

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		<b>OFFICE USE ONLY</b> 2016 JUL 19 PM 4:30 RECEIVED AUSTIN CITY CLERK			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			Date Received	
	Mrs.	Laura					
	NICKNAME	LAST	SUFFIX				
		Pressley					
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____		Date Hand-delivered or Date Postmarked				
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit						
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #				
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Amount \$				
			Date Processed				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Imaged
	01	01	2016	THROUGH	6	30	2016

## 6 EXPLANATION OF CORRECTION

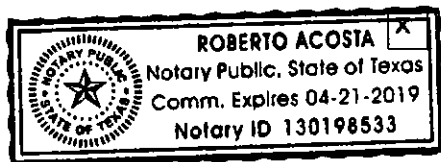
Corrected values on pages 2,3,6.

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.



☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said LAURA PRESSLEY, this the 19TH day of JULY, 2016, to certify which, witness my hand and seal of office.

Roberto Acosta  
Signature of officer administering oath

ROBERTO ACOSTA  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.

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

**2** Total pages filed:

61

## OFFICE USE ONLY

Date Received

2016 JUL 19 PM 4 30  
AUSTIN CITY CLERK  
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

**3** CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Laura

NICKNAME

LAST

SUFFIX

Pressley

**4** CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10203 Woodglen Cove, Austin, Texas, 78753

☐ Change of Address

**5** CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 512 )

762-3825

**6** CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Fidel

NICKNAME

LAST

SUFFIX

Acevedo

**7** CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3807 Prairie, Austin, TX 78728

**8** CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 512 )

775-7276

**9** REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

**10** PERIOD  
COVERED

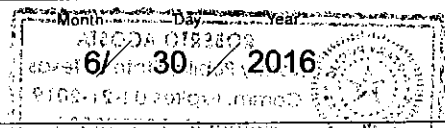
Month

Day

Year

1 / 1 / 16

THROUGH



**11** ELECTION

ELECTION DATE

Month

Day

Year

12 / 16 / 2014

☐ Primary

☒ Runoff

ELECTION TYPE

☐ Other  
Description

☐ General

☐ Special

**12** OFFICE

OFFICE HELD (if any)

N/A

**13** OFFICE SOUGHT (if known)

Austin City Council Member District 4

**GO TO PAGE 2**

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

15 Filer ID (Ethics Commission Filers)

☐ Additional Pages

\$ 76,972.20

## Title of officer administering oath

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

Laura Pressley

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

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 33843.30
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 76,972.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 60,771.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

1/3/16

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

Susan Jarrett

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

100

**6** Contributor address;

City; State; Zip Code

P.O. Box 312, Austin, TX 78767

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

Date

1/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Edward Groeschel III

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

11600 Academy Rd, Albuquerque, NM 87111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Cromwell

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

P.O. Box 455, Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Hays County Constitutional Republicans

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

103 Shetland Lane, San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

1/21/16

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

Leif Allred

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

165

**6** Contributor address;

City; State; Zip Code

10203 Woodglen Cove Austin, TX 78753

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

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Donna Rolater

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

709 Avalon Dr. Heath, TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Socorro S. Hettinger

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

3 Pintail Pt., Rockwall, TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Bush

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

1904 Guadalupe, Austin, TX 78705

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Brave New Books

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

35

**2** FILER NAME

Laura Pressley

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

1/11/16

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

Mary Leichty

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

100

**6** Contributor address;

City; State; Zip Code

502 Terry Lane, Heath, TX 75032

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

Date

1/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sheriff Harold Eavenson

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

1330 Shores Circle, Rockwall, TX 77087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anthony Daywood

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

2501 Rock Terrace, Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

N/A

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME  
**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date  
**1/26/16****5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Highland Lakes Tea Party****7** Amount of contribution (\$)  
**175****6** Contributor address; City; State; Zip Code  
**27206 Waterfall Hill, Spicewood, TX 78654****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
**1/28/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Matt Armstrong**Amount of contribution (\$)  
**100**Contributor address; City; State; Zip Code  
**3904 Frio Way, Frisco, TX 75034**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/12/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**John Bush**Amount of contribution (\$)  
**400**Contributor address; City; State; Zip Code  
**1904 Guadalupe Austin, TX 78705**Principal occupation / Job title (See Instructions)  
**Owner**Employer (See Instructions)  
**Brave New Books**Date  
**1/18/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Barry Schleck**Amount of contribution (\$)  
**205**Contributor address; City; State; Zip Code  
**3550 Country Vista Dr, Burleson, TX 76028**Principal occupation / Job title (See Instructions)  
**Retired Microbiologist**Employer (See Instructions)  
**N/A****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME  
**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date  
**1/18/16****5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Ray Meyers****7** Amount of contribution (\$)  
**100****6** Contributor address; City; State; Zip Code  
**2308 Bluffview Ct, Forney, TX 75126****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
**1/18/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Delores Pell**Amount of contribution (\$)  
**100**Contributor address; City; State; Zip Code  
**3703 Dustin Tr, Arlington, TX 76016**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/4/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Dr. Dwayne Collins**Amount of contribution (\$)  
**200**Contributor address; City; State; Zip Code  
**7418 FM 279, Ben Wheeler, Texas, 75754**Principal occupation / Job title (See Instructions)  
**Physician**Employer (See Instructions)  
**Self**Date  
**1/4/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Mary Anderson**Amount of contribution (\$)  
**116**Contributor address; City; State; Zip Code  
**5019 Placid Place, Austin, TX 78731**Principal occupation / Job title (See Instructions)  
**Retired**Employer (See Instructions)  
**Retired****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME  
**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date  
**2/16/16****5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)**Ed Acklin****7** Amount of contribution (\$) **100****6** Contributor address; City; State; Zip Code**3612 Candelaria Dr. Plano, TX 75023****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
**2/18/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)**Matt Freeman**Amount of contribution (\$) **100**

Contributor address; City; State; Zip Code

**5120 Whistler, Fort Worth, TX 76133**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/18/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)**Duane Janssen**Amount of contribution (\$) **60**

Contributor address; City; State; Zip Code

**Crowley, TX 76036**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/18/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)**Janet Adams**Amount of contribution (\$) **100**

Contributor address; City; State; Zip Code

**8825 Random Road, Fort Worth, TX 76179**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**35****2** FILER NAME  
**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date  
**2/18/16****5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**TE Sumner****7** Amount of contribution (\$)  
**100****6** Contributor address; City; State; Zip Code  
**14455 Webb Chapel, Dallas, TX 75234****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**  
**2/18/16****Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Janet Adams****Amount of contribution (\$)****100****Contributor address; City; State; Zip Code**  
**8825 Random Road, Fort Worth, TX 76179****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**  
**3/4/16****Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**E.E. Acklin****Amount of contribution (\$)****100****Contributor address; City; State; Zip Code**  
**3612 Candelaria, Plano, TX 75023****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**  
**3/4/16****Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Lori Ogden****Amount of contribution (\$)****200****Contributor address; City; State; Zip Code**  
**Burleson, TX 76028****Principal occupation / Job title (See Instructions)****Business Manager****Employer (See Instructions)****Alsbury Veterinary Clinic****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

1/13/16

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

Glen Shanen

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

100

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

3 Colorado Trail, Wimberley, TX 78676

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

Date

2/12/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tim Rackler

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1408 Susan Lane, Carrollton, TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Park Cities Republican Women PAC

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

4400 W. University Blvd, Dallas TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jane Ramsland

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

P.O. Box 10505, Midland, TX 79702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 35**2** FILER NAME

Laura Pressley

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

Bobby Limmer

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

1263 County Road 102, Llano, TX

**8** Principal occupation / Job title (See Instructions)  
Retired**9** Employer (See Instructions)  
N/ADate  
3/18/16

Full name of contributor

Paul Martin

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code

8905 Marybank Drive, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/18/16

Full name of contributor

Hugh Higgins

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code

8115 East Ct, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/15/16

Full name of contributor

Christine Mart

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
200

Contributor address; City; State; Zip Code

302 An Co Rd 3914, Palestine, TX

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date**3/18/16****5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)**Ronald Jenkins****7** Amount of contribution (\$)**80****6** Contributor address;

City; State; Zip Code

**4458 E. FM 323, Palestine, TX 75801****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**2/25/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Cherokee County TX Republican Club**

Amount of contribution (\$)

**220**

Contributor address;

City; State; Zip Code

**P.O. Box 23, Jacksonville, TX 75766**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/25/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Tammy Blair**

Amount of contribution (\$)

**100**

Contributor address;

City; State; Zip Code

**136 Red Oak, Bullard, TX 75757**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/25/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Frank Dobrovlny**

Amount of contribution (\$)

**70**

Contributor address;

City; State; Zip Code

**217 S. Ragsdale, Jacksonville, TX 75766**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
35**2** FILER NAME  
Laura Pressley**3** Filer ID (Ethics Commission Filers)**4** Date  
2/23/16**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Dr. Barry Schlech**7** Amount of contribution (\$)  
112**6** Contributor address; City; State; Zip Code  
3550 Country Vista Drive, Burleson, TX 76028**8** Principal occupation / Job title (See Instructions)  
Retired**9** Employer (See Instructions)  
N/ADate  
2/23/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Johnson County Tea PartyAmount of contribution (\$)  
100Contributor address; City; State; Zip Code  
210 S. Main, Cleburne, TX 76033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/23/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lynn AllenAmount of contribution (\$)  
90Contributor address; City; State; Zip Code  
2777 Allen Trail, Burleson, TX 76028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/24/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Deborah BaileyAmount of contribution (\$)  
60Contributor address; City; State; Zip Code  
1405 Hunters Chase, San Angelo, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME  
**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date  
**3/24/16****5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**King Walker****7** Amount of contribution (\$) **100****6** Contributor address; City; State; Zip Code  
**3602 Briar Grove, San Angelo, TX 76904****8** Principal occupation / Job title (See Instructions)  
**Security****9** Employer (See Instructions)  
**AlliedBarton**Date  
**3/21/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Pamela White**Amount of contribution (\$) **100**Contributor address; City; State; Zip Code  
**216 CR 315, Eastland, TX 76448**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/21/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Robin Hayes**Amount of contribution (\$) **100**Contributor address; City; State; Zip Code  
**200 CR 315, Eastland, TX 76448**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/21/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Danny Schraefer**Amount of contribution (\$) **110**Contributor address; City; State; Zip Code  
**222 CR 315, Eastland, TX 76448**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME  
**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date  
**3/29/16****5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
**Lisa Slaton-Hendrickson****7** Amount of contribution (\$)  
**100****6** Contributor address; City; State; Zip Code  
**1120 Caire, Lantana, TX 76226****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
**3/29/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Jan Vernon****100**

Contributor address; City; State; Zip Code

**4117 Cherokee Ct., Granbury, TX 76048**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/28/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Carla Logan****100**

Contributor address; City; State; Zip Code

**2508 Herons Nest, Granbury, TX 76048**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/29/16**Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Annette Showalter****100**

Contributor address; City; State; Zip Code

**511 Crested Oak Ct, Fort Worth, 76108**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 35**2** FILER NAME

Laura Pressley

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

3/29/16

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

Beverly Farren

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

100

**6** Contributor address;

City; State; Zip Code

138 Brook Dr., Cresson, TX 76035

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

Date

4/1/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Hendrickson

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

6101 Long Prairie, Flower Mound, TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Katheryn Moore

Amount of contribution (\$)

80

Contributor address;

City; State; Zip Code

5970 Featherwind Way, Fort Worth, TX 76135

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Larry Bartoli

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

105 Harmony, Weatherford, TX

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

2/24/16

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

Terry Lynch

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

100

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

200 Forest Drive, Trinidad, TX 75163

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

Date

3/9/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Somnath Banerjee

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2908 Cheverny Dr , Mckinney, TX 75070

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jeannie Forrest

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

6108 Glennox Ln, Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Larry Bartoli

Amount of contribution (\$)

1000

Contributor address; City; State; Zip Code

1051 Harmony Circle, Weatherford, TX 76087

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

4/6/16

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

Rayma Hume

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

300

**6** Contributor address;

City; State; Zip Code

609 Alta Ave, San Antonio, TX 78209

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

Retired Teacher

**9** Employer (See Instructions)

N/A

Date

4/6/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tobie Hall

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

1036 Boling Rand Rd N., Azle, TX 76020

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/7/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dr. and Mrs. Donald Parsons

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

3706 Greystone, Austin, TX 76031

Principal occupation / Job title (See Instructions)

Retired Physcian

Employer (See Instructions)

N/A

Date

4/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Eric Matthews

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

2114 Country Brook Dr, Weatherford, TX 76087

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Matthews Insurance Group

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date**4/12/16****5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)**Dana Ambs****7** Amount of contribution (\$)**100****6** Contributor address; City; State; Zip Code**3208 Cherrywood, Austin, Tx 78722****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**4/14/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Dorothy Erminger**

Amount of contribution (\$)

**100**

Contributor address; City; State; Zip Code

**11751 D K Ranch Rd, Austin, Tx 78759**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/12/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Gov D. L. Clements**

Amount of contribution (\$)

**100**

Contributor address; City; State; Zip Code

**5005 Georgi Lane, Houston, TX 77092**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/13/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Mark Pulliam**

Amount of contribution (\$)

**100**

Contributor address; City; State; Zip Code

**7713 Basil, Austin, TX 78750**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>35</b>
<b>2</b> FILER NAME <b>Laura Pressley</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/13/16</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marieulla Cox</b> <b>6</b> Contributor address; City; State; Zip Code <b>14 Sunset Tail, Austin, TX 78745</b>	<b>7</b> Amount of contribution (\$) <b>125</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>4/12/16</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen Hollern, Jr.</b> <b>Contributor address; City; State; Zip Code</b> <b>P.O. Box 12205, Fort Worth, Tx 76110</b>	<b>Amount of contribution (\$)</b> <b>500</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>CPA</b>		<b>Employer (See Instructions)</b> <b>Self</b>
<b>Date</b> <b>4/4/16</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Llano Tea Party</b> <b>Contributor address; City; State; Zip Code</b> <b>P.O. Box 58, Llano, TX 78643</b>	<b>Amount of contribution (\$)</b> <b>1,000</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>4/9/16</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sheila Page</b> <b>Contributor address; City; State; Zip Code</b> <b>401 McDavid Terrace, Aledo, TX 76008</b>	<b>Amount of contribution (\$)</b> <b>300.30</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>DO</b>		<b>Employer (See Instructions)</b> <b>Charlotte Lozier Institute</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

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

The instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

4/16/16

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

David Oberg

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

100

**6** Contributor address;

City; State; Zip Code

3404 Saint Christopher, Round Rock, TX 78665

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

Date

4/13/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Worsham

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

1105 Norwalk, Austin, TX 78703

Principal occupation / Job title (See Instructions)

Director of Costal Engineering

Employer (See Instructions)

LJA Engineering

Date

4/14/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roger Rusert

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

3815 N County Rd 1130, Midland, TX 79705

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Rusert Machine Shop

Date

4/16/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dr. Mike Vandewalle

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

6602 Three Oaks, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

4/14/16

**5** Full name of contributor

James Davis

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

100

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

924 East Bryan, TX 79745

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

Date

4/14/16

Full name of contributor

Thomas Parker

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

70 Marvin, Los Altos, CA 94022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/16

Full name of contributor

Garly T. Gool

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2317 W. Cuthbert, Midland, TX 79701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/16

Full name of contributor

Michael Olcott

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000

Contributor address; City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

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



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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

35

**2** FILER NAME

Laura Pressley

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

4/28/16

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

Hood County Tea Party

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

150

**6** Contributor address;

City; State; Zip Code

P.O. Box 400 Granbury, TX 76048

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

Date

4/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bob Beaton

Amount of contribution (\$)

60

Contributor address;

City; State; Zip Code

4705 Picadilly, Tyler TX 75703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Anderson

Amount of contribution (\$)

76

Contributor address;

City; State; Zip Code

5019 Placid Place, Austin, TX 78731

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

4/28/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Meyer

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

5904 Wesley, Granbury, TX 76049

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

4/22/16

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

Jim Lodwick

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

250

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

7710 Shadyrock, Austin, TX 78731

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

Retired

**9** Employer (See Instructions)

N/A

Date

4/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Travis County Republican Party

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Miles Opheim

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

7413 E. County Rd, Lubbock, TX 79403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Francis McClure

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

4406 Cove Timber Cir, Granbury, TX 76049

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 35**2** FILER NAME  
Laura Pressley**3** Filer ID (Ethics Commission Filers)**4** Date  
3/22/16**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
King Walker**7** Amount of contribution (\$)  
100**6** Contributor address; City; State; Zip Code  
3602 Briargrove Lane, San Angelo, TX 76904**8** Principal occupation / Job title (See Instructions)  
Security**9** Employer (See Instructions)  
AlliedBartonDate  
3/28/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Richard KrantzAmount of contribution (\$)  
100Contributor address; City; State; Zip Code  
507 E SADOSA ST , EASTLAND, TX 76448

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/13/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Stephen SchoppeAmount of contribution (\$)  
100Contributor address; City; State; Zip Code  
14804 Brown Bluff , Leander, TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/25/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Bryan SlatonAmount of contribution (\$)  
250Contributor address; City; State; Zip Code  
1213 Cedar Cove, Royse City, TX 75189Principal occupation / Job title (See Instructions)  
Financial ServicesEmployer (See Instructions)  
Slaton Financial**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date**5/3/16****5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)**William Cherry****7** Amount of contribution (\$)**100****6** Contributor address;

City; State; Zip Code

**1133 Lamesa Dr., Richardson, TX 75080****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**4/29/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Beverly Adams**

Amount of contribution (\$)

**75**

Contributor address;

City; State; Zip Code

**107 Rio Seco, San Antonio, TX 78232**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/15/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Cecil Taylor**

Amount of contribution (\$)

**100**

Contributor address;

City; State; Zip Code

**4406 Ave. C, Austin, TX 78751**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/10/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Gil Robinson**

Amount of contribution (\$)

**250**

Contributor address;

City; State; Zip Code

**5150 Broadway St, San Antonio, TX 78209**

Principal occupation / Job title (See Instructions)

**Owner**

Employer (See Instructions)

**Alamo Heights Internal Medicine Center****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

5/12/16

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

Vickie Karp

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

150

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

9300 Lauralan, Austin, TX 78736

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

Real Estate

**9** Employer (See Instructions)

Self

Date

5/6/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Craig Cosgray

Amount of contribution (\$)

300

Contributor address; City; State; Zip Code

27206 Waterfall Hill Parkway, Spicewood, TX 78669

Principal occupation / Job title (See Instructions)

President Marengo Films

Employer (See Instructions)

Self

Date

5/11/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim Keller

Amount of contribution (\$)

6000

Contributor address; City; State; Zip Code

121 Cedar, San Antonio, TX 78210

Principal occupation / Job title (See Instructions)

Photographer

Employer (See Instructions)

Self

Date

5/9/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Glynn Schanen

Amount of contribution (\$)

125

Contributor address; City; State; Zip Code

3 Colorado Trail, Wimberley, TX 78676

Principal occupation / Job title (See Instructions)

Independent Pharmaceutical Professional

Employer (See Instructions)

Self

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

5/18/16

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

Karen Renick

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

150

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

2500 Tower, Austin, TX 78703

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

Date

5/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

C.E. Jaster

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

317 Ridge View, Georgetown, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

George Sharkey

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

631 Lornmead, Houston, TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Philip Johnson

Amount of contribution (\$)

110

Contributor address; City; State; Zip Code

640 FM 2815 S., Bonham, TX 75418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

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

4/19/16

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

David Anderson

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

100

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

7403 Northrup Drive, San Diego, CA 92126

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

Date

4/20/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul Spolar

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

96 Columbus Ave, Salem MA 01970

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Schumate

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

7050 SE 181Ct, Morrison, FL 32669

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Andrew Lankes

Amount of contribution (\$)

150

Contributor address; City; State; Zip Code

400 Genard, Austin, TX 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME

Laura Pressley

**3** Filer ID (Ethics Commission Filers)**4** Date  
6/6/16**5** Full name of contributor

Steven Hannah

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)  
**100****6** Contributor address; City; State; Zip Code

6213 Idlewood Cv, Austin, TX 78745

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
5/27/16

Full name of contributor

Janis Nasser

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
**100**

Contributor address; City; State; Zip Code

3617 Blossom Trail, Llano, TX 75074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5/31/16

Full name of contributor

Ann Monshaugen

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of contribution (\$)  
**80**

Contributor address; City; State; Zip Code

6600 Mesa Hollow, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5/24/16

Full name of contributor

Barbara Ann Des Jardines

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**125**

Contributor address; City; State; Zip Code

10053 Lachlan Dr., Austin, Tx 78717

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **35****2** FILER NAME**Laura Pressley****3** Filer ID (Ethics Commission Filers)**4** Date**5/23/16****5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)**W.J. Putnam****7** Amount of contribution (\$)**200****6** Contributor address; City; State; Zip Code**105 Dawson Trl, Georgetown, TX 78633****8** Principal occupation / Job title (See Instructions)**Retired****9** Employer (See Instructions)**N/A**

Date

**5/21/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**David Oberg**

Amount of contribution (\$)

**100**

Contributor address; City; State; Zip Code

**3404 Saint Christopher, Round Rock, TX 78665**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**N/A**

Date

**6/3/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Vickie Karp**

Amount of contribution (\$)

**250**

Contributor address; City; State; Zip Code

**9300 Lauralan, Austin, TX 78736**

Principal occupation / Job title (See Instructions)

**Real Estate**

Employer (See Instructions)

**Self**

Date

**5/26/16**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Neal Polan**

Amount of contribution (\$)

**200**

Contributor address; City; State; Zip Code

**730 Stallion, Lucas, TX 75002**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**35****2** FILER NAME

Laura Pressley

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

5/27/16

**5** Full name of contributor

Linda Mikyska

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

100

**6** Contributor address;

City; State; Zip Code

730 Stallion, Lucas, TX 75002

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

Date

6/4/16

Full name of contributor

David Doiron

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

6314 Whistling Pines Dr., Spring, TX 77389

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/16

Full name of contributor

Cindy Hillman

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

P.O. Box 609, Tomball, TX 77377

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Island Framed

Date

6/7/16

Full name of contributor

James Skaggs

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4000

Contributor address;

City; State; Zip Code

4700 Toreador Drive, Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

N/A

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 35**2** FILER NAME

Laura Pressley

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

6/4/16

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

Cody Wommack

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

100

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

216 Haley Drive, Lone Star, TX 75668

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

Date

6/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Walt Hannon

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

P.O. Box 540186, Dallas, TX 75354

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Barber

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

752 Bethany Lake, Allen Texas, 75002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/20/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ronald Britton

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

3703 Balcones, Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 35**2** FILER NAME  
Laura Pressley**3** Filer ID (Ethics Commission Filers)**4** Date  
6/9/16**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Jarrett

**7** Amount of contribution (\$) 100**6** Contributor address; City; State; Zip Code  
P.O. Box 312, Austin, TX 78767**8** Principal occupation / Job title (See Instructions)  
Music**9** Employer (See Instructions)  
Self EmployedDate  
5/31/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ann Monshaugen

Amount of contribution (\$) 150

Contributor address; City; State; Zip Code

6600 Mesa Dr, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/5/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kurt Hyde

Amount of contribution (\$) 500

Contributor address; City; State; Zip Code

2701 Yellowstone Park Lane, Corinth, Texas 76210

Principal occupation / Job title (See Instructions)  
RetiredEmployer (See Instructions)  
N/ADate  
6/4/16Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Laura Pressley

Amount of contribution (\$) 120

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)  
Owner Pure Rain, LLCEmployer (See Instructions)  
Self**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 35

2 FILER NAME

Laura Pressley

3 Filer ID (Ethics Commission Filers)

4 Date

6/21/16

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roque De La Fuente

7 Amount of contribution (\$)

2000

6 Contributor address;

City; State; Zip Code

5440 Morehouse Dr., San Diego, CA 92121

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

Self

Date

6/21/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bronwen Spindle

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

18018 Forst Cedars, Houston, TX 77084

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/22/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carol Marshall

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

13154 Barryknoll Ln, Houston, Tx 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/20/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Georgia Scott

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**35****2** FILER NAME

Laura Pressley

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

6/27/16

**5** Full name of contributor

Mary Anderson

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)**78****6** Contributor address;

City; State; Zip Code

5019 Placid Place, Austin, TX 78731

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

Retired

**9** Employer (See Instructions)

Self

Date

6/27/16

Full name of contributor

Mary Anderson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**76**

Contributor address;

City; State; Zip Code

5019 Placid Place, Austin, TX 78731

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Self

Date

4/26/16

Full name of contributor

Mark Panattoni

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100**

Contributor address;

City; State; Zip Code

14252 Culver Dr, Irvine, CA 92604

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/16

Full name of contributor

Dollie Stoner

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100**

Contributor address;

City; State; Zip Code

1694 Rainbow Road, Santa Clara, UT 84765

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

35

**2** FILER NAME

Laura Pressley

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

5/8/16

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

King Walker

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

100

**6** Contributor address;

City; State; Zip Code

3602 Briargrove Lane, San Angelo, TX 76904

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

Security

**9** Employer (See Instructions)

AlliedBarton

Date

6/4/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Wilson

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

18526 Partners Voice Dr. Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Trembly

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

150 Pinehurst St. Meadowlakes, TX 78654

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

N/A

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**LOANS****SCHEDULE E**

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



**LOANS****SCHEDULE E**

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

**LOANS****SCHEDULE E**

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

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

**LOANS****SCHEDULE E**

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

**LOANS****SCHEDULE E**

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

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>Laura Pressley</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>1/1/16</b>	<b>5</b> Payee name <b>HEB</b>				
<b>6</b> Amount (\$) <b>208. 12</b>	<b>7</b> Payee address; City; State; Zip Code <b>5808 Burnet Road, Austin, TX</b>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Food</b>	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH :					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <b>1/20/16</b>	Payee name <b>Capital One</b>				
Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>CC Payment</b>	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <b>1/20/16</b>	Payee name <b>IEEE US Bank</b>				
Amount (\$) <b>350</b>	Payee address; City; State; Zip Code <b>P.O. Box 790408, St. Louis MO</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>CC Payment</b>	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>18</b>		2 FILER NAME <b>Laura Pressley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/21/16</b>		5 Payee name <b>Discover</b>			
6 Amount (\$) <b>275</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 6103 Carol Steam, IL 60197</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  <b>CC Payment</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>1/21/16</b>		Payee name <b>Citi Card</b>			
Amount (\$) <b>350</b>		Payee address; City; State; Zip Code <b>P.O. Box 183037, Columbus OH 43218</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>cc Payment</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>1/27/16</b>		Payee name <b>Dr. Jeff Jacobson, Ph.D.</b>			
Amount (\$) <b>1150</b>		Payee address; City; State; Zip Code <b>333 Larmatine, Jamaica Plain, MA 02130</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Legal Services</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>Laura Pressley</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/16/16</b>	<b>5</b> Payee name <b>Capitol One</b>	
<b>6</b> Amount (\$) <b>300</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>cc payment</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>2/17/16</b>	Payee name <b>Discover</b>	
Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>P.O. Box 6103 Carol Steam, IL 60197</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>cc payment</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>2/17/16</b>	Payee name <b>IEEE US Bank</b>	
Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>P.O. Box 790408, St. Louis MO</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>cc payment</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>18</b>		2 FILER NAME <b>Laura Pressley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/17/16</b>		5 Payee name <b>Citi Card</b>			
6 Amount (\$) <b>610</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 183037 Columbus, OH 43218</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  <b>cc payment</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/29/16</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>108.24</b>		Payee address; City; State; Zip Code <b>I-35, Austin, TX</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Printing Supplies</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/28/16</b>		Payee name <b>Dr. Jeffrey Jacobson</b>			
Amount (\$) <b>1000</b>		Payee address; City; State; Zip Code <b>333 Lamartine St. Jamaica Plain, MA 02130</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Legal Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>		<b>2</b> FILER NAME <b>Laura Pressley</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>3/9/16</b>		<b>5</b> Payee name <b>Office Depot</b>			
<b>6</b> Amount (\$) <b>108.24</b>		<b>7</b> Payee address; City; State; Zip Code <b>I-35, Austin, TX</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Supplies</b>		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/14/16</b>		Payee name <b>The Paper Place</b>			
Amount (\$) <b>208.92</b>		Payee address; City; State; Zip Code <b>4001 N. Lamar, Austin, Tx</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing Supplies</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/21/16</b>		Payee name <b>IEEE US Bank</b>			
Amount (\$) <b>250</b>		Payee address; City; State; Zip Code <b>P.O. Box 790408, St. Louis MO</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>cc payment</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>18</b>	2 FILER NAME <b>Laura Pressley</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/21/16</b>	5 Payee name <b>Capital One</b>
--------------------------	------------------------------------

6 Amount (\$) <b>350</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>cc payment</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

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

Date <b>3/21/16</b>	Payee name <b>Discover</b>
------------------------	-------------------------------

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages of Schedule F1: 18		2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 Date 3/22/16		5 Payee name Citi Card			
6 Amount (\$) 200		7 Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  c payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/22/16		Payee name Mark Cohen			
Amount (\$) 130		Payee address; City; State; Zip Code 805 W. 10th, Ste. 100, Austin, Tx 78701			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/4/16		Payee name The Paper Place			
Amount (\$) 250.60		Payee address; City; State; Zip Code 4001 N. Lamar, Austin, TX			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>		<b>2</b> FILER NAME <b>Laura Pressley</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>4/1/16</b>		<b>5</b> Payee name <b>Anna Eby</b>			
<b>6</b> Amount (\$) <b>1500</b>		<b>7</b> Payee address; City; State; Zip Code <b>302 N. Lampasas, Round Rock, TX 78664</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Legal Fees</b>		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>4/8/16</b>		Payee name <b>Mark Cohen</b>			
Amount (\$) <b>3000</b>		Payee address; City; State; Zip Code <b>805 W. 10th Ste 100, Austin, Tx 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Legal Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>4/15/16</b>		Payee name <b>Anna Eby</b>			
Amount (\$) <b>3500</b>		Payee address; City; State; Zip Code <b>302 N. Lampasas, Round Rock, TX 78664</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Legal Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>Laura Pressley</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/20/16</b>	<b>5</b> Payee name <b>Capitol One</b>	
<b>6</b> Amount (\$) <b>350</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>cc payment</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>4/20/16</b>	Payee name <b>IEEE US Bank</b>	
Amount (\$) <b>400</b>	Payee address; City; State; Zip Code <b>P.O. Box 790408, St. Louis MO</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>cc payment</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>4/20/16</b>	Payee name <b>Dr. Jeffery Jacobson</b>	
Amount (\$) <b>1000</b>	Payee address; City; State; Zip Code <b>333 Lamartine St. Jamaica Plain, MA 02130</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Legal Fees</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>Laura Pressley</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>4/21/16</b>	<b>5</b> Payee name <b>Citi Card</b>
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<b>6</b> Amount (\$) <b>200</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 183037 Columbus, OH 43218</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>cc payment</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/21/16</b>	Payee name <b>Discover</b>
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Amount (\$) <b>400</b>	Payee address; City; State; Zip Code <b>P.O. Box 6103 Carol Steam, IL 60197</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>cc payment</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/28/16</b>	Payee name <b>FedEX Office</b>
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Amount (\$) <b>202.89</b>	Payee address; City; State; Zip Code <b>5900 Burnet Road, Austin, TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Printing Supplies</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>Laura Pressley</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>4/28/16</b>	<b>5</b> Payee name <b>Capital One</b>				
<b>6</b> Amount (\$) <b>331</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  <b>cc payment</b>				
	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <b>6/9/16</b>	Payee name <b>Office Depot</b>				
Amount (\$) <b>139.60</b>	Payee address; City; State; Zip Code <b>I-35, Austin, TX</b>				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Printing Supplies</b>				
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <b>5/9/16</b>	Payee name <b>The Paper Place</b>				
Amount (\$) <b>149.93</b>	Payee address; City; State; Zip Code <b>4001 N. Lamar, Austin, TX</b>				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Printing Supplies</b>				
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>Laura Pressley</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/17/16</b>	<b>5</b> Payee name <b>IEEE US Bank</b>	
<b>6</b> Amount (\$) <b>263</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 790408, St. Louis MO</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>cc payment</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>5/27/16</b>	Payee name <b>Dr. Jeffery Jacobson</b>	
Amount (\$) <b>1000</b>	Payee address; City; State; Zip Code <b>333 Lamartine St. Jamaica Plain, MA 02130</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Legal Fees</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>5/27/16</b>	Payee name <b>Anna Eby</b>	
Amount (\$) <b>11000</b>	Payee address; City; State; Zip Code <b>302 N. Lampasas, Round Rock, TX 78664</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Legal Fees</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 Date 5/31/16		5 Payee name The Paper Place			
6 Amount (\$) 105.54		7 Payee address; City; State; Zip Code 4001 N. Lamar, Austin, TX			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Printing Supplies		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/31/16		Payee name Capital One			
Amount (\$) 319		Payee address; City; State; Zip Code P.O. Box 60599, City of Industry, CA 91716			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/6/16		Payee name Dr. Jeffrey Jacobson			
Amount (\$) 2942.49		Payee address; City; State; Zip Code 333 Lamartine St. Jamaica Plain, MA 02130			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 18	<b>2</b> FILER NAME Laura Pressley	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 6/6/16	<b>5</b> Payee name Citi Card
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<b>6</b> Amount (\$) 5347	<b>7</b> Payee address; City; State; Zip Code P.O. Box 183037 Columbus, OH 43218
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<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  cc payment	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/6/16	Payee name Discover
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Amount (\$) 8000	Payee address; City; State; Zip Code P.O. Box 6103 Carol Steam, IL 60197
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  cc payment	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/9/16	Payee name Discover
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Amount (\$) 3372	Payee address; City; State; Zip Code P.O. Box 6103 Carol Steam, IL 60197
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  cc payment	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 Date 6/9/16		5 Payee name IEEE US Bank			
6 Amount (\$) 1500		7 Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <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 Code 111 Ramble Lane, Austin, TX			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Computer Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/17/16		Payee name IEEE US Bank			
Amount (\$) 243		Payee address; City; State; Zip Code P.O. Box 790408, St. Louis MO			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>18</b>		<b>2</b> FILER NAME <b>Laura Pressley</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>6/17/16</b>		<b>5</b> Payee name <b>Anna Eby</b>			
<b>6</b> Amount (\$) <b>5944</b>		<b>7</b> Payee address; City; State; Zip Code <b>302 N. Lampasas, Round Rock, TX 78664</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Legal Fees</b>		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>6/28/16</b>		Payee name <b>Capital One</b>			
Amount (\$) <b>319</b>		Payee address; City; State; Zip Code <b>P.O. Box 60599, City of Industry, CA 91716</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>cc payment</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>6/29/16</b>		Payee name <b>PromiseLand Scholarship</b>			
Amount (\$) <b>189</b>		Payee address; City; State; Zip Code <b>1504 East 51st street Austin, TX 78723</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>contribution</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 Date 1/1/16 - 6/30/16		5 Payee name Pirya			
6 Amount (\$) 136.13		7 Payee address; City; State; Zip Code www.Pirya.com			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Transaction Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/1/16 - 6/30/16		Payee name PayPal			
Amount (\$) 29.22		Payee address; City; State; Zip Code www.PayPal.com			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Transaction Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name N/A			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <div style="text-align: center; font-size: 1.2em;">18</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">Laura Pressley</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center; font-size: 1.2em;">1/1/16 - 6/30/16</div>	<b>5</b> Payee name <div style="text-align: center; font-size: 1.2em;">DoodleKit</div>	
<b>6</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">432.00</div>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">www.Doodlekit</div>	
<b>8</b>  <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="text-align: center; font-size: 1.2em;">Advertising Expenses/Website</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		

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