## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how to complete this form.	iler ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs. Laura		
	NICKNAME LAST	SUFFIX	Date Received
	Pressley		A1 2016
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	ີ 1
OFFICEHOLDER MAILING	•		UUL
ADDRESS	10203 Woodglen Cove, Austin, "	Fexas, 78753	
Change of Address			AUSTIN CITY RECEIV 16 JUL 15 1
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	- U m
OFFICEHOLDER PHONE	(512) 762-3825		Date Hand-delivered or Date Postarkad
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER	Mr. Fidel		Date Processed
NAME	NICKNAME LAST	SUFFIX	Daid Flocessen
	Acevedo		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ŽIP CODE
TREASURER			
ADDRESS	3807 Prairie, Austin, T	X 78728	
(Residence or Business)			
			-
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 775-7276	,	
FHONE			
			, ,
9 REPORT TYPE			
	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 Bth day before election	Exceeded \$500 limit	Final Report (Attach C/OH - FR)
		L	
10 PERIOD COVERED	Month Day Year	Month	Day Year
0012.120	1/ 1/ 16 TH	IROUGH 6/	30 / 2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 🔀	Runoff Other Description	
	12/16/2014 General 🗆	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (il known)	
	N/A	Austin City Cou	ncil Member District 4
	·····		
	· · · · · · · · · · · · · · · · · · ·		
·	GO TO PAG	ie 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

			· · · · · ·
14 C/OH NAME		<b>15</b> Fi	ler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES I SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOR OF SUCH EXPENDITURES.		THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	· · · · · · · · · · · · · · · · · · ·
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 7,691.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<sup>\$</sup> 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,		\$ 76,972.20
18 AFFIDAVIT		I swear, or affirm, under penalty of perjun true and correct and includes all informat	
Co	JOHN ACOSTA tary Public, Stote of mm. Expires 12-09- Notary ID 1380A74	2018	
	VOID 1300474	Signature of Candiesto	e or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE	1. local	, p-+h
Sworn to and subsc			_, this the5'
day of	, 20 <u></u> ,	to certify which, witness my hand and seal of office.	
- Oth		John Acosta A	John Public
Signature of officer a	administering oath	Printed name of officer administering oath	Fitle of oltider administering oath

Forms provided by Texas Ethics Commission

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

				 	$\cap$
21		JLE SUBTOTALS F SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	41417	40,098.89	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 	
4.	X	SCHEDULE E: LOANS		\$ 76,972.00	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$ 61,941.69	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO RETURNED TO FILER	NS	\$	

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date 1/3/16 8 Principal occu	5       Full name of contributor       Dout-of-state PAC (ID#:)         Susan Jarrett       6       Contributor address;       City; State; Zip Code         P.O. Box 312, Austin, TX 78767         pation / Job title (See Instructions)       9       Employer (See Instructions)	7 Amount of contribution (\$) 100 tions)
Date 1/4/16 Principal occup	Full name of contributor	Amount of contribution (\$) 100 tions)
Date 1/11/16 Principal occup	Full name of contributor	Amount of contribution (\$) 100 tions)
Date 1/11/16	Full name of contributor       i out-of-state PAC (ID#:)         Hays County Constitutional Republicans	Amount of contribution (\$)
Principal occur	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional	EEDED

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
<ul> <li>4 Date</li> <li>1/21/16</li> <li>8 Principal occu</li> </ul>	5       Full name of contributor       □ out-of-state PAC (ID#:)         Leif Allred         6       Contributor address;       City; State; Zip Code         10203 Woodglen Cove Austin, TX 78753         pation / Job title (See Instructions)       9       Employer (See Instruct	7 Amount of contribution (\$) 165 tions)
Date 1/11/16 Principal occup	Full name of contributor       Image: out-of-state PAC (ID#:)         Donna Rolater       Contributor address;       City; State; Zip Code         709 Avalon Dr. Heath, TX 75032       Employer (See Instructions)	Amount of contribution (\$) 100
Date 1/11/16	Full name of contributor	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 1/21/16	Full name of contributor       I out-of-state PAC (ID#:)         John Bush       Contributor address;       City;       State;       Zip Code         1904 Guadalupe, Austin, TX 78705	Amount of contribution (\$)
	Employer (See Instructions) Iner Brave New Book	tions) S
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FDED
	If contributor is out-of-state PAC, please see instruction guide for additional	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e 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 1/11/16	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>Mary Leichty</li> <li>6 Contributor address; City; State; Zip Code</li> <li>502 Terry Lane, Heath, TX 75032</li> </ul>	7 Amount of contribution (\$) 100
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See In	nstructions)
Date 1/11/16	Full name of contributor       out-of-state PAC (ID#:         Sheriff Harold Eavenson         Contributor address;       City; State; Zip Code         1330 Shores Circle, Rockwall, TX 77087	) Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
Date 2/17/16	Full name of contributor       □ out-of-state PAC (ID#:         Anthony Daywood         Contributor address;       City; State; Zip Code         2501 Rock Terrace, Austin, TX 78704	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
Date 1/4/16	Full name of contributor       out-of-state PAC (ID#:	) Amount of contribution (\$) 1000
Principal occu Retired	upation / Job title (See Instructions) Employer (See In N/A	nstructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for addi	

	Y POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Pressley	3 Filer ID (Ethics Commission Filers)
1/26/16 Hi ه د 2	ull name of contributor ghland Lakes Tea Party ontributor address; City; State; Zip Code 7206 Waterfall Hill, Spicewood, TX 78654 / Job title (See Instructions) 9 Employer (See Inst	7 Amount of contribution (\$) 
1/28/16 M	ull name of contributor       out-of-state PAC (ID#:	Amount of contribution (\$) 100 structions)
1/12/16	ull name of contributorout-of-state PAC (ID#: John Bush ontributor address; City; State; Zip Code 1904 Guadalupe Austin, TX 78705	Amount of contribution (\$)
Principal occupation Owner	/ Job title (See Instructions) Employer (See In Brave New B	
1/18/16	Sarry Schleck     Out-of-state PAC (ID#:	Amount of contribution (\$) 
Principal occupation Retired Micro	/ Job title (See Instructions) Employer (See In bologist N/A	istructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A contributor is out-of-state PAC, please see instruction guide for addit	

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The	Instruction Guide explains how to complete this for	or <b>m</b> .	1 Total pages Schedule A1:
FILER NAME	_aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 1/18/16	<ul> <li>5 Full name of contributor □ out-of-state PAC (IE Ray Meyers</li> <li>6 Contributor address; City; State; 2308 Bluffview Ct, Forney, TX 7512</li> </ul>	Zip Code	7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date 1/18/16	Full name of contributor Delores Pell Contributor address; City; State; 3703 Dustin Tr, Arlington, TX 76010		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 1/4/16	Full name of contributor Dr. Dwayne Collins Contributor address; City; State; 7418 FM 279, Ben Wheeler, Texas,	·	Amount of contribution (\$)
Principal occu Physi	pation / Job title (See Instructions) Cian	Employer (See Instruct Self	ions)
Date 1/4/16		D#:) Zip Code 31	Amount of contribution (\$)
Principal occu Retire	pation / Job title (See Instructions) ed	Employer (See Instruct Retired	ions)

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date 2/16/16	<ul> <li>5 Full name of contributor</li></ul>	7 Amount of contribution (\$) 100
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 2/18/16	Full name of contributor <pre>             Out-of-state PAC (ID#:)             Matt Freeman             Contributor address;             City; State; Zip Code             5120 Whistler, Fort Worth, TX 76133</pre>	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	stions)
Date 2/18/16	Full name of contributor       Dut-of-state PAC (ID#:)         Duane Janssen         Contributor address;       City; State; Zip Code         Crowley, TX 76036	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	l
Date 2/18/16	Full name of contributor Janet Adams Contributor address; City; State; Zip Code 8825 Random Road, Fort Worth, TX 76179	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	I ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	

MONETARY POLITICAL CONTRIE	BUTIONS SCHEDULE A1
The Instruction Guide explains how to complete this t	orm. 1 Total pages Schedule A1:
2 FILER NAME Laura Pressley	3 Filer ID (Ethics Commission Filers)
2/18/16 TE Sumner 6 Contributor address; City; State; 14455 Webb Chapel, Dallas, TX 75	
Date       Full name of contributor       I out-of-state PAC (         2/18/16       Janet Adams         Contributor address;       City; State;         8825 Random Road, Fort Worth, T         Principal occupation / Job title (See Instructions)	
3/4/16 E.E. Acklin	D#:) Amount of contribution (\$) 100 Zip Code 3
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date     Full name of contributor     I out-of-state PAC ( out-of-state PAC ( Contributor address;       3/4/16     Lori Ogden Contributor address;     City;       Burleson, TX 76028	ID#:) Amount of contribution (\$) 
Principal occupation / Job title (See Instructions) Business Manager	Employer (See Instructions) Alsbury Veternary Clinic
ATTACH ADDITIONAL COPIES OF	

			SCHEDULE A1
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 1/13/16	<ul> <li>5 Full name of contributor Dout-of-state PAC (ID)</li> <li>Glen Shanen</li> <li>6 Contributor address; City; State; 3 Colorado Trail, Wimberley, TX 786</li> </ul>	Zip Code	7 Amount of contribution (\$) 100
Principal occuj	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date 2/12/16	Full name of contributor Tim Rackler Contributor address; City; State; 1408 Susan Lane, Carrollton, TX 756		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ons)
Date 3/10/16	Full name of contributor Park Cities Republican Women PAC Contributor address; City; State; 4400 W. University Blvd, Dallas TX		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 3/10/16	Full name of contributor Jane Ramsland Contributor address; City; State; P.O. Box 10505, Midland, TX 79702	Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 3/10/16	5 Full name of contributor out-of-state PAC (ID#: Bobby Limmer	) 7 Amount of contribution (\$) 200
	6 Contributor address; City; State; Zip 1263 County Road 102, Llano, TX	Code
	pation / Job title (See Instructions) 9 Er	nployer (See Instructions) N/A
Date 3/18/16	Full name of contributor Dout-of-state PAC (ID#: Paul Martin Contributor address; City; State; Zip 8905 Marybank Drive, Austin, TX 7875	100 Code
Principal occur	pation / Job title (See Instructions) Er	nployer (See Instructions)
Date 3/18/16	Full name of contributor Dut-of-state PAC (ID#: Hugh Higgins Contributor address; City; State; Zip 8115 East Ct, Austin, TX 78759	100
Principal occu	pation / Job title (See Instructions) E	πρloyer (See Instructions)
Date 3/15/16	Full name of contributor Christine Mart Contributor address; City; State; Zip 302 An Co Rd 3914, Palestine, TX	200
Principal occur Court Re		nployer (See Instructions) Self
		1

MONET	ARY POLITICAL CONTRIBUTIO	NS SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date 3/18/16	<ul> <li>5 Full name of contributor address; City; State; Zip Code</li> <li>6 Contributor address; City; State; Zip Code</li> <li>4458 E. FM 323, Palestine, TX 75801</li> </ul>	) 7 Amount of contribution (\$) 80
8 Principal occu	pation / Job title (See Instructions) 9 Employer	r (See Instructions)
Date 2/25/16	Full name of contributor Cherokee County TX Republican Club Contributor address; City; State; Zip Code P.O. Box 23, Jacksonville, TX 75766	) Amount of contribution (\$) 220
Principal occup	ation / Job title (See Instructions) Employer	r (See Instructions)
Date 2/25/16	Full name of contributor Tammy Blair Contributor address; City; State; Zip Code 136 Red Oak, Bullard, TX 75757	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employed	r (See Instructions)
Date 2/25/16	Full name of contributorout-of-state_PAC (ID#: Frank Dobrovolny Contributor address; City; State; Zip Code 217 S. Ragsdale, Jacksonville, TX 75766	) Amount of contribution (\$) 
Principal occup		r (See Instructions)
<u></u>	I	
	ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see instruction guide	

MONET	ARY POLITICAL CONTRII	BUTIONS	SCHEDULE A1
The	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/16	<ul> <li>Full name of contributor Dr. Barry Schlech</li> <li>6 Contributor address; City; State; 3550 Country Vista Drive, Burleso</li> </ul>	1	7 Amount of contribution (\$) 112
8 Principal occup Re	ation / Job title (See Instructions)	9 Employer (See Instruction N/A	ons)
Date 2/23/16	Full name of contributor Johnson County Tea Party Contributor address; City; State; 210 S. Main, Cleburne, TX 76033	(ID#:) Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ons)
Date 2/23/16	Full name of contributor Lynn Allen Contributor address; City; State; 2777 Allen Trail, Burleson, TX 76		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 3/24/16	Full name of contributor Deborah Bailey Contributor address; City; State; 1405 Hunters Chase, San Angelo, 7	Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

The l	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	aura Pressley	3 Filer ID (Ethics Commission Filers)
3/29/16	<ul> <li>5 Full name of contributor</li></ul>	7 Amount of contribution (\$) 100 uctions)
Date 3/29/16	Full name of contributor Origination PAC (ID#:	
	Contributor address; City; State; Zip Code 4117 Cherokee Ct., Granbury, TX 76048	
Principal occup	ation / Job title (See Instructions) Employer (See Instr	
Date 3/28/16	Full name of contributor       Image: out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occur	Dation / Job title (See Instructions) Employer (See Inst	iructions)
Date 3/29/16	Full name of contributor       □ out-of-state PAC (ID#:	_) Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions) Employer (See Inst	tructions)
		· ·

Forms provided by Texas Ethics Commission

FILER NAME Laura Pressley		ARY POLITICAL CONTRIBUTIONS	4 Tubber Other Adv
FILEH NAME       Laura Pressley       7 Amount of contribution (\$)         J24/16       5 Full name of contributor       out-of-state PAC (IDF:	The	instruction Guide explains how to complete this form.	
Date     5     Full name of contributor     Image: second secon		aura Pressley	3 Filer ID (Ethics Commission Filers
3602 Briar Grove, San Angelo, TX 76904         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:	Date 3/24/16		
Date       Full name of contributor       out-of-state PAC (ID#:		3602 Briar Grove, San Angelo, TX 76904	
J/21/16     Pamela White     100       3/21/16     Pamela White     100       Contributor address;     City; State; Zip Code     100       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (IDF:	Principal occu Secur	pation / Job title (See Instructions) 9 Employer (See Instructions) 19 AlliedBarton	ntions)
216 CR 315, Eastland, TX 76448         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         3/21/16       Robin Hayes       City: State: Zip Code         200 CR 315, Eastland, TX 76448       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         3/21/16       Danny Schraefer       Amount of contribution (\$)         3/21/16       Danny Schraefer       I10         222 CR 315, Eastland, TX 76448       Integration (\$)       Integration (\$)		Pamela White	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         3/21/16       Robin Hayes       Amount of contribution (\$)         Contributor address;       City; State; Zip Code       100         200 CR 315, Eastland, TX 76448       Employer (See Instructions)       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         3/21/16       Danny Schraefer       110       110         222 CR 315, Eastland, TX 76448       222 CR 315, Eastland, TX 76448       110			
3/21/16     Robin Hayes     100       3/21/16     Contributor address; City: State; Zip Code     100       200 CR 315, Eastland, TX 76448     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     out-ot-state PAC (ID#:)       3/21/16     Danny Schraefer     Amount of contribution (\$)       110     222 CR 315, Eastland, TX 76448	Principal occu		ctions)
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       3/21/16     Danny Schraefer     110       Contributor address;     City; State; Zip Code     222 CR 315, Eastland, TX 76448		Robin Hayes Contributor address; City; State; Zip Code	
Site     Pail Halle of contributor     Danny Schraefer     110       3/21/16     Danny Schraefer     110       Contributor address;     City; State; Zip Code       222 CR 315, Eastland, TX 76448	Principal occu	pation / Job title (See Instructions) Employer (See Instru	clions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Danny Schraefer Contributor address; City; State; Zip Code	
	Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)

MONET	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor aut-of-state PAC (	(D#:)	7 Amount of contribution (\$)
3/29/16	Beveriy Farren           6 Contributor address;         City; State;	Zip Code	100
	138 Brook Dr., Cresson, TX 76035	5	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🗌 out-of-state PAC (	1D#:)	Amount of contribution (\$)
4/1/16	Lisa Hendrickson Contributor address; City; State;	Zip Code	100
	6101 Long Prairie, Flower Mound,	TX 75028	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
4/1/16	Katheryn Moore		80
	Contributor address; City; State;	,	
	5970 Featherwind Way, Fort Worth		
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributorout-of-state PAC (	ID#:)	Amount of contribution (\$)
4/1/16	Larry Bartoli		100
	Contributor address; City; State;	Zip Code	
	105 Harmony, Weatherford, TX		
Principal occup Retire	bation / Job title (See Instructions)	Employer (See Instruct N/A	ions)
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see instru	iction guide for additional	reporting requirements.

MONET	ARY POLITICAL CONTRIBU	TIONS SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/16	<ul> <li>5 Full name of contributorout-of-state PAC (ID#:</li> <li>Terry Lynch</li> <li>6 Contributor address; City; State; Zip 200 Forest Drive, Trinidad, TX 75163</li> </ul>	100
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date 3/9/16	Full name of contributor Somnath Banerjee Contributor address; City; State; Zir 2908 Cheverny Dr , Mckinney, TX 75070	100
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructions)
Date 3/22/16	Full name of contributor Jeannie Forrest Contributor address; City; State; Zip 6108 Glennox Ln, Dallas, TX 75214	100
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructions)
Date 3/31/16	Full name of contributor Larry Bartoli Contributor address; City; State; Zip 1051 Harmony Circle, Weatherford, TX	1000 Code
Principal occup Retired		mployer (See Instructions) //A
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MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1:
2 FILER NAME	_aura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/16	Rayma Hume     6 Contributor address;     City;		
	upation / Job title (See Instructions) ed Teacher	9 Employer (See Instruct N/A	lions)
Date <b>4/6/16</b>	Full name of contributor aut-of-state PAC Tobie Hall Contributor address; City; State 1036 Boling Rand Rd N., Azle, T2		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date <b>4/7/16</b>	Dr. and Mrs. Donald Parsons	; Zip Code	Amount of contribution (\$) 500
•	pation / Job title (See Instructions) tired Physcian	Employer (See Instruct N/A	lions)
Date 4/11/16	Eric Matthews	; Zip Code prd, TX 76087	Amount of contribution (\$)
Principal occu Owne	pation / Job title (See Instructions) ST	Employer (See Instruct Matthews Insuran	
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The	Instruction Guide explains how to complete this for	<b>m</b> . <b>1</b> Tota	al pages Schedule A1:
	aura Pressley	3 File	r ID (Ethics Commission Filers)
Date	5 Full name of contributor	:) 7 Am	ount of contribution (\$)
4/12/16	Dana Ambs         6 Contributor address;       City; State;         3208 Cherrywood, Austin, Tx 78722	· ·	)
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)	
Date	Full name of contributor	:) An	ount of contribution (\$)
4/14/16	Dorothy Erminger	1	00
	Contributor address; City; State;	Zip Code	
	11751 D K Ranch Rd, Austin, Tx 78	759	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date 4/12/16	Full name of contributor Dout-of-state PAC (ID)	 	iount of contribution (\$)
	Contributor address; City; State; 5005 Georgi Lane, Houston, TX 770	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date 4/13/16	Full name of contributor aut-of-state PAC (ID)	) An 100	nount of contribution (\$)
	Contributor address; City; State; 7713 Basil, Austin, TX 78750	žip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
	<u>_</u> <u>_</u> <u>_</u>		
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The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 4/13/16	<ul> <li>5 Full name of contributor □ out-of-state PAC (ID#:</li></ul>	7 Amount of contribution (\$) 125 Code
Principal occu	pation / Job title (See Instructions) 9	mployer (See Instructions)
Date 4/12/16	Full name of contributor Stephen Hollern, Jr. Contributor address; City; State; Z P.O. Box 12205, Fort Worth, Tx 761	500 Code
Principal occup CPA	ation / Job title (See Instructions)	mployer (See Instructions) Self
Date 4/4/16	Full name of contributor Liano Tea Party Contributor address; City; State; Zi P.O. Box 58, Liano, TX 78643	Amount of contribution (\$) 1,000
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)
Date <b>4/9/16</b>	Full name of contributor Sheila Page Contributor address; City; State; Zij 401 McDavid Terrace, Aledo, TX 766	
Principal occup DO	, , ,	mployer (See Instructions) harlotte Lozier Institute
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The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 4/16/16	<ul> <li>5 Full name of contributor Out-of-state PAC (David Oberg</li> <li>6 Contributor address; City; State; 3404 Saint Christopher, Round Rometal Christopher, Rometal C</li></ul>	Zip Code	7 Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 4/13/16	Full name of contributor Bill Worsham Contributor address; City; State; 1105 Norwalk, Austin, TX 78703	<sup>ID#:)</sup> Zip Code	Amount of contribution (\$) 500
• •	ation / Job title (See Instructions) or of Costal Engineering	Employer (See Instruct	ions)
Date 4/14/16	Full name of contributor out-of-state PAC ( Roger Rusert Contributor address; City; State; 3815 N County Rd 1130, Midland,		Amount of contribution (\$) 500
Principal occu Owne	pation / Job title (See Instructions)	Employer (See Instruct Rusert Machine	<sup>tions)</sup> Shop
Date 4/16/16	Dr. Mike Vandewalle	10#:} Zip Code 59	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

MONET	ARY POLITICAL CONTRIBUTIO	NS SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 4/14/16 Principal occu	<ul> <li>5 Full name of contributor</li></ul>	7 Amount of contribution (\$) 100 r (See Instructions)
Date 4/14/16	Full name of contributor in out-of-state PAC (ID#: Thomas Parker Contributor address; City; State; Zip Code 70 Marvin, Los Altos, CA 94022	Amount of contribution (\$) 100
Principal occup	pation / Job title (See Instructions) Employer	r (See Instructions)
Date 4/15/16	Full name of contributor Garly T. Gool Contributor address; City; State; Zip Code 2317 W. Cuthbert, Midland, TX 79701	Amount of contribution (\$) 100
Principal occup		r (See Instructions)
Date 4/27/16	Full name of contributor Michael Olcott Contributor address; City; State; Zip Code P.O. Box 26996, Fort Worth, TX 76126	Amount of contribution (\$)
Principal occur Retired		r (See Instructions)
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2 FILER NAME La 4 Date 4/28/16	nstruction Guide explains how to complete this aura Pressley 5 Full name of contributor Hood County Tea Party		1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers)
4 Date 4/28/16	5 Full name of contributor 🗌 out-of-state PAC of Hood County Tea Party	//04-	3 Filer ID (Ethics Commission Filers)
4/28/16	Hood County Tea Party	// <b>□#</b> · )	
	6 Contributor address; City; State; P.O. Box 400 Granbury, TX 76048		7 Amount of contribution (\$) 150
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 4/21/16	Full name of contributor of-state PAC Bob Beaton Contributor address; City; State; 4705 Picadilly, Tyler TX 75703	(ID#:)	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)
Date 4/20/16	Mary Anderson	(ID#:) Zip Code 31	Amount of contribution (\$)
Principal occupa Retired	tion / Job title (See Instructions)	Employer (See Instructi N/A	ons)
Date 4/28/16	Susan Meyer	(ID#:) Zip Code 9	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 4/22/16	<ul> <li>5 Full name of contributor</li></ul>	7 Amount of contribution (\$) 250
	etired 9 Employer (See Instructions)	tions)
Date 4/21/16	Full name of contributor          □ out-of-state PAC (ID#:)          Travis County Republican Party         Contributor address;       City; State; Zip Code         7901 Cameron Rd, Ste. 3-202, Austin, TX 78754	Amount of contribution (\$) 200
	pation / Job title (See Instructions) Employer (See Instruc	
Date 4/19/16	Full name of contributor       out-of-state PAC (ID#:)         Miles Opheim         Contributor address;       City; State; Zip Code         7413 E. County Rd, Lubbock, TX 79403	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 5/1/16	Full name of contributor       □ out-of-state PAC (ID#:)         Francis McClure         Contributor address;       City; State; Zip Code         4406 Cove Timber Cir, Granbury, TX 76049	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instructions) N/A	tions)

FILER NAME Laura Pressley       3 Filer ID (Ethics Commission Filer         Date 3/22/16       5 Full name of contributor King Walker       0 eut-of-state PAC (IDF:)       7 Amount of contribution (\$) 100         3/22/16       5 Contributor address: G Contributor address: Security       City: State; Z/p Code 3602 Briargrove Lane, San Angelo, TX 76904       7 Amount of contribution (\$) 100         Principal occupation / Job title (See Instructions) Security       9 Employer (See Instructions) AlliedBarton       Amount of contribution (\$) 100         Date 3/28/16       Full name of contributor Richard Krantz       0 eut-of-state PAC (IDF:	FiLER NAME Laura Pressley       3 Filer ID (Ethics Commission Filers)         Date 3/22/16       5 Full name of contributor King Walker       out-of-state PAC (IDF:	The	Instruction Guide explains how to complete this	iorm.	1 Total pages Schedule A1:
Date       5       Full name of contributor       Image: out-of-state PAC (IDF:	Date       5       Full name of contributor       Image: out-of-state PAC (IDF:				3 Filer ID (Ethics Commission Filers)
3/22/16       King Walker       100         6       Contributor address;       City; State; Zip Code         3602 Briargrove Lane, San Angelo, TX 76904       100         Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (IDP:	3/22/16     King Walker     100       6     Contributor address; 3602 Briargrove Lane, San Angelo, TX 76904     100       Principal occupation / Job title (See Instructions) Security     9     Employer (See Instructions) AlliedBarton       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 100       Z/28/16     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 100       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 100       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 100       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 100       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 100       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 100       4/13/16     Stephen Schoppe Contributor address; 14804 Brown Bluff , Leander, TX 78641     100       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 250       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$) 250       Date     Full name of contributor <td>L</td> <td>aura Pressley</td> <td></td> <td></td>	L	aura Pressley		
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Security       AlliedBarton         Date       Full name of contributor       out-of-state PAC (IDF:	Security       AlliedBarton         Date       Full name of contributor       out-of-state PAC (ID#:				
3/28/16       Richard Krantz       100         3/28/16       Richard Krantz       100         Contributor address;       City; State; Zip Code       100         507 E SADOSA ST , EASTLAND, TX 76448       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (IDP:)         4/13/16       Stephen Schoppe       Amount of contribution (\$)         Contributor address;       City; State; Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date       Full name of contributor       out-of-state PAC (IDP:)       Amount of contribution (\$)         4/13/16       Stephen Schoppe       100       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date       Full name of contributor       out-of-state PAC (IDP:)       Amount of contribution (\$)         4/25/16       Full name of contributor       out-of-state PAC (IDP:)       Amount of contribution (\$)         250       Contributor address;       City: State: Zip Code       250         1213 Cedar Cove, Royse City, TX 75189       Employer (See Instructions)       250 <td>3/28/16       Richard Krantz       100         3/28/16       Richard Krantz       100         Contributor address:       City; State; Zip Code       100         507 E SADOSA ST , EASTLAND, TX 76448       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         4/13/16       Stephen Schoppe       100         Contributor address:       City; State; Zip Code       100         100       Stephen Schoppe       100         Contributor address:       City; State; Zip Code       100         1100       Stephen Schoppe       100         Contributor address:       City; State; Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Advector       Gontributor address;       City: State; Zip Code         4/25/16       Bryan Slaton       250         Contributor address;       City: State; Zip Code       250         1213 Cedar Cove, Royse City, TX 75189       250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)    &lt;</td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>ons)</td>	3/28/16       Richard Krantz       100         3/28/16       Richard Krantz       100         Contributor address:       City; State; Zip Code       100         507 E SADOSA ST , EASTLAND, TX 76448       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         4/13/16       Stephen Schoppe       100         Contributor address:       City; State; Zip Code       100         100       Stephen Schoppe       100         Contributor address:       City; State; Zip Code       100         1100       Stephen Schoppe       100         Contributor address:       City; State; Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Advector       Gontributor address;       City: State; Zip Code         4/25/16       Bryan Slaton       250         Contributor address;       City: State; Zip Code       250         1213 Cedar Cove, Royse City, TX 75189       250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)    <		· · · · · · · · · · · · · · · · · · ·		ons)
Contributor address;       City;       State;       Zip Code         507 E SADOSA ST , EASTLAND, TX 76448         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         4/13/16       Stephen Schoppe. Contributor address;       City;       State;       Zip Code         100       100       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         4/13/16       Stephen Schoppe. Contributor address;       City;       State;       Zip Code         14804 Brown Bluff , Leander, TX 78641       Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         4/25/16       Bryan Slaton       City;       State;       Zip Code         1213 Cedar Cove, Royse City, TX 75189       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Contributor address;       City; State; Zip Code         507 E SADOSA ST, EASTLAND, TX 76448         Principal occupation / Job title (See Instructions)         Date       Full name of contributor         4/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code         100       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         100       100         201       Stephen Schoppe Contributor address;       City; State; Zip Code         14804 Brown Bluff , Leander, TX 78641       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         250       State       City:       State:       Zip Code         1213 Cedar Cove, Royse City, TX 75189       Employer (See Instructions)	Date	Full name of contributor 🛛 out-of-state PAC (	ID#:)	Amount of contribution (\$)
507 E SADOSA ST , EASTLAND, TX 76448         Principal occupation / Job title (See Instructions)         Date       Full name of contributor         4/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code         14804 Brown Bluff , Leander, TX 78641       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       0ut-of-state PAC (ID#:)         100       Amount of contribution (\$)       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date       Full name of contributor       0ut-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       0ut-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       0ut-of-state PAC (ID#:)       Amount of contribution (\$)         250       250       250       250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	507 E SADOSA ST , EASTLAND, TX 76448         Principal occupation / Job title (See Instructions)         Date       Full name of contributor         4/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code         14/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code         14/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code         14804 Brown Bluff , Leander, TX 78641       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contributor       aut-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         4/25/16       Bryan Slaton       contributor address;       City: State: Zip Code       250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Principal occupation / Job title (See Instructions)	3/28/16	Richard Krantz		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         4/13/16       Stephen Schoppe       100         Contributor address;       City; State; Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date       Full name of contributor       Employer (See Instructions)       100         Date       Full name of contributor       Employer (See Instructions)       100         Date       Full name of contributor       Employer (See Instructions)       250         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         250       Contributor address;       City:       State; Zip Code       250         1213 Cedar Cove, Royse City, TX 75189       Employer (See Instructions)       Principal occupation / Job title (See Instructions)	Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         4/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code         14804 Brown Bluff , Leander, TX 78641       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         4/25/16       Full name of contributor       out-of-state PAC (ID#:)         250       250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State;	Zip Code	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         4/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date       Full name of contributor Bryan Slaton       Employer (See Instructions)       Amount of contribution (\$) 250         Principal occupation / Job title (See Instructions)       Contributor address; City: State: Zip Code       Amount of contribution (\$) 250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         4/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date       Full name of contributor Bryan Slaton       Employer (See Instructions)       Amount of contribution (\$) 250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$) 250         Date       Full name of contributor Bryan Slaton       Date: Zip Code       Amount of contribution (\$) 250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		507 E SADOSA ST , EASTLAND, T	X 76448	
4/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date 4/25/16       Full name of contributor Bryan Slaton       Employer (See Instructions)       Amount of contribution (\$) 250         Contributor address;       City: State; Zip Code       250         1213 Cedar Cove, Royse City, TX 75189       Employer (See Instructions)	4/13/16       Stephen Schoppe Contributor address;       City; State; Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         Date 4/25/16       Full name of contributor Bryan Slaton       Employer (See Instructions)       Amount of contribution (\$) 250         Contributor address;       City; State; Zip Code       Amount of contribution (\$) 250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ons)
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         Bryan Slaton         Contributor address;         City:         State;         Zip Code         1213 Cedar Cove, Royse City, TX 75189         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Contributor address;       City; State; Zip Code         14804 Brown Bluff , Leander, TX 78641         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         0ut-of-state PAC (ID#:)         Amount of contribution (\$)         250         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Date	Full name of contributor Cot-state PAC (	ID#:)	Amount of contribution (\$)
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Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         4/25/16       Bryan Slaton       250         Contributor address;       City:       State;       Zip Code         1213 Cedar Cove, Royse City, TX 75189       Employer (See Instructions)       Employer (See Instructions)	Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         4/25/16       Bryan Slaton       250         Contributor address;       City:       State:       Zip Code         1213 Cedar Cove, Royse City, TX 75189       Employer (See Instructions)		14804 Brown Bluff , Leander, TX 7	78641	
4/25/16       Bryan Slaton       250         Contributor address;       City; State; Zip Code         1213 Cedar Cove, Royse City, TX 75189         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	4/25/16       Bryan Slaton       250         Contributor address;       City;       State;       Zip Code         1213 Cedar Cove, Royse City, TX 75189       Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Contributor address;       City;       State;       Zip Code         1213 Cedar Cove, Royse City, TX 75189         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Contributor address;       City;       State;       Zip Code         1213 Cedar Cove, Royse City, TX 75189         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor	ID#:)	Amount of contribution (\$)
1213 Cedar Cove, Royse City, TX 75189         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	1213 Cedar Cove, Royse City, TX 75189         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	4/25/16	Bryan Slaton		250
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			1213 Cedar Cove, Royse City, T	X 75189	
Financial Services Slaton Financial		Principal occup F	ation / Job title (See Instructions) nancial Services		

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 5/3/16	<ul> <li>5 Full name of contributor Dout-of-state PAC (ID#:</li></ul>	100 Code
Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date 4/29/16	Full name of contributor [] out-of-state PAC (ID#: Beverly Adams Contributor address; City; State; Zip 107 Rio Seco, San Antonio, TX 7823	75 Code
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructions)
Date 5/15/16	Full name of contributorout-of-state PAC (ID#: Cecil Taylor Contributor address; City; State; Zip 4406 Ave. C, Austin, TX 78751	100
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructions)
Date 5/10/16	Full name of contributor Gil Robinson Contributor address; City; State; Zip 5150 Broadway St, San Antonio, TX 78	250
Principal occup Owner	,	mployer (See Instructions) mo Heights Internal Medicine Center

MONET	ARY POLITICAL CONTRIBUTIO	NS SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/16	<ul> <li>5 Full name of contributor aut-of-state PAC (ID#:</li></ul>	7 Amount of contribution (\$) 
	pation / Job title (See Instructions) 9 Employe Estate Self	er (See Instructions)
Date 5/6/16	Full name of contributor aut-ol-state PAC (ID#: Craig Cosgray Contributor address; City; State; Zip Code 27206 Waterfall Hill Parkway, Spicewood, T	300 X 78669
Principal occup Preside	ent Marengo Films Self	r (See Instructions)
Date 5/11/16	Full name of contributor Dout-of-state PAC (ID#: Jim Keller Contributor address; City; State; Zip Code 121 Cedar, San Antonio, TX 78210	) Amount of contribution (\$)
Principal occup Photogi		er (See Instructions) elf
Date 5/9/16	Full name of contributor	Amount of contribution (\$)
Principal occup Indepen	bation / Job title (See Instructions) Employe dent Pharmaceutical Professional Self	er (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see instruction guide	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
	aura Pressley	
Date	5 Full name of contributor 🗌 out-of-state PAC (ID#:	) 7 Amount of contribution (\$)
5/18/16	Karen Renick	150
	6 Contributor address; City; State; Zip C	ode
u	2500 Tower, Austin, TX 78703	
Principal occuj	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/21/16	C.E. Jaster	100
	Contributor address; City; State; Zip C	ode
	317 Ridge View, Georgetown, TX 78628	3
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
5/22/16	George Sharkey	100
	Contributor address; City; State; Zip C	ode
	631 Lornmead, Houston, TX 77024	
Principal occup	ation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date	Full name of contributorout-of-state PAC (ID#:	Amount of contribution (\$)
3/28/16	Philip Johnson	110
	Contributor address; City; State; Zip C	ode
	640 FM 2815 S., Bonham, TX 75418	
Principal occup	ation / Job title (See Instructions) Emp	bloyer (See Instructions)
		· · ·

The	Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A1:
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributorout-of-state PAC (ID#;	) 7 Amount of contribution (\$)
4/19/16	David Anderson 6 Contributor address; City; State; Z 7403 Northrup Drive, San Diego, CA	ip Code
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date '	Full name of contributor 🛛 out-of-state PAC (ID#:	Amount of contribution (\$)
4/20/16	Paul Spolar	100
1/20/10	Contributor address; City; State; Z	
	96 Columbus Ave, Salem MA 01970	
Principal occu	bation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor 🛛 out-of-state PAC (ID#:	Amount of contribution (\$)
4/23/16	Contributor address; City; State; Z	ip Code 100
Principal occu	7050 SE 181Ct, Morrison, FL 32669	Employer (See Instructions)
Date	Full name of contributor 🛛 out-of-state PAC (ID#:	) Amount of contribution (\$)
5/18/16	Andrew Lankes	150
	Contributor address; City; State; Z 400 Genard, Austin, TX 78751	p Code
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 6/6/16	5 Full name of contributor Dout-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip 6213 Idlewood Cv, Austin, TX 78745	Code
Principal occup	pation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date 5/27/16	Full name of contributor 🗌 out-of-state PAC (ID#:	100
	Contributor address; City; State; Zip 3617 Blossom Trail, Llano, TX 75074	
Principal occup	ation / Job title (See Instructions) E	nployer (See Instructions)
Date 5/31/16	Full name of contributor Ann Monshaugen	) Amount of contribution (\$)
	Contributor address; City; State; Zip 6600 Mesa Hollow, Austin, TX 78750	Code
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
5/24/16	Barbara Ann Des Jardines Contributor address; City; State; Zip	
	10053 Lachlan Dr., Austin, Tx 78717	· · · · · · · · · · · · · · · · · · ·
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 5/23/16	<ul> <li>Full name of contributorout-of-state PAC W.J. Putnam</li> <li>Contributor address; City; State 105 Dawson Trl, Georgetown, TX</li> </ul>	. ,	7 Amount of contribution (\$) 200
Principal occup	nation / Job title (See Instructions) Retired	9 Employer (See Instruct N/A	ions)
Date 5/21/16	Full name of contributor David Oberg Contributor address; City; State 3404 Saint Christopher, Round Ro		Amount of contribution (\$)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 6/3/16	Full name of contributor address; City; State 9300 Lauralan, Austin, TX 78736	; (ID#:) ; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions) Estate	Employer (See Instruct Self	ions)
Date 5/26/16	Neal Polan	; (ID#:) ;: Zip Code	Amount of contribution (\$)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
	ATTACH ADDITIONAL COPIES C	DE THIS SCHEDUI F AS NE	EDED

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:
	aura Pressley		3 Filer ID (Ethics Commission Filers
Date 5/27/16	<ul> <li>5 Full name of contributorout-of-state PAC (ID#:Linda Mikyska</li> <li>6 Contributor address; City; State; Zig 730 Stallion, Lucas, TX 75002</li> </ul>	) p Code	7 Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruction	ons)
Date 6/4/16	Full name of contributor David Doiron Contributor address; City; State; Zi 6314 Whistling Pines Dr., Spring, TX	p Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) E	mployer (See Instruction	ons)
Date 6/3/16	Full name of contributor Cindy Hillman Contributor address; City; State; Zip P.O. Box 609, Tomball, TX 77377	p Code	Amount of contribution (\$) 500
Principal occu Owner	pation / Job title (See Instructions) E	i Employer (See Instruction Sland Framed	ons)
<sup>Date</sup> 6/7/16	Full name of contributor James Skaggs Contributor address; City; State; Zip 4700 Toreador Drive, Austin, TX 7874	Code	Amount of contribution (\$)
Principal occu Retired		mployer (See Instruction	ons)
	pation / Job title (See Instructions)	mployer (See Instruction	ons)

MONET	ARY POLITICAL CONTRIBU	TIONS SCHEDULE A1
The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date 6/4/16	<ul> <li>5 Full name of contributor □ out-of-state PAC (ID#: Cody Wommack</li> <li>6 Contributor address; City; State; Z 216 Haley Drive, Lone Star, TX 7566</li> </ul>	100 p Code
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date 6/4/16	Full name of contributor Walt Hannon Contributor address; City; State; Z P.O. Box 540186, Dallas, TX 75354	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 6/4/16	Full name of contributor John Barber Contributor address; City; State; Z 752 Bethany Lake, Allen Texas, 750	p Code
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructions)
Date 6/20/16	Full name of contributor Ronald Britton Contributor address; City; State; Z 3703 Balcones, Austin, TX 78731	100
Principal occuj	I	Employer (See Instructions)
	ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see instruction	

The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1:
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor 🗌 out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
6/9/16	Susan Jarrett 6 Contributor address; City; State P.O. Box 312, Austin, TX 78767		100
Principal occu Mu	pation / Job title (See Instructions) SIC	9 Employer (See Instruct Self Employed	ions)
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
5/31/16	Ann Monshaugen Contributor address; City; State	e; Zip Code	150
	6600 Mesa Dr, Austin, TX 78750		
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 6/5/16	Full name of contributor 🛛 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State 2701 Yellowstone Park Lane, Corii		
Principal occu Reti	pation / Job title (See Instructions)	Employer (See Instruct N/A	lions)
Date	Full name of contributor	C (iD#:)	Amount of contribution (\$)
6/4/16	Laura Pressley	e; Zip Code	120
	pation / Job title (See Instructions) r Pure Rain, LLC	Employer (See Instruct Self	tions)
		<u> </u>	

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:
2 FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/16	<ul> <li>5 Full name of contributorout-of-state PAC (ID#:</li> <li>Roque De La Fuente</li> <li>6 Contributor address; City; State; Zi</li> <li>5440 Morehouse Dr., San Diego, CA 92</li> </ul>	p Code	7 Amount of contribution (\$) 2000
· · _	·····	Employer (See Instructi Self	ons)
Date 6/21/16 Principal occup	Full name of contributor       □ out-of-state PAC (ID#:	p Code	Amount of contribution (\$) 100 ons)
Date 6/22/16	Full name of contributor Carol Marshall Contributor address; City; State; Zi 13154 Barryknoll Ln, Houston, Tx 770	p Code <b>79</b>	Amount of contribution (\$) 100
Principal occup	bation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 6/20/16	Full name of contributor Georgia Scott Contributor address; City; State; Zig P.O. Box 183, Bluff Dale, TX 76433		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF TH		

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MONE	TARY POLITICAL CONTRIBUTION	S SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	_aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 6/27/16	5 Full name of contributor Mary Anderson	7 Amount of contribution (\$) 78
	6 Contributor address; City; State; Zip Code 5019 Placid Place, Austin, TX 78731	
-	upation / Job title (See Instructions) 9 Employer (Setired Self	See Instructions)
Date 6/27/16	Full name of contributor       □ out-of-state PAC (ID#:	) Amount of contribution (\$) 
	5019 Placid Place, Austin, TX 78731	
Principal occu		See Instructions) Elf
Date <b>4/26/16</b>	Full name of contributor Dout-of-state PAC (ID#: Mark Panattoni Contributor address; City; State; Zip Code 14252 Culver Dr, Irvine, CA 92604	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
<sup>Date</sup> 4/26/16	Full name of contributor Dollie Stoner Contributor address; City; State; Zip Code 1694 Rainbow Road, Santa Clara, UT 84765	) Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
	······	

FILER NAME	nstruction Guide explains how to complete this	T	
		form.	1 Total pages Schedule A1:
	aura Pressley		3 Filer ID (Ethics Commission Filers)
	_	; (ID#:)	7 Amount of contribution (\$)
5/8/16	King Walker           6 Contributor address;         City; State;	; Zip Code	100
	3602 Briargrove Lane, San Angel	lo, TX 76904	
	ation / Job title (See Instructions)	9 Employer (See Instruct AlliedBarton	ions)
Date	Full name of contributor	) (ID#:)	Amount of contribution (\$)
6/4/16	David Wilson		100
	Contributor address; City; State; 18526 Partners Voice Dr. Cypres		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ions)
Date 6/29/16	Full name of contributor 🛛 out-ot-state PAC Bill Trembly	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State; 150 Pinehurst St. Meadowlakes		
• •	ation / Job title (See Instructions) tired	Employer (See Instruct Retired	ions)
Date	Full name of contributor aut-ol-state PAC	C (ID#:)	Amount of contribution (\$)
<b>N/A</b>	Contributor address; City; State;	e; Zip Code	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	tions)
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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)
<sup>4</sup> Date 1/1/16	5. Payee name HEB		
6 Amount (\$) 208. 12	7 Payee address; City; State; Zig 5808 Burnet Road, Austin,		·····
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel of	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> il direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
<sup>Date</sup> 1/20/16	Payee name Capital One		······································
Amount (\$) 300	Payee address; City; State; Zij P.O. Box 60599, City of Indu		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought	Office held
Date 1/20/16	Payee name IEEE US Bank		
Amount (\$)	Payee address; City; State; Zi	o Code	
350	P.O. Box 790408, St. Louis	s MO	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check il travel ou	itside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

	EXPENDITURE CA	TEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Overh Polling Expe Printing Exp Salaries/Wag	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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 P.O. Box 6103 Carol Stea	arn, IL 6019	7	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule)		itside of Texas. Complete Schedule T. I, TX, olficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	I	Office sought	Office held
Date 1/21/16	Payee name Citi Card			
Amount (\$) <b>350</b>	Payee address; City; State P.O. Box 183037, Columb	; Zip Code DUS OH 432	18	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the lop of	i this schedule)		iside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held
Date 1/27/16	Payee name Dr. Jeff Jacobson, Ph.D.	<u>.</u>		
Amount (\$) 1150	Payee address; City; State 333 Larmatine, Jamaica	; Zip Code Plain MA 0	2130	
	•	· · · ·		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Legal Services	I UNS SCHOULE)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	ł	Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS S	CHEDULE AS NEE	DED

4 Date

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Date

Date

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley 5 Payee name 2/16/16 **Capitol One** City; State; Zip Code 7 Payee address; 6 Amount (\$) 300 P.O. Box 60599, City of Industry, CA 91716 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF cc payment EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Discover 2/17/16 Payee address; City: State; Zip Code Amount (\$) 250 P.O. Box 6103 Carol Steam, IL 60197 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check il Auslin, TX, officeholder living expense OF cc payment EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 2/17/16 **IEEE US Bank** Payee address; City; State; Zip Code Amount (\$) P.O. Box 790408. St. Louis MO 300 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense cc payment EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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		EXPENDITURE CATE	GORIES FO	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overh Polling Expe Printing Expo Salarles/Wag	ense ges/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense	
1 Total pages Schedule F1:		AME a Pressley			3 Filer ID (Eth	nics Commission Filers)	-
<sup>4 Date</sup> 2/17/16	5 Payee na Citi Car				·		-
6 Amount (\$)	7 Payee a	ddress; City; State; Z	ip Code				
610	P.O. E	8ox 183037 Columbus	, OH 432	218			
8	(a) Category	/ (See Categories listed at the top of this t	schedule)	(b) Description			
PURPOSE				Check if travel ou	utside of Texas. Complet	le Schedule T.	
OF EXPENDITURE		c payment		Check if Austir	n, TX, officeholder livi	ng expense	
	-						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name	1	Office sought		Office held	
<sup>Date</sup> 2/29/16	Payee na Office	ame Depot					
Amount (\$)	Payee a	ddress; City; State; Z	lip Code				-
108.24	I-35, A	Austin, TX					
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this inting Supplies	schedule)		tside of Texas. Complete		
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
<sup>Date</sup> 2/28/16	Payee n Dr. Jeffi	ame ey Jacobson					
Amount (\$)	Payee a	ddress; City; State; Z	/ip Code				
1000	333 Lan	nartine St. Jamaica Pla	ain, MA (	)2130			
PURPOSE	Categor	/ (See Categories listed at the top of this	schedulø)	Description Check if travel ou	uside of Texas. Complete	e Schedule T.	
OF EXPENDITURE	Leg	al Fees		Check if Austin	n, TX, officeholder livin	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	-
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	EDED		_

Forms provided by Texas Ethics Commission

		EXPEND	TURE CATE	GORIES F	<b>DR BOX 8(a)</b>		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	F F y C	event Expense ees ood/Beverage Exp iif/Awards/Memor egal Services The Instruction	rials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa		Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:		<sup>ne</sup> Pressley				3 Filer ID (Ethi	cs Commission Filers)
<sup>4 Date</sup> 3/9/16	5 Payee nam Office D	epot					
6 Amount (\$) 108.24	7 Payee addr I-35, A	<sup>ress; C</sup> Nustin, TX	ity; State; Z	ip Code			
8 PURPOSE OF EXPENDITURE		Gee Categories liste	d at the top of this s	schedule)	<u> </u>	utside of Texas. Complete n, TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder	name		Office sought		Office held
Date 3/14/16	Payee nam The Pap	er Place					
Атоunt (\$) 208.92	Payee addr 4001 N.	ess; c Lamar, A	ity; State; Z ustin, Tx	ip Code			
PURPOSE OF EXPENDITURE		See Categories liste	-	schedule)		uside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder	' namë	I	Office sought		Office held
Date 3/21/16	Payee nam						100 mm
Amount (\$)	Payee addr	ress; C	ity; State; Z	ip Code			
250	P.O. Bo	c 790408, S	St. Louis M	MO			
PURPOSE OF EXPENDITURE		Gee Categories liste	d at the top of this s	schedule)		utside of Texas. Complete 1, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholde	r name		Office sought		Office held
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		EXPENDITURE CATE	GORIES FO	)R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overh Polling Expe Printing Expe Salaries/Wag	inse jes/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		AME I Pressley			<b>3</b> Filer ID (Ethics Commission Filers)
<sup>4 Date</sup> 3/21/16	5 Payee na C	apital One			
6 Amount (\$) 350	7 Payee ad	dress; City; State; Z P.O. Box 60599,	•	ndustry, CA 9	1716
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s payment	schedute)		ulside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	I	Office sought	Office held
<sup>Date</sup> 3/21/16	Payee na	<sup>me</sup> Discover			
Amount (\$) 475	Payee ac	dress; City; State; Z P.O. Box 6103 Carol		L 60197	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s CC payment	schedulø)	Ē	itside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	I	Office sought	Office held
Date 3/21/16	Payee n Dr. Jeffe	ame ery Jacobson			
Amount (\$)	Payee at	ldress; City; State; Z	lip Code		
1000		333 Lamartine St. J	amaica I	Plain, MA 021	30
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)		utside of Texas. Complete Schedule T. n. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	I	Office sought	Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEI	EDED

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley 4 Date 5 Payee name Citi Card 3/22/16 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218 200 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE c payment Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/22/16 Mark Cohen Amount (\$) Payee address; City; State; Zip Code 805 W. 10th, Ste. 100, Austin, Tx 78701 130 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Legal Fees OF EXPENDITURE Check il Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/4/16 The Paper Place City; State; Zip Code Amount (\$) Payee address; 250.60 4001 N. Lamar, Austin, TX Category (See Categories listed at the top of this schedule) Description Printing Supplies Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y i	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Overf Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		ME Pressley			3 Filer ID (Ethic	s Commission Filers)
<sup>4 Date</sup> 4/1/16	5 Payee nam Anna	<u>1e</u>			<u> </u>	
6 Amount (\$)	7 Payee add	ress; City; State; Z	Zip Code			
1500	302 N.	Lampasas, Round R	lock, TX	78664		
8	(a) Category (	See Categories listed at the top of this	schedule)	(b) Description	while of Taylor Complete	Cobodulo T
PURPOSE OF EXPENDITURE	Lega	I Fees			utside of Texas. Complete n, TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		te / Officeholder name		Office sought		Office held
Date 4/8/16	Payee nam Mark Co	ohen			· · · · · · · · · · · · · · · · · · ·	
Amount (\$) 3000	Payee add 805 V	ress; City; State; Z N. 10th Ste 100, Aus		78701		
PURPOSE OF EXPENDITURE		See Categories listed at the top of this al Fees	schedułe)		utside of Texas. Complete 5 n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot		e / Officeholder name		Office sought		Office held
Date 4/15/16	Payee nar Anna E					
Amount (\$)	Payee add	lress; City; State;	Zip Code			
3500	302	N. Lampasas, Rour	nd Rock,	TX 78664		
PURPOSE OF EXPENDITURE		See Categories listed at the top of this	schedule)		utside of Texas. Complete n, TX, afficeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot		te / Officeholder name	L	Office sought		Office held
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fee Foo y Gif I Committee Leg	ent Expense is xd/Beverage Expense /Awards/Memorials Expense jal Services <b>he Instruction Guide explai</b> t	Office Over Polling Exp Printing Exp Salaries/Wa	ense iges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Laura P				3 Filer ID (Ethics Commission Filers)
<sup>4 Date</sup> 4/20/16	5 Payee name Ca				· · · · · · · · · · · · · · · · · · ·
6 Amount (\$) 350	7 Payee addre P.O.	ss; City; State; Z Box 60599, City of	-	y, CA 91716	
8 PURPOSE OF EXPENDITURE		e Categories listed at the lop of this : payment	schedule)		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Of		Officeholder name		Office sought	Office held
<sup>Date</sup> 4/20/16	Payee name IEEE	US Bank			
Amount (\$) 400	Payee addre P.(	ss; City; State; Z D. Box 790408, St.	-	0	
PURPOSE OF EXPENDITURE	Category (Se	e Calegories listed at the top of this : ment	schedule)		itside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought	Office held
Date <b>4/20/16</b>	Payee name Dr. Jeffery				
Amount (\$) 1000	Payee addre 333 La	ss; City; State; z martine St. Jamaic		MA 02130	
PURPOSE OF EXPENDITURE	Category (Se	e Categories listed at the top of this : Fees	schedule)		itside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought	Office held
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		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polting Exp Printing Exp Salaries/Wa	ense ages/Contract Labor	Travel In District Travel Out Of Di	quipment & Related Expense
1 Total pages Schedule F1:		AME a Pressley			3 Filer ID (E	thics Commission Filers)
<sup>4</sup> Date 4/21/16	5 Payee na Citi Ca	ame rd				
6 Amount (\$) 200	7 Payee ad P.C	ddress; City; State; Z D. Box 183037 Columi	•	43218		
8 PURPOSE OF EXPENDITURE		V (See Categories listed at the top of this is compared by the compared by	schedule)		ulside of Texas. Compl n, TX, officeholder li	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date 4/21/16	Payee na	ame Discover				
Amount (\$) 400	Payee a	ddress; City; State; Z P.O. Box 6103 Carol		IL 60197		
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this payment	schedule)		tside of Texas. Comple , TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date 4/28/16	Payee n FedEX	<sup>ame</sup> K Office				
Amount (\$)	Payee a	ddress; City; State; Z	Ip Code			
202.89	5900 B	urnet Road, Austin, T	X			
PURPOSE OF EXPENDITURE		y (See Calegories listed at the top of this	schedule)		ltside of Texas. Comple 9, TX, officeholder lin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P g Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Balaries/Wages/Contract Labor 10w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)		
4 Date 4/28/16	5 Payee name Capital One				
6 Amount (\$) 331	7 Payee address; City; State; Zip ( P.O. Box 60599, City of Indus				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche CC payment	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date <b>5</b> /9/16	Payee name Office Depot				
Amount (\$) 139.60	Payee address; City; State; Zip I-35, Austin, TX	Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Printing Supplies	Check if travel ou	itside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
<sup>Date</sup> 5/9/16	The Paper Place				
Amount (\$)	Payee address; City; State; Zip	Code			
149.93	4001 N. Lamar, Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Printing Supplies	Check if travel ou	וtside of Texas. Complete Schedule T. א, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED		

Forms provided by Texas Ethics Commission

#### POLITICAL EXPI FROM POLITIC

4 Date

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Date

Date

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley <sup>5 Payee name</sup> IEEE US Bank 5/17/16 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO 263 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE cc payment Gheck if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5/27/16 Dr. Jeffery Jacobson Amount (\$) Payee address; City; State; Zip Code 333 Lamartine St. Jamaica Plain, MA 02130 1000 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Legal Fees Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Anna Eby 5/27/16 Amount (\$) City; State; Zip Code Payee address; 302 N. Lampasas, Round Rock, TX 78664 11000 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Legal Fees Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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AL	CONTRIBUTIONS	

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credi (Card Payment	Fees Ot Food/Beverage Expense Po By Gilt/Awards/Memorials Expense Pri al Committee Legal Services Sa	an Repayment/Reimbursement fice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)
<sup>4 Date</sup> 5/31/16	5 Trie Paper Place		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
105.54	4001 N. Lamar, Austin, TX		· · · · ·
8 PURPOSE	(a) Category (See Categories listed at the top of this school	Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Supplies		n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 5/31/16	Payee name Capital One		
Amount (\$) <b>319</b>	Payee address; City; State; Zip C P.O. Box 60599, City of Indust		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched CC payment	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6/6/16	Payee name Dr. Jeffrey Jacobson		
Amount (\$)	Payee address; City; State; Zip C	lode	
2942.49	333 Lamartine St. Jamaica	Plain, MA 02130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel of	utside of Texas. Complete Schedule T. n, 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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		EXPENDITURE CATE	GORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	ense iges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		AME B Pressley			3 Filer ID (Ethics Commission Filers)
<sup>4</sup> Date 6/6/16	5 Payeena Citi C	ame		······································	
6 Amount (\$)	7 Payee ad	dress; City; State; Z	ip Code		
5347	P.0	. Box 183037 Columb	us, OH 4	43218	
8	(a) Category	/ (See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE OF EXPENDITURE	cc pa	ayment			ıtside of Texas. Complete Schedule T. ı, TX, otticeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held
Date 6/6/16	Payee na Disc				
Amount (\$)	Payee ad	Idress; City; State; Z	Zip Code		· · · · · · · · · · · · · · · · · · ·
8000	P.(	O. Box 6103 Carol Ste	eam, IL (	60197	
PURPOSE OF EXPENDITURE		(See Calegories listed at the top of this payment	schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	I	Office sought	Office held
Date	Payee n	ame			
6/9/16	Disc	over			
Amount (\$)	Payee a	ddress; City; State; Z	Zip Code		
3372	P.O. I	Box 6103 Carol Steam	n, IL 601	97	
PURPOSE	Category	/ (See Categories listed at the top of this	schedule)	Description Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE	сс ра	yment		Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held
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	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	· · · · · · · · · · · · · · · · · · ·
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/OfficeHolder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor haw to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>.</b>			3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	Laura Pressley		
<sup>4 Date</sup> 6/9/16	5 Payee name IEEE US Bank		
6 Amount (\$) 1500	7 Payee address; City; State; Zip P.O. Box 790408, St. Lou		
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	cc payment	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6/16/16	Payee name Computer Medic		
Amount (\$) 281.45	Payee address; City; State; Zip 111 Ramble Lane, Austin, T)		
PURPOSE	Category (See Categories listed at the top of this sch Computer Supplies	Check if travel ou	Itside of Texas. Complete Schedule T. I, TX, officeholder living expense
EXPENDITURE	Computer Supplies		, TA, Uncender wing expanse
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
<sup>Date</sup> 6/17/16	REE US Bank		
Amount (\$)	Payee address; City; State; Zip	Code	
243	P.O. Box 790408, St. Lou	iis MO	
PURPOSE	Category (See Categories listed at the top of this sch		utside of Texas. Complete Schedule T.
OF EXPENDITURE	cc payment	Check il Austir	n, TX, afficehalder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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	EXPEND	ITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	kpense Office Over kpense Polling Exp onals Expense Printing Ex	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1;	2 FILER NAME Laura Pressley			3 Filer ID (Ethics Commission Filers)
<sup>4 Date</sup> 6/17/16	5 Payee name Anna Eby		<b>_</b>	
6 Amount (\$) 5944		City; State; Zip Code asas, Round Rock,	TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list Legal Fees	ted at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Office sought	Office held
Date 6/28/16	Payee name Capital One			
Amount (\$) 319	,	City; State; Zip Code City of Industry, C/	4 91716	
PURPOSE OF EXPENDITURE	Category (See Categories list	ted at the top of this schedule)		side ol Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	I Office sought	Office held
Date 6/29/16	Payee name PromiseLand Sch	olarship		
Amount (\$) 189	•	City; State; Zip Code street Austin, TX	78723	
PURPOSE OF EXPENDITURE	Category (See Categories lis	ted at the top of this schedule)		iside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	er name	Office sought	Office held
	ATTACH ADDITIC	ONAL COPIES OF THIS	SCHEDULE AS NEE	DED

	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	onse Ottice Ov Polling E als Expense Printing E Salaries/V	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	Guide explains how to		3 Filer ID (Ethics Commission Filers)
	Laura Pressley			
<sup>4</sup> <sup>Date</sup> 1/1/16 - 6/30/16	5 Payee name Piryx			
6 Amount (\$)	7 Payee address; Cit	y; State; Zip Code		
136.13	www.Piryx.com			
8	(a) Category (See Categories listed	at the top of this schedule)	(b) Description	<u></u>
PURPOSE				utside of Texas, Complete Schedule T.
OF EXPENDITURE	Transaction Fees		Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder	name	Office sought	Office held
Date	Payee name			
1/1/16 - 6/30/16	PayPal			
Amount (\$)	Payee address; Cit	y; State; Zip Code		
29.22	www.PayPal.com			
	Category (See Categories listed	at the top of this schedule)	Description	itside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Transaction Fees			i, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder i	name .	Office sought	Office held
Date	Payee name			
	N/A			
Amount (\$)	Payee address; Cit	y; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Calegories listed	at the top of this schedule)		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder	пате	Office sought	Office held
	ATTACH ADDITION	IAL COPIES OF THIS	SCHEDULE AS NE	EDED

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley 4 Date 5 Payee name 1/1/16 - 6/30/16 DoodleKit 6 Amount (\$) 7 Payee address; City; State; Zip Code 432.00 www.Doodlekit (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expenses/Website Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME	sley		3 Filer ID (Ethics Commission Filer
TOTAL OF UN	NITEMIZED LOANS	· · · · · · · · · · · · · · · · · · ·	\$ 700
Date of loan 4/15/16	7 Name of lender 🗍 out-of-stat	ie PAC (ID#:)	9 Loan Amount (\$) 3500
ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate N/A
YN	10203 Woodglen Cove Aus	stin, TX 78753	11 Maturity date TBD
<sup>2</sup> Principal occupati Owner	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
4 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)
not applicable Principal Occupa N/A	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	te PAC (ID#:)	Loan Amount (\$)
6/3/16	Laura Pressley	, , , , , , , , , , , , , , , , , , ,	20000
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate N/A
Y N	10203 Woodglen Cove		Maturity date TBD
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	J
Owner		Pure Rain, LLC	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
	ion (See Instructions) I/A	Employer (See Instructions)	l
If I	ATTACH ADDITIONAL C lender is out-of-state PAC, please see	OPIES OF THIS SCHEDULE AS N instruction guide for additional r	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Laura Pres	sley		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 6/8/16	7 Name of lender Out-of-state	PAC (ID#:)	9 Loan Amount (\$) 500
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate N/A
YM	10203 Woodglen Cove Aus	tin, TX 78753	11 Maturity date TBD
12 Principal occupati Owner	on / Job title (See Instructions)	13 Employer (See Instructions Pure Rain, LLC	s)
14 Description of Coll	lateral	15 Check if personal funds we account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor N/A	·····	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa N/A	tion (See Instructions)	21 Employer (See Instructions	5)
Date of loan	Name of lender	• PAC (ID#:	Loan Amount (\$)
4/13/16	Laura Pressley		1000
ls lender a financial	Lender address; City;	State, Zip Code	Interest rate N/A
Institution? Y N	10203 Woodglen Cove, Au	stin, TX 78753	Maturity date TBD
Principal occupati Owner	on / Job title (See Instructions)	Employer (See Instructions Pure Rain, LLC	s)
Description of Coll	ateral	Check if personal funds we account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
K not applicable	L		
Principal Occupati N/A	on (See Instructions)	Employer (See Instructions	5)
If	ATTACH ADDITIONAL CO lender is out-of-state PAC, please see i	OPIES OF THIS SCHEDULE AS	

# SCHEDULE E

	and the second		
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME Laura Pres	sley		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of Ioan 4/13/16	7 Name of lender Dout-of-state	PAC (ID#: )	9 Loan Amount (\$) 15000
6 Is lender a financial Institution?	financial		10 Interest rate N/A 11 Maturity date
Y M			TBD
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
20 Principal Occupa N/A	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 6/2/15	Name of lender Dout-of-state	PAC (ID#:)	Loan Amount (\$) 6000
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate N/A
Institution? Y	10203 Woodglen Cove, Aus	stin, TX 78753	Maturity date TBD
Principal occupati Owner	on / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		State; Zip Code	
X not applicable		Employer (See Instructions)	
Principal Occupati N/A	ion (See Instructions)	Employer (See Instructions)	
If	ATTACH ADDITIONAL CC lender is out-of-state PAC, please see ir	PIES OF THIS SCHEDULE AS N Instruction guide for additional re	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Laura Pres	sley		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of Ioan 9/10/15	7 Name of lender out-of-state Chase	PAC (ID#:)	9 Loan Amount (\$) 2986
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate N/A
XYN	P.O. Box 15123 Willmington	1, DE 19850	11 Maturity date TBD
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	J
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION		State; Zip Code	<b>19</b> Amount Guaranteed (\$)
not applicable 20 Principal Occupa N/A		21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
8/4/15	Capitol One		17724
ls lender a financial		State; Zip Code	Interest rate N/A
Institution?	P.O. Box 60599 City of Indu	stry, CA 91716	Maturity date TBD
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guaranteed (\$)
		State; Zip Code	
Principal Occupati N/A	ion (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
14 1	ATTACH ADDITIONAL CO lender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NI estruction guide for additional re	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME Laura Pres	sley		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 8/9/15	7 Name of lender 🗍 out-of-state	e PAC (ID#:)	9 Loan Amount (\$) 7166
<b>6</b> Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate N/A
XYN	P.O. Box 790408 St. Louis,	MO	11 Maturity date TBD
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupa N/A	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Date of loan 3/2/16	Name of lender 🔲 out-of-state Bank of America	e PAC (ID#:)	Loan Amount (\$) 2396
3/2/16 Is lender a financial	Bank of America	State; Zip Code	
3/2/16 Is lender	Bank of America	State; Zip Code	2396 Interest rate
3/2/16 Is lender a financial Institution? X Y N	Bank of America	State; Zip Code	2396 Interest rate N/A Maturity date
3/2/16 Is lender a financial Institution? X Y N Principal occupati Description of Col	Bank of America Lender address; City; P.O. Box 851001 Dallas, TX ion / Job title (See Instructions)	State; Zip Code X 75285 Employer (See Instructions) Check if personal funds were account (See Instructions)	2396 Interest rate N/A Maturity date TBD
3/2/16 Is lender a financial Institution? X Y N Principal occupati	Bank of America Lender address; City; P.O. Box 851001 Dallas, TX ion / Job title (See Instructions)	State; Zip Code X 75285 Employer (See Instructions) Check if personal funds were	2396 Interest rate N/A Maturity date TBD
3/2/16 Is lender a financial Institution? X Y N Principal occupati Description of Col X none GUARANTOR	Bank of America Lender address; City; P.O. Box 851001 Dallas, T) ion / Job title (See Instructions) lateral Name of guarantor N/A Guarantor address; City;	State; Zip Code X 75285 Employer (See Instructions) Check if personal funds were account (See Instructions)	2396 Interest rate N/A Maturity date TBD