_	ION/AMENDMENT DIDATE/OFFICEH		•	FORM	OR-C/OH
1 Filer ID (Ethics Comn	nission Filers)	2 Total pages filed:	1	OFFICE	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. Laura NICKNAME LAST Press		MI SUFFIX	Date Received	AUSTIN CITY RECEIV
4 ORIGINAL REPORT TYPE	30th day before election 15t ap	noff Othe ceeded \$500 limit — h day after treasurer pointment (officeholder only) ai report	er (specify)	Date Hand-delivered Receipt #	en En En
5 ORIGINAL PERIOD COVERED	Month Day Year 01 / 01 / 2016 TH	Month IROUGH 6 3	Day Year 30 / 2016	Date Processed	
6 EXPLANATION OF CO	ected values on pages 2,3	3,6.			
7 AFFIDAVIT	report is	or affirm, under pen true and correct.	alty of perjury,	that this correc	ted
Nota Corr	ROBERTO ACOSTA Contract of Texos Ty Public, State of Texos Ty Expires 04-21-2019	DNLY if applicable: nual reports: I swe good faith and with information contain eports: I swear, c ot later than the 144 report as originally fi h, that any error or o de in good faith.	nout an intent ned in the repo or affirm, that th business da iled is inaccura	to mislead or t ort. I am filing this ay after the date ate or incomplet	to misrepre- corrected e l learned e. l swear,
	ed before me, by the said LAVRA which, witness my hand and seal of offi	•	, this the <u>19</u> T	Officeholder Hday ofL Mo TAP Title of office	PUBLIC ar administering path
Re	member To Attach Any Pa Needed To Rep	rt Of The Campaig ort And Explain C		eport Form	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

.

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	ler ID (Ethics Commission Filers)	2 Total pages filed: 61
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. Laura	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Pressley		AUSTIN RE 16 JUL 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 10203 Woodglen Cove, Austin, T	STATE; ZIP CODE	IN CITY C RECEIVED
Change of Address			Ч Ч
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 762-3825	EXTENSION	Date Hand-delivered or Date Postmarked
	MS/MRS/MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Fidel	SUFFIX	Date Processed
		301114	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3807 Prairie, Austin, T	city; state; X 78728	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 775-7276	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1/ 1/ 16 тн	IROUGH	Day 204 01828 10 2010 10 2010 - mmc
11 ELECTION	ELECTION DATE Month Day Year Primary X 12/16/2014 General		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	N/A	Austin City Cou	ncil Member District 4
	GO TO PAG	iE 2	

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI NIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN THEASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	· ·		
17 CONTRIBUTION			
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		· · · · · · · · · · · · · · · · · · ·	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	^{\$} 41,484.30
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 1,020.44
	4. TOTAL	POLITICAL EXPENDITURES	\$ 61,791.69
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY \$ 6,213.73
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	^{"HE} \$ 76,972.20
18 AFFIDAVIT			
		I swear, or affirm, under penalty of p	erjury, that the accompanying report is
	BERTO ACOSTA		ormation required to be reported by me
	Public, State of Texa Expires 04-21-201		
	ry ID 130198533		

andidate or Officeholder nature of 0

AFFIX NOTARY STAMP/SEALABOVE

Sworn to and subscribed before me, by the said	aura Vi	RESSLE
--	---------	--------

2016 to certify which, witness my hand and seal of office. da

Signature of officer administering oath

ROBERTO Acosta

NOTAR

this the <u>1977</u>

Title of officer administering oath

SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

19	FILER N	AME	20 Filer ID (Ethics Cor	mmission Filers)
	Lau	ra Pressley		
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 33843.30
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	X	SCHEDULE E: LOANS		\$ 76,972.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 60,771.25
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	. •	\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	FIONS	\$
		· · ·		
1				

The	e 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 Full name of contributor out-of-state_PAC (ID#:) 7 Amount of contribution (\$)
1/3/16	Susan Jarrett	100
	6 Contributor address; City; State; Zip Code	
	P.O. Box 312, Austin, TX 78767	
3 Principal occ	upation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	Amount of contribution (\$)
1/4/16	Edward Groeschel III	100
	Contributor address; City; State; Zip Code	
	11600 Academy Rd, Albuquerque, NM 87111	
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
1/11/16	David Cromwell Contributor address; City; State; Zip Code	100
	P.O. Box 455, Kyle, TX 78640	
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor 🗌 out-of-state PAC (ID#:) Amount of contribution (\$)
1/11/16	Hays County Constitutional Republicans	100
	103 Shetland Lane, San Marcos, TX 78666	
Principal occu	upation / Job title (See Instructions) Employer (See	Instructions)
		• • • • • • • • • • • • • • • • • • •

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 1/21/16	 5 Full name of contributorout-ol-state PAC (ID#: Leif Allred 6 Contributor address; City; State; Zip C 10203 Woodglen Cove Austin, TX 78753 	165 ode
Principal occu	pation / Job title (See Instructions) 9 Emp	loyer (See Instructions)
Date 1/11/16	Full name of contributor Donna Rolater Contributor address; City; State; Zip C 709 Avalon Dr. Heath, TX 75032	
Principal occup	eation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 1/11/16	Full name of contributor Socorro S. Hettinger Contributor address; City; State; Zip C 3 Pintail Pt., Rockwall, TX 75032	100
Principal occu	bation / Job title (See Instructions) Emp	loyer (See Instructions)
Date 1/21/16	Full name of contributor John Bush Contributor address; City; State; Zip Co 1904 Guadalupe, Austin, TX 78705	
Principal occu Ov	I Deation / Job title (See Instructions) Emp Iner Bray	oloyer (See Instructions) ve New Books

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MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 🛄 gul-of-state PAC (ID#:) 7 Amount of contribution (\$)
1/11/16	Mary Leichty 6 Contributor address; City; State; Zip Code 502 Terry Lane, Heath, TX 75032	100
8 Principal occur	pation / Job title (See Instructions) 9 Employer (See In	istructions)
Date 1/11/16	Full name of contributor Sheriff Harold Eavenson Contributor address; City; State; Zip Code 1330 Shores Circle, Rockwall, TX 77087	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See In	istructions)
Date 2/17/16	Full name of contributor Anthony Daywood Contributor address; City; State; Zip Code 2501 Rock Terrace, Austin, TX 78704	Amount of contribution (\$)
Principal occup	bation / Job title (See Instructions) Employer (See In	Instructions)
Date	Full name of contributor N/A Contributor address; City; State; Zip Code) Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE / If contributor is out-of-state PAC, please see Instruction guide for addit	

The	Instruction Guide explains how to complete this form	•	1 Total pages Schedule A1: 35
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)
1/26/16	Highland Lakes Tea Party 6 Contributor address; City; State; Zi 27206 Waterfall Hill, Spicewood, TX 7	p Code	175
Principal occi	apation / Job title (See Instructions) 9 E	Employer (See Instruct	ions)
^{Date} 1/28/16	Full name of contributorout-of-state PAC (ID#: Matt Armstrong Contributor address; City; State; Zi 3904 Frio Way, Frisco, TX 75034		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	mployer (See Instruct	ons)
Date 1/12/16	Full name of contributor John Bush Contributor address; City; State; Zi 1904 Guadalupe Austin, TX 78705		Amount of contribution (\$)
Principal occu Owner		mployer (See Instruct rave New Book	
Date 1/18/16	Full name of contributor Barry Schleck Contributor address; City; State; Zig 3550 Country Vista Dr, Burleson, TX	o Code	Amount of contribution (\$)
		mployer (See Instruct	ions)

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 35
FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 1/18/16	 5 Full name of contributor out-of-state PAC (ID Ray Meyers 6 Contributor address; City; State; 2308 Bluffview Ct, Forney, TX 7512 		7 Amount of contribution (\$)
Principal occ	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date 1/18/16	Full name of contributor Delores Pell Contributor address; City; State; 3703 Dustin Tr, Arlington, TX 76016	Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 1/4/16	Full name of contributor Dout-of-state PAC (ID Dr. Dwayne Collins Contributor address; City; State; 7418 FM 279, Ben Wheeler, Texas,		Amount of contribution (\$)
Principal occu Physic	pation / Job title (See Instructions)	Employer (See Instruct Self	ions)
Date 1/4/16	Full name of contributor Dout-of-state PAC (ID Mary Anderson Contributor address; City; State; 5019 Placid Place, Austin, TX 7873	Zip Code	Amount of contribution (\$)
Principal occu Retire	pation / Job title (See Instructions)	Employer (See Instruct Retired	ions)

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MONET	ARY POLITICAL CONTRIBUTION	NS SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 2/16/16	 5 Full name of contributor) 7 Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Date 2/18/16	Full name of contributor out-of-state PAC (ID#: Matt Freeman Contributor address; City; State; Zip Code 5120 Whistler Fort Worth TX 76132	100
Principal occup	5120 Whistler, Fort Worth, TX 76133 ation / Job title (See Instructions) Employer	(See Instructions)
Date 2/18/16	Full name of contributor □ out-of-state PAC (ID#:	60
Principal occup	eation / Job title (See Instructions) Employer	(See Instructions)
Date 2/18/16	Full name of contributor Janet Adams Contributor address; City; State; Zip Code 8825 Random Road, Fort Worth, TX 76179	100
Principal occur	Dation / Job title (See Instructions) Employer	(See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see instruction guide for	
	exas Ethics Commission www.ethics.state.tx.us	Revised 9/8

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MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 35
FILER NAME	Laura Pressley		3 Filer ID (Ethics Commission Filers)
Date 2/18/16	 Full name of contributor Dout-of-state PAC TE Sumner Contributor address; City; State; 14455 Webb Chapel, Dallas, TX 7 	·	7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	l tions)
Date 2/18/16	Full name of contributor 🗌 out-of-state PAC Janet Adams Contributor address; City; State; 8825 Random Road, Fort Worth, TX	·	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/4/16	Full name of contributor E.E. Acklin Contributor address; City; State; 3612 Candelaria, Plano, TX 7502	•	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/4/16	Lori Ogden	(ID#:) Zip Code	Amount of contribution (\$)
•	pation / Job title (See Instructions) ss Manager	Employer (See Instruc Alsbury Veterna	

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
FILER NAME		3 Filer ID (Ethics Commission Filers)
	aura Pressley	
Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
1/13/16	Glen Shanen	100
	6 Contributor address; City; State; Zip Code 3 Colorado Trail, Wimberley, TX 78676	
Principal occuj	pation / Job title (See Instructions) 9 Employer (See Instr	uctions)
Date	Full name of contributor	Amount of contribution (\$)
2/12/16	Tim Rackler	100
	Contributor address; City; State; Zip Code	
	1408 Susan Lane, Carrollton, TX 75007	· .
Principal occup	ation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	Amount of contribution (\$)
3/10/16	Park Cities Republican Women PAC	100
	Contributor address; City; State; Zip Code	
	4400 W. University Blvd, Dallas TX 75209	
Principal occup	pation / Job title (See Instructions) Employer (See Instr	ructions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	Amount of contribution (\$)
3/10/16	Jane Ramsland	100
	Contributor address; City; State; Zip Code	
	P.O. Box 10505, Midland, TX 79702	
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	ructions)

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MONEI	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date 3/10/16	5 Full name of contributor aut-of-state PAC (ID#:) Bobby Limmer	7 Amount of contribution (\$) 200
	6 Contributor address; City; State; Zip Code 1263 County Road 102, Llano, TX	
•	pation / Job title (See Instructions) fired See Instructions) See Instru N/A	ictions)
Date 3/18/16	Full name of contributor	Amount of contribution (\$) 100
Principal occup	bation / Job title (See Instructions) Employer (See Instru	ctions)
Date 3/18/16	Full name of contributor	Amount of contribution (\$)
Principal occup	bation / Job title (See Instructions) Employer (See Instru	ctions)
Date 3/15/16	Full name of contributor Christine Mart Contributor address; City; State; Zip Code 302 An Co Rd 3914, Palestine, TX	Amount of contribution (\$) 200
Principal occur Court Re	pation / Job title (See Instructions) Employer (See Instru porter Self	l ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	

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 The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 3/18/16	 5 Full name of contributor	7 Amount of contribution (\$) 80
	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 2/25/16	Full name of contributor <pre> out-of-state PAC (ID#:) Cherokee County TX Republican Club Contributor address; City; State; Zip Code P.O. Box 23, Jacksonville, TX 75766 Image: State s</pre>	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 2/25/16	Full name of contributor Tammy Blair Contributor address; City; State; Zip Code	Amount of contribution (\$)
	136 Red Oak, Bullard, TX 75757	
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 2/25/16	Full name of contributor □ out-of-state PAC (ID#:) Frank Dobrovolny Contributor address; City; State; Zip Code 247 S. Decendede Jacksomville, TX 75766	Amount of contribution (\$) `70
Principal occup	217 S. Ragsdale, Jacksonville, TX 75766 pation / Job title (See Instructions) Employer (See Instructions)	ctions)

The	nstruction Guide explains how to complete this form		1 Total pages Schedule A1: 35
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 2/23/16	 Full name of contributorout-of-state PAC (ID#:Dr. Barry Schlech Contributor address; City; State; Zi 3550 Country Vista Drive, Burleson, 1 	p Code	7 Amount of contribution (\$) 112
	eation / Job title (See Instructions) 9 E	Employer (See Instructio N/A	ns)
Date 2/23/16	Full name of contributor Johnson County Tea Party Contributor address; City; State; Zi 210 S. Main, Cleburne, TX 76033		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) E	mployer (See Instruction	ns)
Date 2/23/16	Full name of contributor 001-01-state PAC (ID#:	,	Amount of contribution (\$) 90
Principal occup	2777 Allen Trail, Burleson, TX 76028 ation / Job title (See Instructions)	Employer (See Instructio	ns)
Date 3/24/16	Full name of contributorout-of-state PAC (ID#: Deborah Bailey Contributor address; City; State; Zip) Code	Amount of contribution (\$) 60
Principal occup	1405 Hunters Chase, San Angelo, TX ation / Job title (See Instructions)	Employer (See Instructio	ns)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 3/24/16	 5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code 3602 Briar Grove, San Angelo, TX 76904 	7 Amount of contribution (\$) 100
Principal occu Secu	ipation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 3/21/16	Full name of contributor Pamela White Contributor address; City; State; Zip Code 216 CR 315, Eastland, TX 76448	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 3/21/16	Full name of contributor out-of-state PAC (ID#:) Robin Hayes Contributor address; City; State; Zip Code 200 CR 315, Eastland, TX 76448	Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions) Employer (See Instru-	ctions)
Date 3/21/16	Full name of contributor out-of-state PAC (ID#:) Danny Schraefer Contributor address; City; State; Zip Code 222 CR 315, Eastland, TX 76448	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru-	ctions)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 3/29/16	 5 Full name of contributor □ out-of-state PAC (ID#:	7 Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions) 9 Employer (Section 2)	ee Instructions)
Date 3/29/16	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 3/28/16	Full name of contributor Dout-of-state PAC (ID#: Carla Logan Contributor address; City; State; Zip Code 2508 Herons Nest, Granbury, TX 76048	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 3/29/16	Full name of contributorout-of-state PAC (ID#: Annette Showalter Contributor address; City; State; Zip Code 511 Crested Oak Ct, Fort Worth, 76108) Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)

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Laura Pressley 7 Amount of contributor Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contrib 3/29/16 Beverly Farren 100 6 Contributor address: City; State; Zip Code 100 3/38 Brook Dr., Cresson, TX 76035 9 Employer (See Instructions) 100 Date Full name of contributor out-of-state PAC (ID#) Amount of contrib 4/1/16 Lisa Hendrickson 100 100 Contributor address; City; State; Zip Code 6101 Long Prairie, Flower Mound, TX 75028 Amount of contrib Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contrib Date Full name of contributor out-of-state PAC (ID#	100 City; State; Zip Code son, TX 76035 9 Employer (See Instructions) out-of-state PAC (ID#:) Amount of contribution (\$) 100 City; State; Zip Code Iower Mound, TX 75028 Employer (See Instructions) City; State; Zip Code Iower Mound, TX 75028 Employer (See Instructions) City; State; Zip Code Vay, Fort Worth, TX 76135 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 80° City; State; Zip Code Vay, Fort Worth, TX 76135 Employer (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$)
3/29/16 Beverly Farren 100 6 Contributor address: City; State; Zip Code 100 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	100 City: State; Zip Code son, TX 76035 9 Employer (See Instructions) aut-of-state PAC (ID#:) Armount of contribution (\$) 100 City: State; Zip Code Iower Mound, TX 75028 Employer (See Instructions) City: State; Zip Code Iout-of-state PAC (ID#:) Amount of contribution (\$) 80 City: State; Zip Code //ay, Fort Worth, TX 76135 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 80
6 Contributor address: City; State; Zip Code 138 Brook Dr., Cresson, TX 76035 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor 4/1/16 Lisa Hendrickson 100 Contributor address; City; State; Zip Code 6101 Long Prairie, Flower Mound, TX 75028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor 4/1/16 Katheryn Moore City; State; Zip Code 80° Contributor address; City; State; Zip Code 5970 Featherwind Way, Fort Worth, TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:	City; State; Zip Code 9 Employer (See Instructions) amount of contribution (\$) 100 City; State; Zip Code Iower Mound, TX 75028 Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$) 80 City; State; Zip Code /ay, Fort Worth, TX 76135 Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$) 80 City; State; Zip Code /ay, Fort Worth, TX 76135 Employer (See Instructions)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributer 4/1/16 Lisa Hendrickson 100 Contributor address; City; State; Zip Code 100 6101 Long Prairie, Flower Mound, TX 75028 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Attheryn Moore Contributor address; City; State; Zip Code Amount of contributor Sp70 Featherwind Way, Fort Worth, TX 76135 Employer (See Instructions) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Additional Contributor address; City; State; Zip Code Amount of con	9 Employer (See Instructions) Image: out-ol-state PAC (ID#:) Amount of contribution (\$) City; State; Zip Code Image: out-ol-state PAC (ID#:) Image: out-ol-state PAC (ID#:) Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contributer 4/1/16 Lisa Hendrickson 100 Contributor address; City; State; Zip Code 100 6101 Long Prairie, Flower Mound, TX 75028 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 4/1/16 Katheryn Moore Amount of contributor Contributor address; City; State; Zip Code 80° 5970 Featherwind Way, Fort Worth, TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contrib Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contrib Date Full name of contributor out-of-state PAC (ID#:) Amount of contrib 4/1/16 Larry Bartoli Out-of-state PAC (ID#:) Amount of contrib Contributor address; City; State; Zip Code 100	Image: out-of-state PAC (ID#:) Amount of contribution (\$) City; State; Zip Code 100 Iower Mound, TX 75028 Employer (See Instructions) Image: out-of-state PAC (ID#:) Amount of contribution (\$) 80° 80° City; State; Zip Code 80° Image: City; State; Zip Code 80° Image: City; State; Zip Code 80° Image: City; State; Zip Code Employer (See Instructions) Image: City; State; Zip Code Amount of contribution (\$) Image: City; State; Zip Code Amount of contribution (\$) Image: City; State; Zip Code Amount of contribution (\$) Image: City; State; Zip Code Amount of contribution (\$) Image: City; State; Zip Code Amount of contribution (\$) Image: City; State; Zip Code Amount of contribution (\$) Image: City; State; Zip Code Amount of contribution (\$) Image: City; State; Zip Code Amount of contribution (\$)
4/1/16 Lisa Hendrickson 100 Contributor address; City; State; Zip Code 100 6101 Long Prairie, Flower Mound, TX 75028 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 4/1/16 Katheryn Moore 80° Contributor address; City; State; Zip Code 80° 5970 Featherwind Way, Fort Worth, TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contrib Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contrib Date Full name of contributor out-of-state PAC (ID#:) Amount of contrib Date Full name of contributor out-of-state PAC (ID#:) Amount of contrib 4/1/16 Larry Bartoli Out-of-state; Zip Code 100	City; State; Zip Code 100 Iower Mound, TX 75028 Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$) City; State; Zip Code 80° Vay, Fort Worth, TX 76135 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Out-of-state PAC (ID#:) Amount of contribution (\$)
Contributor address; City; State; Zip Code 6101 Long Prairie, Flower Mound, TX 75028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 4/1/16 Katheryn Moore Amount of contributor Contributor address; City; State; Zip Code 80° 5970 Featherwind Way, Fort Worth, TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor 4/1/16 Larry Bartoli City; State; Zip Code Amount of contributor	City; State; Zip Code lower Mound, TX 75028 Employer (See Instructions) Out-of-state PAC (ID#:) City; State; Zip Code Yay, Fort Worth, TX 76135 Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 4/1/16 Katheryn Moore 80° Contributor address; City; State; Zip Code 80° 5970 Featherwind Way, Fort Worth, TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor 4/1/16 Larry Bartoli Contributor address; City; State; Zip Code Amount of contributor	Employer (See Instructions) Cut-of-state PAC (ID#:) City; State; Zip Code Yay, Fort Worth, TX 76135 Employer (See Instructions) Cut-of-state PAC (ID#:) Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contrib 4/1/16 Katheryn Moore 80° Contributor address; City; State; Zip Code 80° 5970 Featherwind Way, Fort Worth, TX 76135 80° Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor out-of-state PAC (ID#:) Amount of contributor 4/1/16 Larry Bartoli City; State; Zip Code 100	Out-of-state PAC (ID#:) Amount of contribution (\$) City; State; Zip Code /ay, Fort Worth, TX 76135 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$)
4/1/16 Katheryn Moore 80° Contributor address; City; State; Zip Code 80° 5970 Featherwind Way, Fort Worth, TX 76135 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 4/1/16 Larry Bartoli Amount of contributor Contributor address; City; State; Zip Code Amount of contributor	City; State; Zip Code 80 /ay, Fort Worth, TX 76135 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$)
Contributor address; City; State; Zip Code 5970 Featherwind Way, Fort Worth, TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contributor 4/1/16 Larry Bartoli Contributor address; City; State; Zip Code	City; State; Zip Code /ay, Fort Worth, TX 76135 Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$)
5970 Featherwind Way, Fort Worth, TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 0ut-of-state PAC (ID#:) Amount of contributor 4/1/16 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor 4/1/16 Larry Bartoli 100 Contributor address; City; State; Zip Code 100	out-of-state PAC (ID#:) Amount of contribution (\$)
4/1/16 Larry Bartoli Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
	100
	City; State; Zip Code
105 Harmony, Weatherford, TX	erford, TX
Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A	

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
^{Date} 2/24/16	 5 Full name of contributor out-of-state PAC (ID#:) Terry Lynch 6 Contributor address; City; State; Zip Code 200 Forest Drive, Trinidad, TX 75163 	7 Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Date 3/9/16	Full name of contributor Image: out-of-state PAC (ID#:) Somnath Banerjee Contributor address; City; State; Zip Code 2908 Cheverny Dr , Mckinney, TX 75070	Amount of contribution (\$)
Principal occuj	Dation / Job title (See Instructions) Employer (See Instruct	lions)
Date 3/22/16	Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occu	6108 Glennox Ln, Dallas, TX 75214 Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3/31/16	Full name of contributor	Amount of contribution (\$)
Principal occu Retired	Dation / Job title (See Instructions) Employer (See Instruct N/A	lions)

MONET	ARY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form).	1 Total pages Schedule A1: 35
2 FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/16	 Full name of contributor address; Contributor address; City; State; Z 609 Alta Ave, San Antonio, TX 78209 	p Code	7 Amount of contribution (\$) 300
	· · · · · · · · · · · · · · · · · · ·	Employer (See Instructi I/A	ons)
Date 4/6/16	Full name of contributor Tobie Hall Contributor address; City; State; Z 1036 Boling Rand Rd N., Azle, TX 76	ip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 4/7/16	Full name of contributor Dout-of-state PAC (ID#:_ Dr. and Mrs. Donald Parsons Contributor address; City; State; Z 3706 Greystone, Austin, TX 76031	p Code	Amount of contribution (\$) 500
	bation / Job title (See Instructions) ired Physcian	Employer (See Instructi N/A	on\$)
Date 4/11/16	Full name of contributor Eric Matthews Contributor address; City; State; Zi 2114 Country Brook Dr, Weatherford,	p Code	Amount of contribution (\$)
Principal occup Owne		Employer (See Instructi atthews Insurance	
	ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see instructio		

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 4/12/16	 5 Full name of contributor	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l (tions)
Date 4/14/16	Full name of contributor	Amount of contribution (\$)
Principal occup	bation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4/12/16	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 4/13/16	Full name of contributor Mark Pulliam Contributor address; City; State; Zip Code 7713 Basil, Austin, TX 78750	Amount of contribution (\$) 100
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	tions)
	<u> </u>	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date 4/13/16	5 Full name of contributor out-of-state PAC (ID#:) Marieulla Cox	7 Amount of contribution (\$) 125
	6 Contributor address; City; State; Zip Code 14 Sunset Tail, Austin, TX 78745	4. 1. <u>1</u> .
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	L Ctions)
Date 4/12/16	Full name of contributor	Amount of contribution (\$) 500
	Contributor address; City; State; Zip Code P.O. Box 12205, Fort Worth, Tx 76110	-
Principal occup CPA	bation / Job title (See Instructions) Employer (See Instructions) Self	t ctions)
Date 4/4/16	Full name of contributor 🔲 out-of-state PAC (tD#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code P.O. Box 58, Llano, TX 78643	
Principal occup	bation / Job title (See Instructions) Employer (See Instru-	ctions)
Date	Full name of contributor	Amount of contribution (\$)
4/9/16	Sheila Page Contributor address; City; State; Zip Code	300.30
	401 McDavid Terrace, Aledo, TX 76008	
Principal occup DO	Deation / Job title (See Instructions) Employer (See Instru Charlotte Lozier	
		· · ·

Instruction Guide explains how to complete this f		
	form.	1 Total pages Schedule A1: 35
aura Pressley		3 Filer ID (Ethics Commission Filers)
David Oberg 6 Contributor address; City; State;		7 Amount of contribution (\$) 100
pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Bill Worsham Contributor address; City; State;	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$) 500
ation / Job title (See Instructions)	Employer (See Instructi	ions)
Roger Rusert Contributor address; City; State;	Zip Code	Amount of contribution (\$) 500
ation / Job title (See Instructions)	Employer (See Instruct Rusert Machine	
Dr. Mike Vandewalle Contributor address; City; State;	Zip Code	Amount of contribution (\$)
ation / Job title (See Instructions)	Employer (See Instruct	ions)
		·
	6 Contributor address; City; State; 3404 Saint Christopher, Round Ro bation / Job title (See Instructions) Full name of contributor □ out-of-state PAC Bill Worsham Contributor address; City; State; 1105 Norwalk, Austin, TX 78703 ation / Job title (See Instructions) pr of Costal Engineering Full name of contributor □ out-of-state PAC Roger Rusert Contributor address; City; State; 3815 N County Rd 1130, Midland, ation / Job title (See Instructions) r Full name of contributor □ out-of-state PAC Bils N County Rd 1130, Midland, ation / Job title (See Instructions) r Full name of contributor □ out-of-state PAC Bils N County Rd 1130, Midland, ation / Job title (See Instructions) r Full name of contributor □ out-of-state PAC Dr. Mike Vandewalle Contributor address; G602 Three Oaks, Austin, TX 787 ation / Job title (See Instructions)	6 Contributor address; City; State; Zip Code 3404 Saint Christopher, Round Rock, TX 78665 bation / Job title (See Instructions) 9 Employer (See Instruct Full name of contributor out-of-state PAC (ID#:) Bill Worsham Contributor address; City; State; Zip Code 1105 Norwalk, Austin, TX 78703 Employer (See Instruct ation / Job title (See Instructions) Employer (See Instruct Dr of Costal Engineering Employer (See Instruct Full name of contributor out-of-state PAC (ID#:) Roger Rusert Contributor address; Contributor address; City; State; Zip Code 3815 N County Rd 1130, Midland, TX 79705 ation / Job title (See Instructions) Employer (See Instruct r Contributor address; City; State; Zip Code 3815 N County Rd 1130, Midland, TX 79705 Employer (See Instruct ation / Job title (See Instructions) Employer (See Instruct r Out-of-state PAC (ID#:

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 35
FILER NAME	aura Pressley		3 Filer 1D (Ethics Commission Filers)
Date 4/14/16	 5 Full name of contributor	Zip Code	7 Amount of contribution (\$) 100
Date 4/14/16	Full name of contributor Thomas Parker Contributor address; City; State;	#:) Zip Code	Amount of contribution (\$)
	70 Marvin, Los Altos, CA 94022		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4/15/16	Full name of contributor 🛛 out-of-state PAC (ID)	#:)	Amount of contribution (\$)
	Contributor address; City; State; 2317 W. Cuthbert, Midland, TX 79		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date 4/27/16	Full name of contributor Michael Olcott Contributor address; City; State; P.O. Box 26996, Fort Worth, TX 7	Zip Code	Amount of contribution (\$)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc N/A	tions)

MONET	TARY POLITICAL CONTRIBUTIONS	S SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
2 FILER NAME	aura 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 occu	pation / Job title (See Instructions) 9 Employer (S	lee Instructions)
Date 4/21/16	Full name of contributor Dut-of-state PAC (ID#:	Amount of contribution (\$)
Principal occur	4705 Picadilly, Tyler TX 75703 Dation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 4/20/16	Full name of contributor Mary Anderson Contributor address; City; State; Zip Code 5019 Placid Place, Austin, TX 78731	Amount of contribution (\$)
Principal occup Retired	pation / Job title (See Instructions) Employer (See N/A	ee Instructions)
Date 4/28/16	Full name of contributorout-of-state PAC (ID#: Susan Meyer Contributor address; City; State; Zip Code 5904 Wesley, Granbury, TX 76049	Armount of contribution (\$)
Principal occuj	pation / Job title (See Instructions) Employer (S	ee Instructions)
	I	· · ·
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see instruction guide for a	

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Laura Pressley Date 5 Full name of contributor out-of-state PAC (IOF	. The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
4/22/16 Jim Lodwick 250 4/22/16 Jim Lodwick 250 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) N/A 250 Date Full name of contributor 0ut-of-state PAC (ID#:		aura Pressley	3 Filer ID (Ethics Commission Filers)
Retired N/A Date Full name of contributor out-of-state PAC (ID#:		Jim Lodwick 6 Contributor address; City; State; Zip Code	250
4/21/16 Travis County Republican Party 200 6/21/16 Travis County Republican Party 200 Contributor address; City; State; Zip Code 200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 4/19/16 Miles Opheim Contributor address; City; State; Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		http://www.stirod	-
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 4/19/16 Miles Opheim Amount of contribution (\$) Contributor address; City; State; Zip Code 100 7413 E. County Rd, Lubbock, TX 79403 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 5/1/16 Francis McClure 200 Amount of contribution (\$)		Contributor address; City; State; Zip Code	
4/19/16 Miles Opheim 100 Contributor address; City; State; Zip Code 100 7413 E. County Rd, Lubbock, TX 79403 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 5/1/16 Francis McClure 200 200	Principal occup		tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor		Miles Opheim Contributor address; City; State; Zip Code	
5/1/16 Francis McClure 200	Principal occup		ctions)
4406 Cove Timber Cir, Granbury, TX 76049		Francis McClure Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A			ctions)

MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 35
2 FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/16	 5 Full name of contributor □ out-of-state PAG 6 Contributor address; City; State 3602 Briargrove Lane, San Ange 	e; Zip Code	7 Amount of contribution (\$) 100
•	pation / Job title (See Instructions) Curity	9 Employer (See Instruct AlliedBarton	tions)
Date 3/28/16			Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)
Date 4/13/16	Full name of contributor Out-of-state PAC Stephen Schoppe Contributor address; City; State 14804 Brown Bluff , Leander, TX		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 4/25/16	Bryan Slaton	c (ID#:) e; Zip Code TX 75189	Amount of contribution (\$)
Principal occup F	pation / Job title (See Instructions)	Employer (See Instruc Slaton Financi	•
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see inst		

MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 35
2 FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/16 8 Principal occu	 Full name of contributor address; City; State; 1133 Lamesa Dr., Richardson, TX 7 pation / Job title (See Instructions) 9 	Zip Code	7 Amount of contribution (\$) 100 ions)
Date 4/29/16 Principal occup	Beverly Adams	·	
Date 5/15/16	Full name of contributor Out-of-state PAC (ID) Cecil Taylor Contributor address; City; State; 4406 Ave. C, Austin, TX 78751	-	Amount of contribution (\$)
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 5/10/16	Full name of contributor Gil Robinson Contributor address; City; State; 5150 Broadway St, San Antonio; TX	Zip Code	Amount of contribution (\$) 250
Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instruct Alamo Heights Inte	ions) ernal Medicine Center
	ATTACH ADDITIONAL COPIES OF T		

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The	Instruction Guide explains how to complete this fo	erm.	1 Total pages Schedule A1: 35
	aura Pressley	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Date 5/12/16	Vickie Karp	#:) Zip Code	7 Amount of contribution (\$) 150
•	pation / Job title (See Instructions) 9 Estate	Employer (See Instruc Self	tions)
Date 5/6/16	Full name of contributor Dout-of-state PAC (ID Craig Cosgray Contributor address; City; State; 27206 Waterfall Hill Parkway, Spicew	Zip Code vood, TX 78669	Amount of contribution (\$) 300
Principal occu Preside	pation / Job title (See Instructions) ent Marengo Films	Employer (See Instruc Self	lions)
Date 5/11/16	Full name of contributor Dout-of-state PAC (ID Jim Keller Contributor address; City; State; 121 Cedar, San Antonio, TX 78210		Amount of contribution (\$)
Principal occu Photog	pation / Job title (See Instructions) rapher	Employer (See Instruc Self	tions)
Date 5/9/16	Full name of contributor Glynn Schanen Contributor address; City; State; 3 Colorado Trail, Wimberley, TX 786	Zip Code	Amount of contribution (\$)
Principal occu Indeper	bation / Job title (See Instructions) dent Pharmaceutical Professional	Employer (See Instruc Self	tions)

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 35
2 FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/16	 5 Full name of contributor	7 Amount of contribution (\$) 150
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See In	nstructions)
Date 5/21/16	Full name of contributor	Amount of contribution (\$) 100
Principal occup	317 Ridge View, Georgetown, TX 78628 Pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date 5/22/16	Full name of contributor George Sharkey Contributor address; City; State; Zip Code 631 Lornmead, Houston, TX 77024	Amount of contribution (\$) 100
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
Date 3/28/16	Full name of contributor Philip Johnson Contributor address; City; State; Zip Code 640 FM 2815 S., Bonham, TX 75418) Amount of contribution (\$) 110
Principal occup	pation / Job title (See Instructions) Employer (See In	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	

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The	Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A1: 35
FILER NAME	aura Pressley	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributorout-of-state PAC (ID	#:) 7 Amount of contribution (\$)
4/19/16	David Anderson	100
	6 Contributor address; City; State; 7403 Northrup Drive, San Diego, C	Zip Code
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor 🛛 out-of-state PAC (iD	#:) Amount of contribution (\$)
4/20/16	Paul Spolar	100
	Contributor address; City; State;	Zip Code
	96 Columbus Ave, Salem MA 01970	D
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor aut-of-state PAC (iD	#:) Amount of contribution (\$)
4/23/16	Charles Schumate Contributor address; City; State;	Zip Code 100
	7050 SE 181Ct, Morrison, FL 32669	9
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	#: Amount of contribution (\$)
5/18/16	Andrew Lankes	150
	Contributor address; City; State; 400 Genard, Austin, TX 78751	Zip Code
	pation / Job title (See Instructions)	Employer (See Instructions)

MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 35
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 6/6/16	5 Full name of contributor Dout-of-state PAC (ID) Steven Hannah	t:)	7 Amount of contribution (\$) 100
	6 Contributor address; City; State; 6213 Idlewood Cv, Austin, TX 7874		
Principal occup	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date 5/27/16	Janis Nasseri	·:	Amount of contribution (\$)
	Contributor address; City; State; 3617 Blossom Trail, Llano, TX 75074		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
^{Date} 5/31/16	Full name of contributor aut-of-state PAC (ID)	<u>الا المعامة ال</u>	Amount of contribution (\$)
	Contributor address; City; State; 6600 Mesa Hollow, Austin, TX 7875		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
5/24/16	Contributor address; City; State;	Zip Code	125
Principal occup	10053 Lachlan Dr., Austin, Tx 7871	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see instruct		

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The	nstruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 35
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 5/23/16	 Full name of contributor Dut-of-state PAC (W.J. Putnam Contributor address; City; State; 105 Dawson Trl, Georgetown, TX 		7 Amount of contribution (\$) 200
Principal occup	ation / Job title (See Instructions) Set ired	B Employer (See Instructi	ions)
Date 5/21/16	Full name of contributor David Oberg	ID#:)	Amount of contribution (\$)
	3404 Saint Christopher, Round Roc		,
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 6/3/16	Full name of contributor Dout-of-state PAC (Vickie Karp Contributor address; City; State;		Amount of contribution (\$)
Principal occup	9300 Lauralan, Austin, TX 78736	Employer (See Instructi	ions)
Real I		Self	·
Date 5/26/16	Neal Polan	ID#:) Zip Code	Amount of contribution (\$)
Princigal occup	730 Stallion, Lucas, TX 75002	Employer (See Instructi	ions)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instructi Retired	ions)

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 5/27/16	5 Full name of contributor out-of-state PAC (ID# Linda Mikyska	*)	7 Amount of contribution (\$)
	6 Contributor address; City; State; 730 Stallion, Lucas, TX 75002	Zip Code	
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date 6/4/16	Full name of contributor 🛛 out-of-state PAC (ID4 David Doiron	#)	Amount of contribution (\$)
	Contributor address; City; State; 6314 Whistling Pines Dr., Spring, TX		
Principał occu	Dation / Job title (See Instructions)	Employer (See Instruct	lions)
Date 6/3/16	Full name of contributor Dout-of-state PAC (ID)	•:)	Amount of contribution (\$)
	Contributor address; City; State; P.O. Box 609, Tomball, TX 77377	Zip Code	
Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instruction Island Framed	tions)
Date 6/7/16	Full name of contributor James Skaggs Contributor address; City; State;	*) Zip Code	Amount of contribution (\$)
	4700 Toreador Drive, Austin, TX 787		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruc N/A	tions)

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 35
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 6/4/16	 Full name of contributor	Zip Code	7 Amount of contribution (\$) 100
Principal occu		Employer (See Instruct	ions)
Date 6/4/16	Full name of contributor Walt Hannon Contributor address; City; State; P.O. Box 540186, Dallas, TX 75354		Amount of contribution (\$)
Principal occu	Dation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 6/4/16	Full name of contributor Dout-of-state PAC (ID# John Barber Contributor address; City; State; 752 Bethany Lake, Allen Texas, 750		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 6/20/16	Full name of contributor Ronald Britton Contributor address; City; State; 2 3703 Balcones, Austin, TX 78731		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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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 Full name of contributor (in out-of-state PAC (ID#:)		7 Amount of contribution (\$)
6/9/16	Susan Jarrett 6 Contributor address; City; State; Zip Code P.O. Box 312, Austin, TX 78767		100
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Music Self Employed		ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/31/16	Ann Monshaugen 15		150
	Contributor address; City; State; Zip Code		
	6600 Mesa Dr, Austin, TX 78750		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 6/5/16	Full name of contributor 🗍 out-of-state PAC	(ID#:)	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 2701 Yellowstone Park Lane, Corinth, Texas 76210			
Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A		ions)	
Date	Full name of contributor	Full name of contributor	
6/4/16	Laura Pressley Contributor address; City; State; Zip Code		120
Principal occupation / Job title (See Instructions) Owner Pure Rain, LLC Self		ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 35
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 6/21/16	5 Full name of contributor Roque De La Fuente	#:)	7 Amount of contribution (\$) 2000
	6 Contributor address; City; State; Zip Code 5440 Morehouse Dr., San Diego, CA 92121		
	pation / Job title (See Instructions) 9 Oper	Employer (See Instruction	ons)
Date	Full name of contributor 🛛 out-of-state PAC (ID:	#:)	Amount of contribution (\$)
6/21/16	Bronwen Spindle		100
	Contributor address; City; State;		
	18018 Forst Cedars, Houston, TX	77084	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributorout-ol-state PAC (ID:	#:)	Amount of contribution (\$)
6/22/16	Carol Marshall 100		100
	Contributor address; City; State;	Zip Code	
	13154 Barryknoll Ln, Houston, Tx 77	7079	
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributorout-of-state PAC (ID:	#:)	Amount of contribution (\$)
6/20/16	Georgia Scott Contributor address; City; State;	Zip Code	100
	P.O. Box 183, Bluff Dale, TX 76433	3	
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruction	ons)

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MONE	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 35
	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date 6/27/16	5 Full name of contributor		7 Amount of contribution (\$) 78
	5019 Placid Place, Austin, TX 78	731	
	pation / Job title (See Instructions)	9 Employer (See Instruct Self	lions)
Date 6/27/16	_		Amount of contribution (\$) 76
Principal occuj	Dation / Job title (See Instructions)	Employer (See Instruct Self	ions)
Date 4/26/16	Full name of contributor Mark Panattoni Contributor address; City; State; 14252 Culver Dr, Irvine, CA 92604	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 4/26/16	Dollie Stoner	(ID#:) ; Zip Code UT 84765	Amount of contribution (\$) 100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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			SCHEDULE A
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 35
FILER NAME	aura Pressley		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributorout-of-state PAC (ID#:)		7 Amount of contribution (\$)
5/8/16	King Walker 6 Contributor address; City; State; Zip Code		100
	3602 Briargrove Lane, San Angelo	, TX 76904	
•		Employer (See Instruct AlliedBarton	ions)
Date 6/4/16	Full name of contributor David Wilson Contributor address; City; State;	D#:)	Amount of contribution (\$)
	18526 Partners Voice Dr. Cypress		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 6/29/16	Full name of contributor Out-of-state PAC (# Bill Trembly	D#:)	Amount of contribution (\$)
	Contributor address; City; State; 150 Pinehurst St. Meadowlakes,	,	•
•	etired	Employer (See Instruct Retired	ions)
Date	Full name of contributor 🔲 out-ol-state PAC (II	D#:)	Amount of contribution (\$)
N/A	Contributor address; City; State;	Zip Code	•• • •
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 5
2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED LOANS		\$ 700
5 Date of Ioan 4/15/16	7 Name of lender Out-of-state PAC (ID#:) Laura Pressley		9 Loan Amount (\$) 3500
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code		10 Interest rate N/A
Y M	10203 Woodglen Cove Aust	in, TX 78753	11 Maturity date TBD
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Coll	14 Description of Collateral 15 Check if personal funds were account (See Instructions)		deposited into political
16 GUARANTOR INFORMATION	 17 Name of guarantor N/A 18 Guarantor address; City; S 	State; Zip Code	19 Amount Guaranteed (\$)
not applicable			·
20 Principal Occupa N/A	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	ate of loan Name of lender out-of-state PAC (ID#:)		Loan Amount (\$)
6/3/16	Laura Pressley		20000
ls lender a financial	Lender address; City; S	State; Zip Code	Interest rate N/A
Institution?	10203 Woodglen Cove		Maturity date TBD
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Owner		Pure Rain, LLC	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor	· · · · · · · · · · · · · · · · · · ·	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		4	
Principal Occupati N	ion (See Instructions) I/A	Employer (See Instructions)	
14 1	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

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LOANS	
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SCHEDULE E

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 5	
2 FILER NAME Laura Pressley			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 4/13/16	7 Name of lender out-of-state PAC (ID#:) Laura Pressley		9 Loan Amount (\$) 15000
6 Is lender a financial Institution?	ncial		10 Interest rate N/A
YN		III, IX 76755	11 Maturity date TBD
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	•	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code			
not applicable			
20 Principal Occupat N/A	tion (See Instructions)	21 Employer (See Instructions)	kenne und de en
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
6/2/15	Laura Pressley		6000
ls lender a financial Institution?		State; Zip Code	Interest rate N/A
YN	10203 Woodglen Cove, Aus	ain, IX 78753	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
		Check if personal funds were account (See Instructions)	deposited into political
X none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
🗴 not applicable		·····	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NI struction guide for additional re	

k	PAC (ID#: 	1 Total pages Schedule E: 5 3 Filer ID (Ethics Commission Filers) \$ _) 9 Loan Amount (\$) 7166 10 Interest rate N/A 11 Maturity date TBD
City; S	State; Zip Code MO	\$ 9 Loan Amount (\$) 7166 10 Interest rate N/A 11 Maturity date TBD
City; S	State; Zip Code MO	 9 Loan Amount (\$) 7166 10 Interest rate N/A 11 Maturity date TBD
city; s 108 St. Louis,	State; Zip Code MO	7166 10 Interest rate N/A 11 Maturity date TBD
108 St. Louis,	MO	N/A 11 Maturity date TBD
		TBD
tions)	13 Employer (See Instructi	
· · · · · · · · · · · · · · · · · · ·		
	15 Check if personal funds account (See Instruction	s were deposited into political ons)
		19 Amount Guaranteed (\$)
; City; S	State: Zip Code	
	21 Employer (See Instruct	ions)
out-of-state	PAC (ID#:) Loan Amount (\$)
a		2396
	State; Zip Code	Interest rate
01 Dallas, TX	75285	Maturity date
tions)	Employer (See Instruct	
	Check if personal funds account (See Instructio	s were deposited into political
<u> </u>		
: Citv:	State: Zip Code	Amount Guaranteed (\$)
	- •	
	Employer (See Instruct	ions)
sss	or 	sss; City; State; Zip Code

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E: 5
2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 9/10/15			9 Loan Amount (\$) 2986
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code		10 Interest rate N/A
XYN	P.O. Box 15123 Willmingtor	n, DE 19850	11 Maturity date TBD
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A 18 Guarantor address;	State; Zip Code	19 Amount Guaranteed (\$)
not applicable 20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
N/A	· · · · · · · · · · · · · · · · · · ·		
Date of loan 8/4/15	Name of lender out-of-state	e PAC (ID#:)	Loan Amount (\$) 17724
ls lender a financial	Lender address; City;	State; Zip Code	interest rate
Institution?	P.O. Box 60599 City of Indu	ustry, CA 91716	Maturity date TBD
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
Description of Col	lateral	Check if personal funds were	e deposited into political
Image: See Instructions Image: See Instructions Image: See Instructions			
GUARANTOR INFORMATION	Name of guarantor N/A Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
🕅 not applicable	,		
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
If 1	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS N Instruction guide for additional	

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SCHEDULE E

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: 5	
			3 Filer ID (Ethics Commission Filers)	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Laura Pressley				
	·····			
A TOTAL O			\$	
4 TOTAL OF UNITEMIZED LOANS		Ψ		
5 Date of loar	7 Name of lender 🗌 out-of-state	e PAC (ID#:)	9 Loan Amount (\$)	
- 5010 0. 100		, , , , , , , , , , , , , , , , , , , ,		
6/8/16	Laura Pressley		500	
	, _ ,			
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial	Cender address, Only,		N/A	
Institution?				
	10203 Woodglen Cove Aus	stin, IX 78753	11 Maturity date	
YM	-		TBD	
		- <u></u>		
12 Principal oc	cupation / Job title (See Instructions)	13 Employer (See Instructions)		
Owner		Pure Rain, LLC		
14 Description	of Collateral	15 Check if personal funds were	deposited into political	
		account (See Instructions)	,	
X none				
			T	
16 GUARANTO	DR 17 Name of guarantor		19 Amount Guaranteed (\$)	
INFORMAT	ION N/A			
N/A				
18 Guarantor address: City; State; Zip Code				
To Guaramor address, City, State, Zip Code				
	iaphla			
not app	icable			
20 Principal O	ccupation (See Instructions)	21 Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
. ·		= Cinpleyer (Gee instructions)		
N/A				
Date of loan	Name of lender 🛛 out-of-stat	:e PAC (ID#:)	Loan Amount (\$)	
AIADIAD			1000	
4/13/16 Laura Pressley 1000			1000	
ls lender	Lender address; City;	State; Zip Code	Interest rate	
a financial			N/A	
Institution?	10202 Woodelen Cove Au	ictin TV 79753		
	10203 Woodglen Cove, Au	isun, ix rorus	Maturity date	
YN			TBD	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)		
Owner		Pure Rain, LLC		
Description	of Collateral	Check if personal funds were	deposited into political	
		account (See Instructions)		
X none				
			Amount Guaranteed (\$)	
GUARANTO			Allouni Gualanteeu (#)	
INFORMAT	N/A			
	Guarantor address; City;	State; Zip Code		
K not app	licable	· · ·		
			ļ	
Principal Oc	cupation (See Instructions)	Employer (See Instructions)		
N/A				
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS NI	EEDED	
	If lender is out-of-state PAC, please see i	instruction guide for additional re	eporting requirements.	
	, p, -	.		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)		
⁴ Date 1/1/16	5 Payee name HEB		•		
6 Amount (\$) 208. 12	7 Payee address; City; State; 2 5808 Burnet Road, Austin,	•			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Food	Check if trave	el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
^{Date} 1/20/16	Payee name Capital One				
Amount (\$) 300	Payee address; City; State; 2 P.O. Box 60599, City of Ind	•			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this CC Payment	Check il travel	l outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
^{Date} 1/20/16	Payee name IEEE US Bank				
Amount (\$)	Payee address; City; State; 2	Zip Code			
350	P.O. Box 790408, St. Lou	is MO			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel	l outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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SCHEDULE F1

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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)
⁴ Date 1/21/16	5 Payee name Discover		
5 Amount (\$) 275	7 Payee address; City; State; Zip P.O. Box 6103 Carol Steam, I		
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this set CC Payment	Check if Iravel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 1/21/16	Payee name Citi Card	······	
Amount (\$) 350	Payee address; City; State; Zip P.O. Box 183037, Columbus (· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel out	tside ol Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/27/16	Payee name Dr. Jeff Jacobson, Ph.D.		· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip	Code	
1150	333 Larmatine, Jamaica Plair	n, MA 02130	· • • `
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sch Legal Services	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS NEE	EDED

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense I Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
⁴ Date 2/16/16	5 Payee name Capitol One			
6 Amount (\$) 300	7 Payee address; City; State; Zip P.O. Box 60599, City of In			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check if travel of	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
^{Date} 2/17/16	Payee name Discover		· · ·	
Amount (\$) 250	Payee address; City; State; Zip P.O. Box 6103 Carol Ste		``````````````````````````````````````	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch CC payment	Check if travel ou	itside of Texas. Complete Schedule T. h, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 2/17/16	Payee name IEEE US Bank	······································	· ·	
Amount (\$) 300	Payee address; City; State; Zip P.O. Box 790408, St. Louis N			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scr CC payment	Check if travel ou	rside of Texas. Complete Schedule T. n. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	EDED	

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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor a how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
18	Laura Pressley		
^{4 Date} 2/17/16	5 Payee name Citi Card		
6 Amount (\$)	7 Payee address; City; State; Zig	Code	
610	P.O. Box 183037 Columbus,	OH 43218	
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
PURPOSE OF EXPENDITURE	cc payment		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date 2/29/16	Payee name Office Depot		· ·
Amount (\$)	Payee address; City; State; Zi	Code	
108.24	I-35, Austin, TX		
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Printing Supplies		itside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/28/16	Payee name Dr. Jeffrey Jacobson		
Amount (\$)	Payee address; City; State; Zi	Code	
1000	333 Lamartine St. Jamaica Pla	in, MA 02130	
PURPOSE	Category (See Categories listed at the top of this so		utside of Texas. Complete Schedule T.
OF	Legal Fees	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		AME a Pressley			3 Filer ID (Ethics Commission Filers)
4 Date 3/9/16	5 Payee na Office		·		
6 Amount (\$) 108.24	7 Payee ad I-35,	ddress; City; State Austin, TX	; Zip Code		· · · · · · · · · · · · · · · · · · ·
8 PURPOSE OF EXPENDITURE		V (See Categories listed at the top of ng Supplies	this schedule)		utside of Texas. Complete Schedule T. A, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought	Office held
Date 3/14/16	Payee na The Pa	ame aper Place			
Amount (\$) 208.92	Payee ad 4001	ddress; City; State N. Lamar, Austin, T	•		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of ting Supplies	this schedule)		tside of Texas. Complete Schedule T. . TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date 3/21/16	Payee na IEEE I	^{ame} JS Bank			,
Amount (\$)	Payee ad	dress; City; State	; Zip Code		
250	P.O. B	ox 790408, St. Loui	is MO		
PURPOSE OF EXPENDITURE		 (See Categories listed at the top of payment 	lhis schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)			
^{4 Date} 3/21/16	5 Payee name Capital One					
6 Amount (\$) 350	7 Payee address; City; State; Zip Code P.O. Box 60599, City of Industry, CA 91716					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched CC payment	Check il travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 3/21/16	Payee name Discover		• . •			
Amount (\$) 475	Payee address; City; State; Zip C P.O. Box 6103 Carol St					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere CC payment	Check il travel ou	itside of Texas. Complete Schedule T. a, TX, otticeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 3/21/16	Payee name Dr. Jeffery Jacobson	· .	· .			
Amount (\$) 1000	Payee address; City; State; Zip C 333 Lamartine St. Jan		30			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schered at the top of top of the top of the top of the top of top o	Check il travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED			

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pagesSchedule F1:	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/16	5 Payee name Citi Card		L
6 Amount (\$)	7 Payee address; City; State; Z	lip Code	
200	P.O. Box 183037 Col	umbus, OH 43218	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	C payment		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
3/22/16	Mark Cohen		
Amount (\$)	Payee address; City; State; Z	/ip Code	
130	805 W. 10th, Ste. 100, Au	stin, Tx 78701	
	Category (See Categories listed at the top of this :		
PURPOSE OF EXPENDITURE	Legal Fees		ıtside of Texas. Complete Schedule T. a, ΤΧ, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date 4/4/16	Payee name The Paper Place		
Amount (\$)	Payee address; City; State; Z	ip Code	
250.60	4001 N. Lamar, Austin, TX	· ·	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Printing Supplies	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, afficeholder 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 NEE	EDED

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SCHEDULE F1

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	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees c Food/Beverage Expense c Gift/Awards/Memorials Expense c	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out OI District Other (enter a category not listed above)
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/16	5 Payee name Anna Eby	· · ·	
6 Amount (\$)	7 Payee address: City; State; Zip	Code	
1500	302 N. Lampasas, Round Roo	ck, TX 78664	
8	(a) Category (See Categories listed at the top of this sch		tside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Legal Fees	} <u></u>	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4/8/16	Payee name Mark Cohen		
Amount (\$)	Payee address; City; State; Zip	Code	
3000	805 W. 10th Ste 100, Austi	n, Tx. 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this sch	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/15/16	Payee name Anna Eby		· ·
Amount (\$)	Payee address; City; State; Zip	Code	
3500	302 N. Lampasas, Round	Rock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Legal Fees	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credil Card Payment							
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley						
⁴ Date 4/20/16	⁵ Payee name Capitol One	· · · · · · · · · · · · · · · · · · ·	· ·				
6 Amount (\$) 350	7 Payee address; City; State; Zip Code P.O. Box 60599, City of Industry, CA 91716						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
^{Date} 4/20/16	Payee name IEEE US Bank		· · ·				
Amount (\$) 400	Payee address; City; State; Zij P.O. Box 790408, St. L						
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this so	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name 1	Office sought	Office held				
Date 4/20/16	Payee name Dr. Jeffery Jacobson						
Amount (\$) 1000	Payee address; City; State; Zip 333 Lamartine St. Jamaica						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel ou	Iside of Texas. Complete Schedule T. , TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED				

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		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:		AME Pressley			3 Filer ID (Ethics	Commission Filers)
18 4 Date 4/21/16	5 Payee na Citi Car	me				<u> </u>
6 Amount (\$)	7 Payee ad	dress; City; State; Z	ip Code			
200	P.C	. Box 183037 Colum	bus, OH	43218		
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	с	c payment			utside of Texas. Complete S	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 4/21/16	Payee na [me Discover				
Amount (\$) 400	Payee ad	dress; City; State; 2 P.O. Box 6103 Carol	•	L 60197		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this payment	schedule)		itside of Texas. Complete Sc , TX, officeholder living o	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 4/28/16	Payee na FedEX	C Office				
Amount (\$)	Payee ac	dress; City; State; 2	Zip Code		· · · ·	
202.89	5900 B	urnet Road, Austin, T	X			·
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this ng Supplies	schedule)		tside of Texas. Complete Son, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
· · · · · · · · · · · · · · · · ·	AT	FACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)		
4 Date 4/28/16	5 Payee name Capital One		· ·		
6 Amount (\$) 331	rt (\$) 7 Payee address; City; State; Zip Code P.O. Box 60599, City of Industry, CA 91716				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description CC payment Check if travel outside of Texas. Complete Schedule T. 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 6/9/16	Payee name Office Depot	······································			
Amount (\$) 139.60	Payee address; City; State; Zi I-35, Austin, TX	p Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Printing Supplies	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
^{Date} 5/9/16	The Paper Place				
Amount (\$) 149.93	Payee address; City; State; Zi 4001 N. Lamar, Austin, TX	p Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Printing Supplies	Check il travel ou	itside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Accounting/Banking Fees Office Overhead/Rei Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Git/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contributions/Donations		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)	
⁴ Date 5/17/16	⁵ Payee name IEEE US Bank			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
263	P.O. Box 790408, St. Lo	uis MO		
8	(a) Category (See Categories listed at the top of thi			
PURPOSE OF EXPENDITURE	cc payment		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 5/27/16	Payee name Dr. Jeffery Jacobson	~		
Amount (\$)	Payee address; City; State;	Zip Code		
1000	333 Lamartine St. Jamaic	a Plain, MA 02130		
PURPOSE	Category (See Categories listed at the top of th		utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Legal Fees	Check if Austin	n, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
^{Date} 5/27/16	Payee name Anna Eby			
Amount (\$)	Payee address; City; State;	Zip Code		
11000	302 N. Lampasas, Rou	nd Rock, TX 78664		
PURPOSE	Category (See Categories listed at the top of th		utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Legal Fees	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
·	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED	

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		EXPENDITURE CATE	GORIES	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		AME 3 Pressley			3 Filer ID (Ethics Commission Filers)
^{4 Date} 5/31/16		äper Place			L
6 Amount (\$)	7 Payee ad	ddress; City; State; 2	Zip Code		
105.54	4001 N	. Lamar, Austin, TX			
8	(a) Category	/ (See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Pri	nting Supplies			utside of Texas. Complete Schedule T. n, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought	Office held
Date 5/31/16	Payee na Capita				
Amount (\$)	Payee a	ddress; City; State; Z	Zip Code		<u> </u>
319	P.O. 1	Box 60599, City of Inc	lustry, C	A 91716	
PURPOSE OF EXPENDITURE		 (See Categories listed at the top of this payment 	schedule)		itside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held
Date	Payee n				
6/6/16	-	frey Jacobson			
Amount (\$)	Payee a	ddress; City; State; Z	Zip Code		
2942.49	333	3 Lamartine St. Jamai	ca Plain	, MA 02130	
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this	schedule)		itside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/ON		late / Officeholder name		Office sought	Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED

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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		a Pressley			3 Filer ID (Ethics Commission Filers)
4 Date 6/6/16	5 Payee name Citi Card				
6 Amount (\$)	7 Payee a	ddress; City; State;	Zip Code		
5347	P.0	. Box 183037 Columb	ous, OH	43218	:
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE OF EXPENDITURE	cc p	ayment			itside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	Office held
Date 6/6/16	Payee n Disc			/	· · ·
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
8000	Ρ.	O. Box 6103 Carol St	eam, IL	60197	· · · · · ·
PURPOSE OF EXPENDITURE	_	y (See Categories listed at the top of this C payment	schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held
Date 6/9/16	Payee n Disc	ame COVEL			
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
3372	P.O.	Box 6103 Carol Stear	n, IL 601	197	
PURPOSE OF EXPENDITURE	-	y (See Categories listed at the top of this	schedule)		itside of Texas. Complete Schedule T, I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name	<u> </u>	Office sought	Office held
	TA	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEI	EDED

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 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; Z P.O. Box 790408, St. Lo			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 6/16/16	Payee name Computer Medic		· · · · · · · · · · · · · · · · · · ·	
Amount (\$) 281.45	Payee address; City; State; Z 111 Ramble Lane, Austin, 7			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Computer Supplies	Check if travel ou	tside of Texas. Complete Schedule T. , 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	ÎËËE US Bank			
Amount (\$) 243	Payee address; City; State; Z P.O. Box 790408, St. Lo			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel ou	tside of Texas. Complete Schedule T. , TX, olficeholder 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				

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	EXPENDITURE CATEGOR	IES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Offic Food/Beverage Expense Polli y Gitt/Awards/Memorials Expense Print	Repayment/Reimbursement a Overhead/Rental Expense ng Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Total pages Schedule F1:	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)		
^{Date} 6/17/16	5 Payee name Anna Eby				
5 Amount (\$) 5944	7 Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664				
B PURPOSE OF EXPENDITURÉ	(a) Category (See Categories listed at the top of this schedule Legal Fees	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name H	Office sought	Office held		
Date 6/28/16	Payee name Capital One				
Amount (\$) 319	Payee address; City; State; Zip Co P.O. Box 60599, City of Industry		· · ·		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Check if travel of	utside ol Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY it direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date 6/29/16	Payee name PromiseLand Scholarship				
Amount (\$)	Payee address; City; State; Zip Co	de			
189	1504 East 51st street Austin, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul contribution	Check il travel o	nutside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out OI District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)		
⁴ Date 1/1/16 - 6/30/16	5 Payee name Piryx		·		
6 Amount (\$) 136.13	7 Payee address; City; State; www.Piryx.com	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Transaction Fees	Check il travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name 1	Office sought	Office held		
Date	Payee name				
1/1/16 - 6/30/16	PayPal				
Amount (\$)	Payee address; City; State;	Zip Code			
29.22	www.PayPal.com	ε ·			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Transaction Fees	Check if travel ou	ilside of Texas. Complete Schedule T. 6, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	i Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name N/A	· · · · · · · · · · · · · · · · · · ·	1		
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this	Check if travel or	utside of Texas. Complete Schedule T. I, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED		

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 18	2 FILER NAME Laura Pressley		3 Filer ID (Ethics Commission Filers)		
⁴ _{Date} 1/1/16 - 6/30/16	5 Payee name DoodleKit				
6 Amount (\$) 432.00	7 Payee address; City; State; Z www.Doodlekit	ip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expenses/Websit	Check if travel ou	utside of Texas. Complete Schedule T. h, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Z	ip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Рауее патте				
Amount (\$)	Payee address; City; State; Z	ip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel ou	itside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED		