C	ar Repair	Corsicana Collision Re	pair
Date	Full name of contributor	(ID#:)	
11/14/15			Amount of contribution (\$)
11/14/15	Greg Rousch DERECHO DR TX Austin,		100
	Contributor address; City; State;	; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC	: (ID#: )	Amount of contribution (\$)
44/4/15	Brad Parsons 3706 Graystone Austin, TX		100
11/4/15		Zip Code	
	•	·	
			E1
, ,	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Retired		Retired	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EDED
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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C ((D#:)	7 Amount of contribution (\$)
11/14/15	Vickie Karp 9300 Lauralan Dr. Austin TX	78736	80
	6 Contributor address; City; State	e; Zip Code	
8 Principal occu Real Estate	pation / Job title (See Instructions)	9 Employer (See Instruc Self	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/14/15	Steve Hannah 6213 Idlewood Austin, TX	78745	75
	Contributor address; City; State	e; Zip Code	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/14/15	Susan Straus 121 Cedar St. San Antonio Contributor address; City; State	o, TX 78210 e; Zip Code	60
	į		Nama)
Principal occup	Dation / Job title (See Instructions) Retired	Employer (See Instruc Retired	uons)
Principal occup	Retired	1 ' ' '	Amount of contribution (\$)
	Retired	Retired	
Date	Retired  Full name of contributor out-of-state_PA  Reed Burns_6501 Thomas Springs Rd_Ar	Retired	Amount of contribution (\$)
Date 11/14/15	Retired  Full name of contributor out-of-state_PA  Reed Burns_6501 Thomas Springs Rd_Ar	Retired  C (ID#)  Justin TX 78736	Amount of contribution (\$)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_ 11/16/15 J.A. Stanley 21847 S. Shore Dr. Chandler, TX 75758 1b0 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 100 Shadley Wiegman 6881 Scenic Drive Eustace TX 75124 11/16/15 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 11/16/15 Texans For Accountable Government 1306 Baronets Trail Austin, Tx 78753 80 City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 100 Fred Blanton 5718 Oakmoss Spring TX 77388 11/20/15 Contributor address: State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_ 11/20/15 100 James Medlin 3423 Candlepine Spring TX 77388 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 100 Dorothy Erminger 11751 D K Ranch Road Austin, TX 78759 11/20/15 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Capstar Loan Officer Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 11/21/15 100 Don & Rosalie Peck 2739 Meadow Tree Lane Spring TX 77388 City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ 100 Jayne Belancio 172 Turkey Run Meadowlakes, TX 78654 11/29/15 City; Contributor address: 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.

#### SCHEDULE A1

	SCHEDULE AT
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 contributorout-of-state PAC (ID#:) Julio Seretti 7904 Havenwood Austin, TX 78759 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dental Tech Seretti Dental Lab	ions)
Date Full name of contributor out-of-state PAC (ID#:)  12/1/15 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)  Artist  Employer (See Instruct Self	ions)
Date  Full name of contributor out-of-state PAC (ID#:)  Albert Richardson 3400 Packsaddle Dr. Horseshoe Bay, TX 786  Contributor address; City; State; Zip Code	Amount of contribution (\$) 57 1000
Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruct Retired	ions)
Date Full name of contributor    out-of-state PAC (ID#:	Amount of contribution (\$) 275
Principal occupation / Job title (See Instructions)  Retired  Retired  Retired	ions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULEAS NE	

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor uut-of-state PAC (ID#:\_\_\_ 11/30/15 100 Cheryl Johnson 810 Myrtlewod Friendswood, TX 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Galveston County Tax Assessor Collector **Galveston County** Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Sasha Sessums 680 Tillery, Austin, TX 78702 75 12/1/15 City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) 12/2/15 Don Brown 6200 Cat Mountain Cove Austin TX 78731 100 City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ 100 Terynes Castaneda 1141 NICKOLS AVENUE AUSTIN TX 78721 12/3/15 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 12/4/15 100 Arthur Adams 1911 Clubhouse Hill Dr. Spicewood, TX 78669 City; State; Zip Code 6 Contributor address; 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 186 Abbe DeLozier 10708 Regal Oaks Austin TX 78737 12/5/15 contributor address; City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Skye Realty Real Estate Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 12/8/15 Blue and Neomi Delgado 10213 Willfield Austin, TX 78753 100 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ Highland Lakes Tea Party 27206 Waterfall Hill Spicewood, TX 78654 317 12/9/15 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.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 12/10/15 Tea Party Patriots of Eastland County P.O. Box 1121 Cisco, TX 76437 240 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 200 Jim Lodwick 7710 Shadyrock Austin, tX 78745 12/10/15 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Investor Full name of contributor ut-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) 12/10/15 Melvin and Sharon Williams 2125 Potosi Rd Abilene, TX 79602 100 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Sharon Moylan P.O. Box 306 Eastland, TX 76448 10**d** 12/10/15 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 02/27/2015

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_ 12/16/15 Kevin Corcoran 133 N. Friendswood Dr Friendswood, TX 77546 100 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) James Skaggs 4700 Toreador Dr Austin, TX 78746 200 12/18/15 City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor Self Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 12/20/15 Mary Anderson 5019 Placid Place Austin, tX 78731 116 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) Dwayne Collins 7418 FM 279 Ben Wheeler, TX 75754 200 12/21/15 Contributor address: City State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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  James Skaggs 4700 Toreador Dr Austin, ☐ 6 Contributor address; City; State;		7 Amount of contribution (\$) 1000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
. Date	Full name of contributor	(ID#:) Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC Contributor address; City; State	(ID#:)	Amount of contribution (\$)
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NI	EEDED

LOANS			SCHEDULE E
The !	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 3
FILER NAME Laura Pressley,	Ph.D.		3 Filer ID (Ethics Commission Filers
TOTAL OF UN	ITEMIZED LOANS		\$n/a
Date of loan	7 Name of lender Out-of-state F	PAC (ID#:	9 Loan Amount (\$)
4/13/15	Laura Pressley		\$1,000
ts lender	8 Lender address; City;	State: Zip Code	10 Interest rate
a financial	10203 Woodglen Cove, Austin	TX 78753	0%
Institution?	10203 Woodylett Cove, Adams	, 12 10100	11 Maturity date None
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction	nns)
Owner	,	Pure Rain, LLC	
14 Description of Coll	ateral	15 Check if personal funds	were deposited into political ns)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
✓ not applicable	18 Guarantor address; City;	State; Zip Code	
not applicable	18 Guarantor address; City:	State: Zip Code  21 Employer (See Instruction	
not applicable  Principal Occupa	18 Guarantor address; City:		
not applicable 20 Principal Occupa n/a	18 Guarantor address; City;  n/a  Ition (See Instructions)	21 Employer (See Instruction In/a	
not applicable 20 Principal Occupa n/a  Date of loan	18 Guarantor address; City;  n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction	ons) Loan Amount (\$)
not applicable 20 Principal Occupa n/a	18 Guarantor address; City; n/a  tion (See Instructions)  Name of tender	21 Employer (See Instruction/a	ons)
not applicable 20 Principal Occupa n/a  Date of loan 4/13/15 Is lender	18 Guarantor address; City;  n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a PAC (ID#:	Loan Amount (\$) \$15,000
not applicable not applicable principal Occupa nota  Date of loan 4/13/15	18 Guarantor address; City; n/a  Ition (See Instructions)  Name of lender	21 Employer (See Instruction/a PAC (ID#:	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date
not applicable rincipal Occupa n/a  Date of loan 4/13/15  Is lender a financial	18 Guarantor address; City;  n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a PAC (ID#:	Loan Amount (\$) \$15,000 Interest rate 0%
not applicable n/a  Date of loan 4/13/15  Is lender a financial Institution?	18 Guarantor address; City; n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a PAC (ID#:	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date None
not applicable  20 Principal Occupa  n/a  Date of loan  4/13/15  Is lender a financial Institution? Y N  Principal occupat	18 Guarantor address; City;  n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a PAC (ID#	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date None
not applicable  20 Principal Occupa  n/a  Date of loan  4/13/15  Is lender a financial Institution? Y N  Principal occupat  Owner  Description of Co	18 Guarantor address; City; n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a  PAC (ID#:	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date None tions)
not applicable n/a  Date of loan 4/13/15  Is lender a financial Institution? Y N  Principal occupation	18 Guarantor address; City; n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a  PAC (ID#:	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date None  sions)
not applicable  20 Principal Occupa  n/a  Date of loan  4/13/15  Is lender a financial Institution? Y N  Principal occupat  Owner  Description of Co	18 Guarantor address; City; n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a  PAC (ID#:  State: Zip Code  n, TX 78753  Employer (See Instruct  Pure Rain, LLC  Check if personal funds  Check if personal funds	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date None tions)
not applicable  20 Principal Occupa  n/a  Date of loan  4/13/15  Is lender a financial Institution?  Y N  Principal occupation  Owner  Description of Color Inone N/a  GUARANTOR INFORMATION	18 Guarantor address; City; n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a  PAC (ID#	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date None  sions)  Amount Guaranteed (\$)
not applicable  20 Principal Occupa  n/a  Date of loan  4/13/15  Is lender a financial Institution? Y N  Principal occupat  Owner  Description of Co  Inone n/a  GUARANTOR INFORMATION	18 Guarantor address; City;  n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a  PAC (ID#:  State: Zip Code  n, TX 78753  Employer (See Instruct  Pure Rain, LLC  Check if personal funds  Check if personal funds	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date None tions)  Amount Guaranteed (\$) n/a
not applicable  20 Principal Occupa  n/a  Date of loan  4/13/15  Is lender a financial Institution? Y N  Principal occupat  Owner  Description of Co  Inone n/a GUARANTOR INFORMATION	18 Guarantor address; City; n/a  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a  PAC (ID#:  State: Zip Code  TX 78753  Employer (See Instruct  Pure Rain, LLC  Check if personal funds  Check if personal funds  Check if personal funds  State: Zip Code	Loan Amount (\$) \$15,000 Interest rate 0% Maturity date None tions)  Amount Guaranteed (\$) n/a

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 3
FILER NAME	Ph D		3 Filer ID (Ethics Commission Filers
aura Pressley	, ги.р.		
TOTAL OF UN	IITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state	PAC (ID#	_ ) 9 Loan Amount (\$)
/2/15	Laura Pressley		\$6,000
Is lender		State; Zip Code	10 Interest rate
a financial Institution?	10203 Woodglen Cove, Austi	n. TX 78753	0%
Y N	10200 \$7000gicii 0070; 7 tuotii	, , , , , , , , , , , , , , , , , , , ,	11 Maturity date None
Principal occupati	on / Job title (See Instructions)	13 Employer (See Instruction	ons)
wner	•	Pure Rain, LLC	
Description of Col	lateral	15 Check if personal funds	were deposited into political ns)
1./ 10000			
INFORMATION	17 Name of guarantor  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
GUARANTOR INFORMATION  not applicable  Principal Occupa	18 Guarantor address; City;	State: Zip Code  21 Employer (See Instruction/a	
of GUARANTOR INFORMATION  not applicable  Principal Occupa	18 Guarantor address; City; tion (See Instructions)	21 Employer (See Instruction/a	
GUARANTOR INFORMATION  not applicable Principal Occupa  /a  Date of loan	18 Guarantor address; City;  Ition (See Instructions)  Name of lender	21 Employer (See Instruction/a	ions)
GUARANTOR INFORMATION  not applicable  Principal Occupation  Date of loan	18 Guarantor address; City;  Ition (See Instructions)  Name of lender  ut-of-sta	21 Employer (See Instruction/a	Loan Amount (\$) \$10,368 Interest rate
GUARANTOR INFORMATION  not applicable Principal Occupe /a  Date of loan //17/15 Is lender	18 Guarantor address; City;  Ition (See Instructions)  Name of lender out-of-state  Visa  Lender address; City;	21 Employer (See Instruction/a te PAC (ID#	Loan Amount (\$) \$10,368
not applicable Principal Occupa  Date of loan  \$/17/15  Is lender a financial institution?	18 Guarantor address; City;  tion (See Instructions)  Name of lender	21 Employer (See Instruction/a te PAC (ID#	Loan Amount (\$) \$10,368 Interest rate
not applicable Principal Occupe /a Date of loan 6/17/15 Is lender a financial institution? Y N	18 Guarantor address; City;  Ition (See Instructions)  Name of lender out-of-state  Visa  Lender address; City;	21 Employer (See Instruction/a te PAC (ID#	Loan Amount (\$) \$10,368 Interest rate /5.34 Maturity date
not applicable Principal Occupa  A  Date of loan  17/15 Is lender a financial institution?  Y  N  Principal occupation	18 Guarantor address; City;  Ition (See Instructions)  Name of lender	21 Employer (See Instruction/a  te PAC (ID#:	Loan Amount (\$) \$10,368 Interest rate /5.34 Maturity date Nicolar tions)
of GUARANTOR INFORMATION  Information  Information  Information  Information  Information  Information  Information  Is lender a financial institution?  Y N  Principal occupation  Description of Co	18 Guarantor address; City;  Ition (See Instructions)  Name of lender	21 Employer (See Instruction/a  te PAC (ID#:	Loan Amount (\$) \$10,368 Interest rate /5.34 Maturity date Nicolar tions)
GUARANTOR INFORMATION  Informat	18 Guarantor address; City;  Ition (See Instructions)  Name of lender	21 Employer (See Instruction/a  te PAC (ID#:	Loan Amount (\$) \$10,368 Interest rate /5.34 Maturity date Nicolar tions)
GUARANTOR INFORMATION  Information  Information  Information  Principal Occupation  Is lender a financial Institution?  Y N  Principal occupation  Description of Company  In the principal occupation  In the principal occupation of Company  In the principal occupation o	18 Guarantor address; City;  Ition (See Instructions)  Name of lender	21 Employer (See Instruction/a  te PAC (ID#:	Loan Amount (\$) \$10,368  Interest rate /5.24  Maturity date /// Itions)  s were deposited into political ons)
GUARANTOR INFORMATION  Informat	18 Guarantor address; City;  Ition (See Instructions)  Name of lender	21 Employer (See Instruction/a  te PAC (ID#:	Loan Amount (\$) \$10,368  Interest rate /5.34  Maturity date No.  Interest rate /5.34  Maturity date No.  Amount Guaranteed (\$)
GUARANTOR INFORMATION	18 Guarantor address; City;  Ition (See Instructions)  Name of lender	21 Employer (See Instruction/a)  te PAC (ID#	Loan Amount (\$) \$10,368  Interest rate /5.34  Maturity date No.  Interest rate /5.34  Maturity date No.  Amount Guaranteed (\$)

LOANS			SCHEDULE E
The	Instruction Guide explains how to cor	mplete this form.	1 Total pages Schedule E: 3
FILER NAME			3 Filer ID (Ethics Commission Filers)
Laura Pressiey	, Ph.D.	·	
TOTAL OF UN	NITEMIZED LOANS		\$
Date of loan	7 Name of lender  ut-of-s	tate PAC (ID#:)	9 Loan Amount (\$)
6/19/15	Discover		\$12,363
Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?		Stream, IL 60197-6103	11 Maturity date
Y N		42 Fundament (Cap Instructions)	
	ion / Job title (See Instructions)	13 Employer (See Instructions)	
n/a 14 Description of Co	liateral	15 Check if personal funds were	e deposited into political
none	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  20 Principal Occup		21 Employer (See Instructions)	
n/a	ation (See manuchone)	n/a	
n/a		n/a	Loan Amount (\$)
Date of loan	Name of lender		Loan Amount (\$)
Date of loan  n/a  Is lender	Name of lender	n/a)	
Date of loan  n/a  Is lender a financial Institution?	Name of lender	n/a)	n/a Interest rate
Date of loan  n/a  Is lender a financial Institution? Y N  Principal occupa	Name of lender	n/a)	n/a Interest rate n/a Maturity date n/a
Date of loan  n/a  Is lender a financial Institution? Y N	Name of lender out-of- n/a  Lender address; City; n/a  attion / Job title (See Instructions)	state PAC (ID#)  State; Zip Code  Employer (See Instructions)	n/a Interest rate n/a Maturity date n/a
Date of loan  n/a  Is lender a financial Institution? Y N  Principal occupa	Name of lender out-of- n/a  Lender address; City; n/a  ation / Job title (See Instructions)  collateral	n/a -state PAC (ID#:	n/a Interest rate n/a Maturity date n/a
Date of loan  n/a  Is lender a financial Institution? Y N  Principal occupa  n/a  Description of Companies  GUARANTOR INFORMATION	Name of lender out-of- n/a  Lender address; City; n/a  Ition / Job title (See Instructions)  Dilateral  Name of guarantor n/a  Guarantor address; City	State; Zip Code  Employer (See Instructions)  n/a  Check if personal funds we account (See Instructions)	n/a Interest rate n/a Maturity date n/a re deposited into political
Date of loan  In/a  Is lender a financial Institution? Y N  Principal occupa In/a  Description of C  Inone  GUARANTOR INFORMATION	Name of lender out-of- n/a  Lender address; City; n/a  Ition / Job title (See Instructions)  Dilateral  Name of guarantor n/a  Guarantor address; City n/a	State; Zip Code  Employer (See Instructions)  n/a  Check if personal funds we account (See Instructions)	n/a Interest rate n/a Maturity date n/a re deposited into political  Amount Guaranteed (\$)
Date of loan  n/a  Is lender a financial Institution? Y N  Principal occupa n/a  Description of C  Inone  GUARANTOR INFORMATION	Name of lender out-of- n/a  Lender address; City; n/a  Ition / Job title (See Instructions)  Dilateral  Name of guarantor n/a  Guarantor address; City	state PAC (ID#)  State; Zip Code  Employer (See Instructions)  n/a  Check if personal funds we account (See Instructions)	n/a Interest rate n/a Maturity date n/a re deposited into political  Amount Guaranteed (\$)

#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Läura Pressley, Ph.D. 4 TOTAL OF UNITEMIZED LOANS Date of loan Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:\_ 7/2/15 VISA 5,600 10 Interest rate is lender City; State; Zip Code 15.24 a financial Institution? P.O. Box 183037 Columbus OH 43218 11 Maturity date χY None 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) попе 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR n/a INFORMATION 18 Guarantor address; City; State; Zip Code x not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_\_\_\_ 3,296 9/10/15 Chase Interest rate Is lender Lender address; State: Zip Code 0 a financial P.O. Box 15123 Willmington, DE 19850 Institution? Maturity date None XY N Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political **Description of Collateral** account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address: City; State; Zip Code x not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME Laura P	ressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan 8/4/15	7 Name of lender out-of-state Capital One	9 PAC (ID#:)	9 Loan Amount (\$) 15,579.20
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 8.74
XY N	P.O. Box 60599 City of Ir	ndustry, CA 91716	11 Maturity date None
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/a		19 Amount Guaranteed (\$)
🕱 not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender		Loan Amount (\$)
8/9/15	IEEE US Bank	e PAC (ID#:)	13,339.20
Is lender a financial	Lender address; City; P.O. Box 790408 St. Le	State; Zip Code	Interest rate 12.24
Institution?			Maturity date None
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colli	ateral	Check if personal funds were	deposited into political
none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
🗶 not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL Co	OPIES OF THIS SCHEDULE AS Nonestruction guide for additional r	

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

### SCHEDULE F1

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

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

Advertising Expense

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

	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	<sup>2</sup> 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, T.	X 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Legal Fees.	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name Laura Pr	essley, Ph.D.
7/3/15.	Mark Cohen	
Amount (\$) 5,600	Payee address; City; State; Zip Code 805 W. 10th, Ste 100, Austin, tX 7	8701
	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T
PURPOSE OF EXPENDITURE	Legal Fees	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7/3/15	Ken Magnuson	
Amount (\$)	Payee address; City; State; Zip Code	
750	P.O. Box 23040 Dallas, Tx.	
PURPOSE	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Consulting	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Event Expense Advertising Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Laura Pressley, Ph.D. 4 Date 7/13/15 5 Payee name Dr. Jeff Jacobson 6 Amount (\$) 7 Pavee address: City: State: Zip Code 1000 333 Lamartine St., Jamaica Plain, MA 2130 (a) Category (See categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, complete Schedule T PURPOSE Consulting ☐ Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Mark Cohen 7/1415. Amount (\$) Payee address; City; State; Zip Code 1,500 805 W. 10th, Ste 100, Austin, tX 78701 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE **Legal Fees** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/5/10 Mark Cohen Amount (\$) Payee address; City; State; Zip Code 15,579 805 W. 10th Ste. 100. Austin, Tx 78701 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule 7 PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE Legal Fees** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## 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 Git/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

Candidate/Officeholder/Politica	al Committee Legal Services Salanesh  The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Laura Pressley, Ph.D.	4.	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 Pla	ain, MA 2130	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Consulting		outside of Texas, complete Schedule T , TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/10/15	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		outside of Texas, complete Schedule T TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/1/15	Dr. Jeff Jacobson		
Amount (\$)	Payee address; City; State; Zip Code		
15,579	333 Lamartine St., Jamaica	Plain, MA 2130	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Consulting	Check if Austin,	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Conditable/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

Candidate/Officeholder/Politica	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> 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	3 78720	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Consulting		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	,	
9/10/15	Capital One		
Amount (\$) 250	Payee address; City; State; Zip Code		
	P.O Box 60599 City of Industry, C	A 91716	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE			outside of Texas, complete Schedule T
OF EXPENDITURE	CC Loan/Legal Fees	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	Payee name		
9/10/15	Citi Card		
Amount (\$)	Payee address; City; State; Zip Code		
400	P.O. Box 183037 Columbus	, OH 43218	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE			outside of Texas, complete Schedule T
OF EXPENDITURE	CC Loan/Legal Fees	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) **Legal Services** The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 5 Payee name 4 Date 9/10/15 Discover 6 Amount (\$) City: State: Zip Code 7 Pavee address: 400 P.O. Box 6103 Carol Steam, IL 60197 (b) Description (a) Category (See categories listed at the top of this schedule) 8 Check if trevel outside of Texas, complete Schedule T PURPOSE CC Loan/Legal Fees ☐ Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete QNLY if direct expenditure to benefit C/OH Payee name Date **IEEE US Bank** 9/10/15 Amount (\$) Payee address; City; State; Zip Code 500 P.O Box 790408 St. Louis, MO Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense CC Loan/Legal Fees EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/11/15 Mark Cohen Amount (\$) Payee address; City; State; Zip Code 400 805 W. 10th, Ste 100, Austin, TX 78701 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Legal Fees Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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

	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	<sup>2</sup> 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, T.	X 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Legal Fees		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/15/15	Mark Cohen		
Amount (\$) 5000	Payee address; City; State; Zip Code		
	805 W. 10th, Ste 100, Austin, TX	78701	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Legal Fees	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
9/24/15	Mark Cohen		
Amount (\$)	Payee address; City; State; Zip Code		
4363	805 W. 10th, Ste 100, Austin	ı, TX 78701	
PURPOSE	Category (See categories listed at the top of this schedule)	Description  Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Legal Fees	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

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

Accounting/Banking Consulting Expense
Contributions/Donations Made By

Advertising Expense

**Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

## SCHEDULE F1

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

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Candidate/Officeholder/Political Committee

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

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

	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	<sup>2</sup> 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 7	8701
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Legal Fees	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/13/15	Chase	
Amount (\$) 34.00	Payee address; City; State; Zip Code	
	P.O. Box 15123 Willmington, DE	19850
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
EXPENDITURE	CC Loan/Legal Fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/13/15	Discover	
Amount (\$)	Payee address; City; State; Zip Code	
245	P.O. Box 6103 Carol Stream, IL	60197
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T
EXPENDITURE	CC Loan/Legal Fees	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

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertisina Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Laura Pressley, Ph.D. 5 Payee name 4 Date 11/16/15 Mark Cohen 6 Amount (\$) 7 Payee address; City; State; Zip Code 1500 805 W. 10th, Ste 100, Austin, TX 78701 (b) Description (a) Category (See categories listed at the top of this schedule) 8 Check if travet outside of Texas, complete Schedule T **PURPOSE** Legal Fees Check if Austin, TX, afficehalder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Dr. Jeff Jacobson 12/1/15 Amount (\$) Payee address; City; State; Zip Code 1000 333 Lamartine St., Jamaica Plain, MA 2130 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Consulting Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Date 11/23/15 Mark Cohen Amount (\$) Payee address: City; State; Zip Code 2500 805 W. 10th, Ste 100, Austin, TX 78701 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Legal Fees Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### 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

	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer 1D (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, II 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  CC Loan/Legal Fees	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/31/15	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  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/17/15	VISA	
Amount (\$)	Payee address; City; State; Zip Code	
300	P.O. Box 183037 Columbus, OH 4321	8
PURPOSE	Category (See categories listed at the top of this schedule)	Description  Check if Iravel outside of Texas, complete Schedule T
OF EXPENDITURE	CC Loan/Legal Fees	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
<del></del>	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## SCHEDULE F1

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

Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Advertising Expense

Candidate/Officeholder/Political Committee

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

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

	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	<sup>2</sup> 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  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/30/15	Chase	
Amount (\$) 50	Payee address; City; State; Zip Code	
	PO Box 15123 Willmington, DE 1	9850
	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	CC Loan/Legal Fees	LI Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/30	Capital One	
Amount (\$)	Payee address; City; State; Zip Code	
275	P.O. Box 60599 City of Industry, CA 9	91716
PURPOSE	Category (See categories listed at the top of this schedule)	Description  Check if Iravel outside of Texas, complete Schedule T
OF EXPENDITURE	CC Loan/Legal Fees	Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## 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

	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	<sup>2</sup> 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 (\$)	7 Payee address; City; State; Zip Code	
275	P.O. Box 790408 St. Louis, MO	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	CC Loan/Legal Fees	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
12/16/15	Chase	
Amount (\$) 50	Payee address; City; State; Zip Code	
	PO Box 15123 Willmington, DE 1	9850
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
EXPENDITURE	CC Loan/Legal Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/28/15	Capital One	
Amount (\$)	Payee address; City; State; Zip Code	
275	P.O. Box 60599 City of Industry, CA 9	1716
	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T
PURPOSE OF EXPENDITURE	CC Loan/Legal Fees	Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### 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

	The Instruction Guide explains how to c	omplete 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	7
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  CC Loan/Legal Fees	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/16/15	VISA	
Amount (\$) 350	Payee address; City; State; Zip Code	
	PO Box 183037 Columbus OH 43	3218
	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	CC Loan/Legal Fees	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7/1 - 12/31/ 2015	Frost Bank	
Amount (\$)	Payee address; City; State; Zip Code	
124.03	P.O. Box 1727, Austin, TX 78767	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T
EXPENDITURE	Bank Fees	L] Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Contributions/Donations Made By

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

•	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	<sup>2</sup> 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  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District		
Contributions/Donations Made B Candidate/Officeholder/Politica	•	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide expla	ins how to complete this form.	· · · · · · · · · · · · · · · · · · ·		
<u> </u>			3 51 - 10 (5111) 0 - 11111 5111		
1 Total pages Schedule F2:	<sup>2</sup> FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	IGATIONS	\$		
<sup>5 Date</sup> 12/31/15	6 Payee name Dr. Jeff Jacobson				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
\$7,321	333 Lamartine St. Jamaica Plain, MA 2130				
9 TYPE OF EXPENDITURE	Political Non-F	Political	1990		
10	(a) Category (See categories listed at the top	of this schedule) (b) Descripti	ion		
PURPOSE			if travel outside of Texas, complete Schedule T		
OF	Consulting		if Austin, TX, officeholder living expense		
EXPENDITURE	Ĭ	Cileck	if Austin, TX, officendide: aving expense		
Date	Рауее пате				
Amount (\$)	Payee address; City; State;	Zip Code			
TYPE OF EXPENDITURE	Political [	Non-Political			
	Category (See categories listed at the top	of this schedule) Descripti	ion		
PURPOSE		Check	if travel outside of Texas, complete Schedule T		
OF EXPENDITURE		Check	: if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O	Н				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIN F AS N	EENEN		
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.  1 Total pages Sched			dule K:	
2 FILER NAME	Laura Pressley	3 Filer ID (Ethic	s Commission Filers)	
4 Date	Name of person from whom amount is received     City of Austin		8 Amount (\$)	
	6 Address of person from whom amount is received; City; State;  Austin, TX	Zip Code		
	7 Purpose for which amount is received Check if Refund of over charging for Recount in January 2	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	
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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				