

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">61</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Laura</span> <span></span> </div>		<b>OFFICE USE ONLY</b>  Date Received  <div style="writing-mode: vertical-rl; transform: rotate(180deg);">             2016 JUL 15 PM 3:35              AUSTIN CITY CLERK RECEIVED         </div>
	NICKNAME      LAST      SUFFIX <div style="text-align: center;">Pressley</div>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center;">10203 Woodglen Cove, Austin, Texas, 78753</div>		Date Hand-delivered or Date Postmarked  Receipt #      Amount \$ <div style="text-align: center;">335</div>
<input type="checkbox"/> Change of Address	AREA CODE      PHONE NUMBER      EXTENSION <div style="display: flex; justify-content: space-between;"> <span>( 512 )</span> <span>762-3825</span> <span></span> </div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR      FIRST      MI <div style="display: flex; justify-content: space-between;"> <span>Mr.</span> <span>Fidel</span> <span></span> </div>		
<b>6 CAMPAIGN TREASURER NAME</b>	NICKNAME      LAST      SUFFIX <div style="text-align: center;">Acevedo</div>		Date Processed  Date Imaged
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center;">3807 Prairie, Austin, TX 78728</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="display: flex; justify-content: space-between;"> <span>( 512 )</span> <span>775-7276</span> <span></span> </div>		
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<b>10 PERIOD COVERED</b>	<div style="display: flex; justify-content: space-between;"> <div>             Month    Day    Year              1 / 1 / 16           </div> <div>THROUGH</div> <div>             Month    Day    Year              6 / 30 / 2016           </div> </div>		
<b>11 ELECTION</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">             ELECTION DATE              Month    Day    Year              12 / 16 / 2014           </div> <div style="width: 60%;">             ELECTION TYPE  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special           </div> </div>		
<b>12 OFFICE</b>	OFFICE HELD (if any)  <div style="text-align: center;">N/A</div>		<b>13 OFFICE SOUGHT (if known)</b>  <div style="text-align: center;">Austin City Council Member District 4</div>
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**

**15 Filer ID (Ethics Commission Filers)**

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

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 7,691.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 41,417.30

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,020.44

4. TOTAL POLITICAL EXPENDITURES \$ 61,941.69

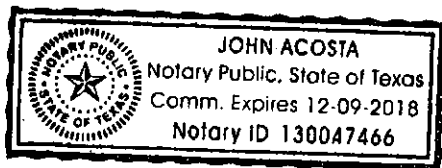
**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,213.73

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 76,972.20

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of Candidate or Officeholder

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	41417.30 \$ -40,098.89
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 76,972.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 61,941.69
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

35

**2** FILER NAME

Laura Pressley

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

1/3/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Jarrett

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

P.O. Box 312, Austin, TX 78767

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

Date

1/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Edward Groeschel III

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

11600 Academy Rd, Albuquerque, NM 87111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Cromwell

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

P.O. Box 455, Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Hays County Constitutional Republicans

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

103 Shetland Lane, San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

1/21/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Leif Allred

**7** Amount of contribution (\$)

165

**6** Contributor address; City; State; Zip Code

10203 Woodglen Cove Austin, TX 78753

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

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Donna Rolater

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

709 Avalon Dr. Heath, TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Socorro S. Hettinger

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

3 Pintail Pt., Rockwall, TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Bush

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1904 Guadalupe, Austin, TX 78705

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Brave New Books

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

Laura Pressley

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

1/11/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Leichy

**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

502 Terry Lane, Heath, TX 75032

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

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sheriff Harold Eavenson

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1330 Shores Circle, Rockwall, TX 77087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anthony Daywood

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2501 Rock Terrace, Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim Skaggs

Amount of contribution (\$)

1000

Contributor address; City; State; Zip Code

4700 Toreador, Austin, TX 78748

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

1/26/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Highland Lakes Tea Party

**6** Contributor address; City; State; Zip Code

27206 Waterfall Hill, Spicewood, TX 78654

**7** Amount of contribution (\$)

175

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

Date

1/28/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Matt Armstrong

Contributor address; City; State; Zip Code

3904 Frio Way, Frisco, TX 75034

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/12/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Bush

Contributor address; City; State; Zip Code

1904 Guadalupe Austin, TX 78705

Amount of contribution (\$)

400

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Brave New Books

Date

1/18/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Barry Schleck

Contributor address; City; State; Zip Code

3550 Country Vista Dr, Burleson, TX 76028

Amount of contribution (\$)

205

Principal occupation / Job title (See Instructions)

Retired Microbiologist

Employer (See Instructions)

N/A

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

1/18/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ray Meyers

**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

2308 Bluffview Ct, Forney, TX 75126

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

Date

1/18/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Delores Pell

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

3703 Dustin Tr, Arlington, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dr. Dwayne Collins

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

7418 FM 279, Ben Wheeler, Texas, 75754

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

Date

1/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Anderson

Amount of contribution (\$)

116

Contributor address; City; State; Zip Code

5019 Placid Place, Austin, TX 78731

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

Laura Pressley

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

2/16/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ed Acklin

**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

3612 Candelaria Dr. Plano, TX 75023

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

Date

2/18/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Matt Freeman

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

5120 Whistler, Fort Worth, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Duane Janssen

Amount of contribution (\$)

60

Contributor address; City; State; Zip Code

Crowley, TX 76036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Janet Adams

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

8825 Random Road, Fort Worth, TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

2/18/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

TE Sumner

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

14455 Webb Chapel, Dallas, TX 75234

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

Date

2/18/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Janet Adams

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

8825 Random Road, Fort Worth, TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

E.E. Acklin

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

3612 Candelaria, Plano, TX 75023

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lori Ogden

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

Burleson, TX 76028

Principal occupation / Job title (See Instructions)

Business Manager

Employer (See Instructions)

Alsbury Veterinary Clinic

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

1/13/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Glen Shanen

**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

3 Colorado Trail, Wimberley, TX 78676

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

Date

2/12/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tim Rackler

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1408 Susan Lane, Carrollton, TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Park Cities Republican Women PAC

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

4400 W. University Blvd, Dallas TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jane Ramsland

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

P.O. Box 10505, Midland, TX 79702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

**3** Filer ID (Ethics Commission Filers)**4** Date  
3/10/16**5** Full name of contributor

Bobby Limmer

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)  
200**6** Contributor address; City; State; Zip Code

1263 County Road 102, Llano, TX

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

Retired

**9** Employer (See Instructions)

N/A

Date

3/18/16

Full name of contributor

Paul Martin

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

8905 Marybank Drive, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/16

Full name of contributor

Hugh Higgins

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

8115 East Ct, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/16

Full name of contributor

Christine Mart

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

302 An Co Rd 3914, Palestine, TX

Principal occupation / Job title (See Instructions)

Court Reporter

Employer (See Instructions)

Self

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

3/18/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ronald Jenkins

**7** Amount of contribution (\$)

80

**6** Contributor address;

City; State; Zip Code

4458 E. FM 323, Palestine, TX 75801

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

Date

2/25/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cherokee County TX Republican Club

Amount of contribution (\$)

220

Contributor address;

City; State; Zip Code

P.O. Box 23, Jacksonville, TX 75766

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tammy Blair

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

136 Red Oak, Bullard, TX 75757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Frank Dobrovlny

Amount of contribution (\$)

70

Contributor address;

City; State; Zip Code

217 S. Ragsdale, Jacksonville, TX 75766

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

2/23/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dr. Barry Schlech

**7** Amount of contribution (\$)

112

**6** Contributor address; City; State; Zip Code

3550 Country Vista Drive, Burleson, TX 76028

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

Retired

**9** Employer (See Instructions)

N/A

Date

2/23/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Johnson County Tea Party

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

210 S. Main, Cleburne, TX 76033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lynn Allen

Amount of contribution (\$)

90

Contributor address; City; State; Zip Code

2777 Allen Trail, Burleson, TX 76028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Deborah Bailey

Amount of contribution (\$)

60

Contributor address; City; State; Zip Code

1405 Hunters Chase, San Angelo, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

3/29/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Slaton-Hendrickson

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

1120 Caire, Lantana, TX 76226

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

Date

3/29/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jan Vernon

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

4117 Cherokee Ct., Granbury, TX 76048

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carla Logan

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

2508 Herons Nest, Granbury, TX 76048

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Annette Showalter

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

511 Crested Oak Ct, Fort Worth, 76108

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

3/24/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

King Walker

**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

3602 Briar Grove, San Angelo, TX 76904

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

Security

**9** Employer (See Instructions)

AlliedBarton

Date

3/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Pamela White

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

216 CR 315, Eastland, TX 76448

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robin Hayes

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

200 CR 315, Eastland, TX 76448

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Danny Schraefer

Amount of contribution (\$)

110

Contributor address; City; State; Zip Code

222 CR 315, Eastland, TX 76448

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

3/29/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Beverly Farren

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

138 Brook Dr., Cresson, TX 76035

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

Date

4/1/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Hendrickson

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

6101 Long Prairie, Flower Mound, TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Katheryn Moore

Amount of contribution (\$)

80

Contributor address;

City; State; Zip Code

5970 Featherwind Way, Fort Worth, TX 76135

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Larry Bartoli

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

105 Harmony, Weatherford, TX

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

2/24/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Terry Lynch

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

200 Forest Drive, Trinidad, TX 75163

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

Date

3/9/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Somnath Banerjee

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

2908 Cheverny Dr , Mckinney, TX 75070

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jeannie Forrest

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

6108 Glennox Ln, Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Larry Bartoli

Amount of contribution (\$)

1000

Contributor address;

City; State; Zip Code

1051 Harmony Circle, Weatherford, TX 76087

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

4/6/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rayma Hume

**7** Amount of contribution (\$)

300

**6** Contributor address;

City; State; Zip Code

609 Alta Ave, San Antonio, TX 78209

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

Retired Teacher

**9** Employer (See Instructions)

N/A

Date

4/6/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tobie Hall

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

1036 Boling Rand Rd N., Azle, TX 76020

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/7/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dr. and Mrs. Donald Parsons

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

3706 Greystone, Austin, TX 76031

Principal occupation / Job title (See Instructions)

Retired Physcian

Employer (See Instructions)

N/A

Date

4/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Eric Matthews

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

2114 Country Brook Dr, Weatherford, TX 76087

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Matthews Insurance Group

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

4/12/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dana Ambs

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

3208 Cherrywood, Austin, Tx 78722

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

Date

4/14/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dorothy Erminger

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

11751 D K Ranch Rd, Austin, Tx 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gov D. L. Clements

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

5005 Georgi Lane, Houston, TX 77092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mark Pulliam

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

7713 Basil, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

4/13/16

**5** Full name of contributor

Marieulla Cox

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)

125

**6** Contributor address;

City; State; Zip Code

14 Sunset Tail, Austin, TX 78745

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

Date

4/12/16

Full name of contributor

Stephen Hollern, Jr.

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

P.O. Box 12205, Fort Worth, Tx 76110

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self

Date

4/4/16

Full name of contributor

Llano Tea Party

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000

Contributor address;

City; State; Zip Code

P.O. Box 58, Llano, TX 78643

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/16

Full name of contributor

Sheila Page

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

300.30

Contributor address;

City; State; Zip Code

401 McDavid Terrace, Aledo, TX 76008

Principal occupation / Job title (See Instructions)

DO

Employer (See Instructions)

Charlotte Lozier Institute

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

4/16/16

**5** Full name of contributor

David Oberg

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

3404 Saint Christopher, Round Rock, TX 78665

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

Date

4/13/16

Full name of contributor

Bill Worsham

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

1105 Norwalk, Austin, TX 78703

Principal occupation / Job title (See Instructions)

Director of Costal Engineering

Employer (See Instructions)

LJA Engineering

Date

4/14/16

Full name of contributor

Roger Rusert

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

3815 N County Rd 1130, Midland, TX 79705

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Rusert Machine Shop

Date

4/16/16

Full name of contributor

Dr. Mike Vandewalle

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

6602 Three Oaks, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

4/14/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Davis

**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

924 East Bryan, TX 79745

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

Date

4/14/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Parker

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

70 Marvin, Los Altos, CA 94022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Garly T. Gool

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2317 W. Cuthbert, Midland, TX 79701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Olcott

Amount of contribution (\$)

1000

Contributor address; City; State; Zip Code

P.O. Box 26996, Fort Worth, TX 76126

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

**3** Filer ID (Ethics Commission Filers)**4** Date  
4/28/16**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hood County Tea Party**7** Amount of contribution (\$)  
150**6** Contributor address; City; State; Zip Code  
P.O. Box 400 Granbury, TX 76048**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
4/21/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Bob BeatonAmount of contribution (\$)  
60Contributor address; City; State; Zip Code  
4705 Picadilly, Tyler TX 75703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/20/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mary AndersonAmount of contribution (\$)  
76Contributor address; City; State; Zip Code  
5019 Placid Place, Austin, TX 78731Principal occupation / Job title (See Instructions)  
RetiredEmployer (See Instructions)  
N/ADate  
4/28/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Susan MeyerAmount of contribution (\$)  
100Contributor address; City; State; Zip Code  
5904 Wesley, Granbury, TX 76049

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

4/22/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim Lodwick

**7** Amount of contribution (\$)

250

**6** Contributor address; City; State; Zip Code

7710 Shadyrock, Austin, TX 78731

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

Retired

**9** Employer (See Instructions)

N/A

Date

4/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Travis County Republican Party

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

7901 Cameron Rd, Ste. 3-202, Austin, TX 78754

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Miles Opheim

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

7413 E. County Rd, Lubbock, TX 79403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Francis McClure

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

4406 Cove Timber Cir, Granbury, TX 76049

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

3/22/16

**5** Full name of contributor

King Walker

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

3602 Briargrove Lane, San Angelo, TX 76904

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

Security

**9** Employer (See Instructions)

AlliedBarton

Date

3/28/16

Full name of contributor

Richard Krantz

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

507 E SADOSA ST , EASTLAND, TX 76448

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/16

Full name of contributor

Stephen Schoppe

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

14804 Brown Bluff , Leander, TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/16

Full name of contributor

Bryan Slaton

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

1213 Cedar Cove, Royse City, TX 75189

Principal occupation / Job title (See Instructions)

Financial Services

Employer (See Instructions)

Slaton Financial

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

5/3/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Cherry

**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

1133 Lamesa Dr., Richardson, TX 75080

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

Date

4/29/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Beverly Adams

Amount of contribution (\$)

75

Contributor address; City; State; Zip Code

107 Rio Seco, San Antonio, TX 78232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cecil Taylor

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

4406 Ave. C, Austin, TX 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gil Robinson

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

5150 Broadway St, San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Alamo Heights Internal Medicine Center

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

5/12/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Vickie Karp

**7** Amount of contribution (\$)

150

**6** Contributor address;

City; State; Zip Code

9300 Lauralan, Austin, TX 78736

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

Real Estate

**9** Employer (See Instructions)

Self

Date

5/6/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Craig Cosgray

Amount of contribution (\$)

300

Contributor address;

City; State; Zip Code

27206 Waterfall Hill Parkway, Spicewood, TX 78669

Principal occupation / Job title (See Instructions)

President Marengo Films

Employer (See Instructions)

Self

Date

5/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim Keller

Amount of contribution (\$)

6000

Contributor address;

City; State; Zip Code

121 Cedar, San Antonio, TX 78210

Principal occupation / Job title (See Instructions)

Photographer

Employer (See Instructions)

Self

Date

5/9/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Glynn Schanen

Amount of contribution (\$)

125

Contributor address;

City; State; Zip Code

3 Colorado Trail, Wimberley, TX 78676

Principal occupation / Job title (See Instructions)

Independent Pharmaceutical Professional

Employer (See Instructions)

Self

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

5/18/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Karen Renick

**7** Amount of contribution (\$)

150

**6** Contributor address;

City; State; Zip Code

2500 Tower, Austin, TX 78703

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

Date

5/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

C.E. Jaster

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

317 Ridge View, Georgetown, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

George Sharkey

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

631 Lornmead, Houston, TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Philip Johnson

Amount of contribution (\$)

110

Contributor address;

City; State; Zip Code

640 FM 2815 S., Bonham, TX 75418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

4/19/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Anderson

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

7403 Northrup Drive, San Diego, CA 92126

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

Date

4/20/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul Spolar

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

96 Columbus Ave, Salem MA 01970

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Schumate

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

7050 SE 181Ct, Morrison, FL 32669

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Andrew Lankes

Amount of contribution (\$)

150

Contributor address;

City; State; Zip Code

400 Genard, Austin, TX 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

**3** Filer ID (Ethics Commission Filers)**4** Date  
6/6/16**5** Full name of contributor  
Steven Hannah☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)  
100**6** Contributor address; City; State; Zip Code  
6213 Idlewood Cv, Austin, TX 78745**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
5/27/16Full name of contributor  
Janis Nasseri☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
100Contributor address; City; State; Zip Code  
3617 Blossom Trail, Llano, TX 75074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5/31/16Full name of contributor  
Ann Monshaugen☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
80Contributor address; City; State; Zip Code  
6600 Mesa Hollow, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5/24/16Full name of contributor  
Barbara Ann Des Jardines☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
125Contributor address; City; State; Zip Code  
10053 Lachlan Dr., Austin, Tx 78717

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

5/23/16

**5** Full name of contributor

W.J. Putnam

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)

200

**6** Contributor address; City; State; Zip Code

105 Dawson Trl, Georgetown, TX 78633

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

Retired

**9** Employer (See Instructions)

N/A

Date

5/21/16

Full name of contributor

David Oberg

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

3404 Saint Christopher, Round Rock, TX 78665

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

6/3/16

Full name of contributor

Vickie Karp

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

9300 Lauralan, Austin, TX 78736

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

5/26/16

Full name of contributor

Neal Polan

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

730 Stallion, Lucas, TX 75002

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

**3** Filer ID (Ethics Commission Filers)**4** Date  
5/27/16**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Linda Mikyska**7** Amount of contribution (\$)  
100**6** Contributor address; City; State; Zip Code  
730 Stallion, Lucas, TX 75002**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
6/4/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
David DoironAmount of contribution (\$)  
100Contributor address; City; State; Zip Code  
6314 Whistling Pines Dr., Spring, TX 77389

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/3/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Cindy HillmanAmount of contribution (\$)  
500Contributor address; City; State; Zip Code  
P.O. Box 609, Tomball, TX 77377

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Island Framed

Date  
6/7/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
James SkaggsAmount of contribution (\$)  
4000Contributor address; City; State; Zip Code  
4700 Toreador Drive, Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

N/A

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

6/4/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cody Wommack

**7** Amount of contribution (\$)

100

**6** Contributor address; City; State; Zip Code

216 Haley Drive, Lone Star, TX 75668

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

Date

6/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Walt Hannon

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

P.O. Box 540186, Dallas, TX 75354

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Barber

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

752 Bethany Lake, Allen Texas, 75002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/20/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ronald Britton

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

3703 Balcones, Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

6/9/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Jarrett

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

P.O. Box 312, Austin, TX 78767

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

Music

**9** Employer (See Instructions)

Self Employed

Date

5/31/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ann Monshaugen

Amount of contribution (\$)

150

Contributor address;

City; State; Zip Code

6600 Mesa Dr, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/5/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kurt Hyde

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

2701 Yellowstone Park Lane, Corinth, Texas 76210

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

6/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Laura Pressley

Amount of contribution (\$)

120

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Owner Pure Rain, LLC

Employer (See Instructions)

Self

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

6/21/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roque De La Fuente

**7** Amount of contribution (\$)

2000

**6** Contributor address; City; State; Zip Code

5440 Morehouse Dr., San Diego, CA 92121

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

Developer

**9** Employer (See Instructions)

Self

Date

6/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bronwen Spindle

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

18018 Forst Cedars, Houston, TX 77084

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/22/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carol Marshall

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

13154 Barryknoll Ln, Houston, Tx 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/20/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Georgia Scott

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

P.O. Box 183, Bluff Dale, TX 76433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

**3** Filer ID (Ethics Commission Filers)**4** Date  
6/27/16**5** Full name of contributor  
Mary Anderson☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)  
78**6** Contributor address; City; State; Zip Code  
5019 Placid Place, Austin, TX 78731**8** Principal occupation / Job title (See Instructions)  
Retired**9** Employer (See Instructions)  
SelfDate  
6/27/16Full name of contributor  
Mary Anderson☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
76Contributor address; City; State; Zip Code  
5019 Placid Place, Austin, TX 78731Principal occupation / Job title (See Instructions)  
RetiredEmployer (See Instructions)  
SelfDate  
4/26/16Full name of contributor  
Mark Panattoni☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
100Contributor address; City; State; Zip Code  
14252 Culver Dr, Irvine, CA 92604

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/26/16Full name of contributor  
Dollie Stoner☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
100Contributor address; City; State; Zip Code  
1694 Rainbow Road, Santa Clara, UT 84765

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley

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

5/8/16

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

King Walker

**7** Amount of contribution (\$)

100

**6** Contributor address;

City; State; Zip Code

3602 Briargrove Lane, San Angelo, TX 76904

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

Security

**9** Employer (See Instructions)

AlliedBarton

Date

6/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Wilson

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

18526 Partners Voice Dr. Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Trembly

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

150 Pinehurst St. Meadowlakes, TX 78654

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

N/A

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------	---------------------------------------

4 Date 1/1/16	5 Payee name HEB
------------------	---------------------

6 Amount (\$) 208. 12	7 Payee address; City; State; Zip Code 5808 Burnet Road, Austin, TX
--------------------------	--

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

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

Date 1/20/16	Payee name Capital One
-----------------	---------------------------

Amount (\$) 300	Payee address; City; State; Zip Code P.O. Box 60599, City of Industry, CA 91716
--------------------	--

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

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

Date 1/20/16	Payee name IEEE US Bank
-----------------	----------------------------

Amount (\$) 350	Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO
--------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CC Payment	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 Date 1/21/16		5 Payee name Discover			
6 Amount (\$) 275		7 Payee address; City; State; Zip Code P.O. Box 6103 Carol Steam, IL 60197			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  CC Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 1/21/16		Payee name Citi Card			
Amount (\$) 350		Payee address; City; State; Zip Code P.O. Box 183037, Columbus OH 43218			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  cc Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 1/27/16		Payee name Dr. Jeff Jacobson, Ph.D.			
Amount (\$) 1150		Payee address; City; State; Zip Code 333 Larmatine, Jamaica Plain, MA 02130			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Legal Services		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Laura Pressley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/16/16		<b>5</b> Payee name Capitol One			
<b>6</b> Amount (\$) 300		<b>7</b> Payee address; City; State; Zip Code P.O. Box 60599, City of Industry, CA 91716			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  cc payment		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 2/17/16		Payee name Discover			
Amount (\$) 250		Payee address; City; State; Zip Code P.O. Box 6103 Carol Steam, IL 60197			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 2/17/16		Payee name IEEE US Bank			
Amount (\$) 300		Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 Date 2/17/16		5 Payee name Citi Card			
6 Amount (\$) 610		7 Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/29/16		Payee name Office Depot			
Amount (\$) 108.24		Payee address; City; State; Zip Code I-35, Austin, TX			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/28/16		Payee name Dr. Jeffrey Jacobson			
Amount (\$) 1000		Payee address; City; State; Zip Code 333 Lamartine St. Jamaica Plain, MA 02130			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Laura Pressley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/9/16</b>		5 Payee name <b>Office Depot</b>			
6 Amount (\$) <b>108.24</b>		7 Payee address; City; State; Zip Code <b>I-35, Austin, TX</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing Supplies</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/14/16</b>		Payee name <b>The Paper Place</b>			
Amount (\$) <b>208.92</b>		Payee address; City; State; Zip Code <b>4001 N. Lamar, Austin, Tx</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing Supplies</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/21/16</b>		Payee name <b>IEEE US Bank</b>			
Amount (\$) <b>250</b>		Payee address; City; State; Zip Code <b>P.O. Box 790408, St. Louis MO</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>cc payment</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Laura Pressley</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/21/16</b>	5 Payee name <b>Capital One</b>
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6 Amount (\$) <b>350</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>cc payment</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/21/16</b>	Payee name <b>Discover</b>
------------------------	-------------------------------

Amount (\$) <b>475</b>	Payee address; City; State; Zip Code <b>P.O. Box 6103 Carol Steam, IL 60197</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>cc payment</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	---	---

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

Date <b>3/21/16</b>	Payee name <b>Dr. Jeffery Jacobson</b>
------------------------	---

Amount (\$) <b>1000</b>	Payee address; City; State; Zip Code <b>333 Lamartine St. Jamaica Plain, MA 02130</b>
----------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Laura Pressley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/22/16		<b>5</b> Payee name Citi Card			
<b>6</b> Amount (\$) 200		<b>7</b> Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  c payment		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 3/22/16		Payee name Mark Cohen			
Amount (\$) 130		Payee address; City; State; Zip Code 805 W. 10th, Ste. 100, Austin, Tx 78701			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 4/4/16		Payee name The Paper Place			
Amount (\$) 250.60		Payee address; City; State; Zip Code 4001 N. Lamar, Austin, TX			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Laura Pressley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/1/16</b>		5 Payee name <b>Anna Eby</b>			
6 Amount (\$) <b>1500</b>		7 Payee address; City; State; Zip Code <b>302 N. Lampasas, Round Rock, TX 78664</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Legal Fees</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>4/8/16</b>		Payee name <b>Mark Cohen</b>			
Amount (\$) <b>3000</b>		Payee address; City; State; Zip Code <b>805 W. 10th Ste 100, Austin, Tx 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Legal Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>4/15/16</b>		Payee name <b>Anna Eby</b>			
Amount (\$) <b>3500</b>		Payee address; City; State; Zip Code <b>302 N. Lampasas, Round Rock, TX 78664</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Legal Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Laura Pressley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/20/16		<b>5</b> Payee name Capitol One			
<b>6</b> Amount (\$) 350		<b>7</b> Payee address; City; State; Zip Code P.O. Box 60599, City of Industry, CA 91716			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  cc payment		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 4/20/16		Payee name IEEE US Bank			
Amount (\$) 400		Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 4/20/16		Payee name Dr. Jeffery Jacobson			
Amount (\$) 1000		Payee address; City; State; Zip Code 333 Lamartine St. Jamaica Plain, MA 02130			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Laura Pressley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/21/16		<b>5</b> Payee name Citi Card			
<b>6</b> Amount (\$) 200		<b>7</b> Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218			
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)  cc payment		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 4/21/16		Payee name Discover			
Amount (\$) 400		Payee address; City; State; Zip Code P.O. Box 6103 Carol Steam, IL 60197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 4/28/16		Payee name FedEX Office			
Amount (\$) 202.89		Payee address; City; State; Zip Code 5900 Burnet Road, Austin, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Printing Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Laura Pressley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/28/16</b>		5 Payee name <b>Capital One</b>			
6 Amount (\$) <b>331</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>cc payment</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/9/16</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>139.60</b>		Payee address; City; State; Zip Code <b>I-35, Austin, TX</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing Supplies</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>5/9/16</b>		Payee name <b>The Paper Place</b>			
Amount (\$) <b>149.93</b>		Payee address; City; State; Zip Code <b>4001 N. Lamar, Austin, TX</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing Supplies</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Laura Pressley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 5/17/16		<b>5</b> Payee name IEEE US Bank			
<b>6</b> Amount (\$) 263		<b>7</b> Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO			
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)  cc payment		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 5/27/16		Payee name Dr. Jeffery Jacobson			
Amount (\$) 1000		Payee address; City; State; Zip Code 333 Lamartine St. Jamaica Plain, MA 02130			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Legal Fees		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 5/27/16		Payee name Anna Eby			
Amount (\$) 11000		Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Legal Fees		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Laura Pressley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/31/16</b>		5 Payee name <b>The Paper Place</b>			
6 Amount (\$) <b>105.54</b>		7 Payee address; City; State; Zip Code <b>4001 N. Lamar, Austin, TX</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing Supplies</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>5/31/16</b>		Payee name <b>Capital One</b>			
Amount (\$) <b>319</b>		Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>cc payment</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/6/16</b>		Payee name <b>Dr. Jeffrey Jacobson</b>			
Amount (\$) <b>2942.49</b>		Payee address; City; State; Zip Code <b>333 Lamartine St. Jamaica Plain, MA 02130</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Legal Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Laura Pressley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 6/6/16		<b>5</b> Payee name Citi Card			
<b>6</b> Amount (\$) 5347		<b>7</b> Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218			
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)  cc payment		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 6/6/16		Payee name Discover			
Amount (\$) 8000		Payee address; City; State; Zip Code P.O. Box 6103 Carol Steam, IL 60197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 6/9/16		Payee name Discover			
Amount (\$) 3372		Payee address; City; State; Zip Code P.O. Box 6103 Carol Steam, IL 60197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 Date 6/9/16		5 Payee name IEEE US Bank			
6 Amount (\$) 1500		7 Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 6/16/16		Payee name Computer Medic			
Amount (\$) 281.45		Payee address; City; State; Zip Code 111 Ramble Lane, Austin, TX			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Computer Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date 6/17/16		Payee name IEEE US Bank			
Amount (\$) 243		Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Laura Pressley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 6/17/16		<b>5</b> Payee name Anna Eby			
<b>6</b> Amount (\$) 5944		<b>7</b> Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Legal Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/28/16		Payee name Capital One			
Amount (\$) 319		Payee address; City; State; Zip Code P.O. Box 60599, City of Industry, CA 91716			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/29/16		Payee name PromiseLand Scholarship			
Amount (\$) 189		Payee address; City; State; Zip Code 1504 East 51st street Austin, TX 78723			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 Date 1/1/16 - 6/30/16		5 Payee name Piryx			
6 Amount (\$) 136.13		7 Payee address; City; State; Zip Code www.Piryx.com			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Transaction Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/1/16 - 6/30/16		Payee name PayPal			
Amount (\$) 29.22		Payee address; City; State; Zip Code www.PayPal.com			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Transaction Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name N/A			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Laura Pressley	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/1/16 - 6/30/16	<b>5</b> Payee name DoodleKit	
<b>6</b> Amount (\$) 432.00	<b>7</b> Payee address; City; State; Zip Code www.Doodlekit	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expenses/Website	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>5</b>
2 FILER NAME <b>Laura Pressley</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>700</b>
5 Date of loan <b>4/15/16</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Pressley</b>	9 Loan Amount (\$) <b>3500</b>
6 Is lender a financial Institution?  Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code  <b>10203 Woodglen Cove Austin, TX 78753</b>	10 Interest rate <b>N/A</b>
		11 Maturity date <b>TBD</b>
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		13 Employer (See Instructions) <b>Pure Rain, LLC</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor <b>N/A</b>	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) <b>N/A</b>		21 Employer (See Instructions)
Date of loan <b>6/3/16</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Pressley</b>	Loan Amount (\$) <b>20000</b>
Is lender a financial Institution?  Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code  <b>10203 Woodglen Cove</b>	Interest rate <b>N/A</b>
		Maturity date <b>TBD</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Pure Rain, LLC</b>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <b>N/A</b>	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions) <b>N/A</b>		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <b>Laura Pressley</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan <b>6/8/16</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Pressley</b>	<b>9</b> Loan Amount (\$) <b>500</b>
<b>6</b> Is lender a financial Institution? <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	<b>8</b> Lender address; City; State; Zip Code <b>10203 Woodglen Cove Austin, TX 78753</b>	<b>10</b> Interest rate <b>N/A</b>
		<b>11</b> Maturity date <b>TBD</b>
<b>12</b> Principal occupation / Job title (See Instructions) <b>Owner</b>		<b>13</b> Employer (See Instructions) <b>Pure Rain, LLC</b>
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor <b>N/A</b>	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions) <b>N/A</b>		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> <b>4/13/16</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Pressley</b>	<b>Loan Amount (\$)</b> <b>1000</b>
<b>Is lender a financial Institution?</b> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	<b>Lender address; City; State; Zip Code</b> <b>10203 Woodglen Cove, Austin, TX 78753</b>	<b>Interest rate</b> <b>N/A</b>
		<b>Maturity date</b> <b>TBD</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Owner</b>		<b>Employer (See Instructions)</b> <b>Pure Rain, LLC</b>
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>Check if personal funds were deposited into political account (See Instructions)</b> <input checked="" type="checkbox"/>
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b> <b>N/A</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b> <b>N/A</b>		<b>Employer (See Instructions)</b>

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**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME Laura Pressley		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 4/13/16	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: ) Laura Pressley	<b>9</b> Loan Amount (\$) 15000
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code  10203 Woodglen Cove Austin, TX 78753	<b>10</b> Interest rate N/A
		<b>11</b> Maturity date TBD
<b>12</b> Principal occupation / Job title (See Instructions) Owner		<b>13</b> Employer (See Instructions) Pure Rain, LLC
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor N/A	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions) N/A		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 6/2/15	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: ) Laura Pressley	<b>Loan Amount (\$)</b> 6000
<b>Is lender a financial Institution?</b>  Y <input checked="" type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b>  10203 Woodglen Cove, Austin, TX 78753	<b>Interest rate</b> N/A
		<b>Maturity date</b> TBD
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Pure Rain, LLC
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>Check if personal funds were deposited into political account (See Instructions)</b> <input checked="" type="checkbox"/>
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b> N/A	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b> N/A		<b>Employer (See Instructions)</b>
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**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Laura Pressley</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>9/10/15</b>	7 Name of lender <b>Chase</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$) <b>2986</b>
6 Is lender a financial Institution?  <b>X Y N</b>	8 Lender address; City; State; Zip Code  <b>P.O. Box 15123 Willmington, DE 19850</b>	10 Interest rate <b>N/A</b>
		11 Maturity date <b>TBD</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral  <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)  <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor <b>N/A</b>  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions) <b>N/A</b>		21 Employer (See Instructions)
Date of loan <b>8/4/15</b>	Name of lender <b>Capitol One</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$) <b>17724</b>
Is lender a financial Institution?  <b>X Y N</b>	Lender address; City; State; Zip Code  <b>P.O. Box 60599 City of Industry, CA 91716</b>	Interest rate <b>N/A</b>
		Maturity date <b>TBD</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)  <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor <b>N/A</b>  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions) <b>N/A</b>		Employer (See Instructions)
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**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 8/9/15	7 Name of lender IEEE US Bank <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$) 7166
6 Is lender a financial institution?  X Y N	8 Lender address; City; State; Zip Code  P.O. Box 790408 St. Louis, MO	10 Interest rate N/A
		11 Maturity date TBD
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor N/A	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions)
Date of loan 3/2/16	Name of lender Bank of America <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$) 2396
Is lender a financial institution?  X Y N	Lender address; City; State; Zip Code  P.O. Box 851001 Dallas, TX 75285	Interest rate N/A
		Maturity date TBD
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions) N/A		Employer (See Instructions)

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