

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 38
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Laura A. <small>NICKNAME LAST SUFFIX</small> Pressley, Ph.D.		OFFICE USE ONLY Date Received <div style="font-size: 1.2em; font-weight: bold;">OCC RECEIVED AT JUL 16 '18 PM 3:51</div> Date Hand-delivered or Date Postmarked
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10203 Woodglen Cove, Austin, TX 78753 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION () 512-762-3825		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Fidel <small>NICKNAME LAST SUFFIX</small> Acevedo		Receipt #
	Date Processed		Amount \$
	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3807 Prairie, Austin, TX 78728		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () 512-775-7276		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month / Day / Year 1/1/18 </div> <div>THROUGH</div> <div> Month / Day / Year 6/30/18 </div> </div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month / Day / Year 12/16/14 </div> <div style="flex: 2;"> ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Austin City Council District 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

Laura Pressley, Ph.D.

15 Filer ID (Ethics Commission Filers)

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

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 3,360.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 39,133.30

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4,528.55

4. TOTAL POLITICAL EXPENDITURES \$ 36,796.64

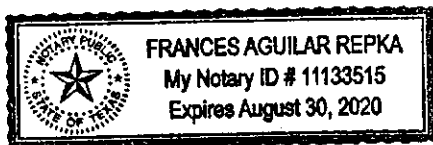
**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 21,792.15

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 52,143.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Laura Pressley, this the 16TH day of July, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

Laura Pressley, Ph.D.

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

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 39,133.30
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 10,000
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 52,143.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36,796.64
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,756.08
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

19

2 FILER NAME

Laura Pressley, Ph.D.

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

2/2/2018

5 Full name of contributor

Britt Smith

☐ out-of-state PAC (ID#:**6**

City; State; Zip Code

637 SHEFFIELD DRIVE RICHARDSON TX75081

7 Amount of contribution (\$)

\$100.00

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

Date

2/20/2018

☐ out-of-state PAC (ID#:

Unkon Donation, from gg.ggrp@gmail.com, refunded 7/15/18

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Health Care

Employer (See Instructions)

Self

Date

2/20/2018

Full name of contributor

Ladd Bogdonoff

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

910 D. Street #1282San Rafael, CA 94915

Amount of contribution (\$)

\$108.00

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Mr. Skylight

Date

2/22/2018

Full name of contributor

Robert Belanger

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

711 Lost Canyon, Westlake Hills, TX 78746

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

2/22/2018

5 Full name of contributor

Mary Anderson

☐ out-of-state PAC (ID# _____)**6** City; State; Zip Code

5019 Placid Place Austin, TX 78731

7 Amount of contribution (\$)

\$65.00

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Medical Industry

Date

2/24/2018

James Skaggs

☐ out-of-state PAC (ID# _____)

City; State; Zip Code

4700 TOREADOR DR TX 78746

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/26/2018

Full name of contributor

Eduardo Longoria

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1508 Norris Drive Austin TX78704

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/2018

Full name of contributor

Susan Straus

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

232 Argyle San antonio TX78209

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

C.T.P.

Employer (See Instructions)

Ms.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

2/28/2018

5 Full name of contributor

William Doyle

☐ out-of-state PAC (ID#:**6** City; State; Zip Code

3431 N Hills Dr 218 Austin TX78731

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Employee

9 Employer (See Instructions)

US Government

Date

3/13/2018

Catherine Austin Pitts

☐ out-of-state PAC (ID#:

City; State; Zip Code

240 Powell Street Hickory Valley TN38042

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Health Care

Employer (See Instructions)

Self

Date

3/13/2018

Full name of contributor

Jeffrey McManus

☐ out-of-state PAC (ID#:**Contributor address; City; State; Zip Code**

788 Terrell Rd San Antonio TX78209

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

3/23/2018

Full name of contributor

Maurice N Lambert

☐ out-of-state PAC (ID#:**Contributor address; City; State; Zip Code**

6 Fairway Drive Frisco TX75035

Amount of contribution (\$)

\$100.00

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

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank Lee 6 Requested City: State: Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/26/2018	<input type="checkbox"/> out-of-state PAC (ID#: Ladd Bogdonoff City: State: Zip Code 910 D. Street #1282 San Rafael, CA 94915	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Mr. Skylight
Date 3/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jon Streeter Contributor address; City: State: Zip Code 31524 Crystal Sands Drive Laguna Niguel CA 92677	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lois Sarno Contributor address; City: State: Zip Code 32 Edgewater Drive HAINESPORT NJ 8036	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

19

2 FILER NAME

Laura Pressley, Ph.D.

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

3/28/2018

5 Full name of contributor

Anna Nash

☐ out-of-state PAC (ID#:**6**

City: State: Zip Code

1061 Hawthorne Loop Driftwood TX78619

7 Amount of contribution (\$)

\$100.00

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

Date

3/28/2018

DAVID MCNAUGHTON

☐ out-of-state PAC (ID#:

City: State: Zip Code

48781 DENTON RD APT 28 VAN BUREN TWP MI48111

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Health Care

Employer (See Instructions)

Self

Date

4/9/2018

Full name of contributor

Selina Mo

☐ out-of-state PAC (ID#:

Contributor address;

City: State: Zip Code

P.O. Box 26 Crossville, TN 38557

Amount of contribution (\$)

\$5,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/9/2018

Full name of contributor

Dr. Gil Robinson

☐ out-of-state PAC (ID#:

Contributor address;

City: State: Zip Code

5150 Broadway, #610, San Antonio TX 78209

Amount of contribution (\$)

\$2,000.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

19

2 FILER NAME

Laura Pressley, Ph.D.

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

4/9/2018

5 Full name of contributor☐ out-of-state PAC (ID#:

Lawrence Sima

6

City; State; Zip Code

1231 E. Timber Tides Drive, Union WA 98592

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

4/9/2018

Sandra Jenne

☐ out-of-state PAC (ID#:

City; State; Zip Code

1231 E. Timber Tides Drive, Union WA 98592

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Health Care

Employer (See Instructions)

Self

Date

4/16/2018

Full name of contributor

William Doyle

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

3431 N Hills Dr 218 Austin TX78731

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2018

Full name of contributor

Craig Cosgray

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

27206 Waterfall Hill Pkwy, Spicewood, TX 78669

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Marengold Films

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/16/2018

5 Full name of contributor

Arliss Watson

☐ out-of-state PAC (ID#):**6** City: State: Zip Code

1604 Sycamore Ave Corsicana, TX 75110

7 Amount of contribution (\$)

\$100.00

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

4/16/2018

Doris Copeland

☐ out-of-state PAC (ID#):

City: State: Zip Code

2059 SE CR 3310, Kerens, TX 75144

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Health Care

Employer (See Instructions)

Self

Date

4/16/2018

Full name of contributor

Gary and Pamela Webb

☐ out-of-state PAC (ID#):**Contributor address;**

City: State: Zip Code

713 Shooting Star, Las Vegas, 59107

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

4/16/2018

Full name of contributor

Miles Openheim

☐ out-of-state PAC (ID#):**Contributor address;**

City: State: Zip Code

7413 E CR 6900, Lubbock, TX 79403

Amount of contribution (\$)

\$100.00

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

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

SCHEDULE A1

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/18/2018

5 Full name of contributor

Philip Chandler

☐ out-of-state PAC (ID#:**6** City; State; Zip Code

325 CR 144A MARBLE FALLS, TX 78654

7 Amount of contribution (\$)

\$100.00

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

Date

4/18/2018

☐ out-of-state PAC (ID#:

Toni Lagaras

City; State; Zip Code

5091 COPELAND AVE NW, Warren, Ohio 44483

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2018

Full name of contributor

Mark Cregan

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Requested

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2018

Full name of contributor

James Skobow

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

15301 Mallard Green Ln, Austin, TX, 78728

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/18/2018

5 Full name of contributor☐ out-of-state PAC (ID#:

Ladd Bogdonoff

6

City; State; Zip Code

910 D. Street #1282 San Rafael, CA 94915

7 Amount of contribution (\$)

\$108.00

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Mr. Skylight

Date

4/18/2018

Dana Ambs

☐ out-of-state PAC (ID#:

City; State; Zip Code

3712 WERNER AVE TX 78722

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2018

Full name of contributor

☐ out-of-state PAC (ID#:

Alan Barr

Contributor address;

City; State; Zip Code

7706 STONEYWOOD DR TX 78731

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2018

Full name of contributor

☐ out-of-state PAC (ID#:

James Skaggs

Contributor address;

City; State; Zip Code

4700 TOREADOR DR TX 78746

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/24/2018

5 Full name of contributor☐ out-of-state PAC (ID#:

FRANK DOBROVOLNY

6 City; State; Zip Code

217 SOUTH RAGSDALE STREET JACKSONVILLE TX75766

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

The Dobrovolny Law Firm

Date

4/24/2018

☐ out-of-state PAC (ID#:

Travis Snavelly

City; State; Zip Code

2005-A Kenneth Ave Austin TX78741

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2018

Full name of contributor

☐ out-of-state PAC (ID#:

JoAnn Fleming

Contributor address; City; State; Zip Code

13128 Timber Creek Drive Flint TX75762

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2018

Full name of contributor

☐ out-of-state PAC (ID#:

Bobby Bonnett

Contributor address; City; State; Zip Code

8991 Peninsula Drive Tyler TX75707

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/24/2018

5 Full name of contributor☐ out-of-state PAC (ID# _____)

Vickie Karp

6

City; State; Zip Code

9300 Lauralan Dr. Austin TX78736

7 Amount of contribution (\$)

\$100.00

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

Date

4/24/2018

☐ out-of-state PAC (ID# _____)

Anna Nash

City; State; Zip Code

1061 Hawthorne Loop Driftwood TX78619

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2018

Full name of contributor

☐ out-of-state PAC (ID# _____)

Susan Straus

Contributor address;

City; State; Zip Code

232 Argyle San antonio TX78209

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2018

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jennifer Howell

Contributor address;

City; State; Zip Code

1937 Octubre Dr. El Paso TX79935

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/24/2018

5 Full name of contributor

David K. Smith

☐ out-of-state PAC (ID# _____)**6**

City: State: Zip Code

611 West Forest Drive HOUSTON TX 77079

7 Amount of contribution (\$)

\$100.00

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

Date

4/27/2018

Arthur Linnemeyer

☐ out-of-state PAC (ID# _____)

City: State: Zip Code

2007 Happy Camp Rd, Cave Junction, Oregon 97523

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/2018

Full name of contributor

Rick McGinnis

☐ out-of-state PAC (ID# _____)

Contributor address:

City: State: Zip Code

612 West 34th St., Austin, TX 78705

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/2018

Full name of contributor

Rich Shaver

☐ out-of-state PAC (ID# _____)

Contributor address:

City: State: Zip Code

P.O. Box 10 Tennyson, TX 76953

Amount of contribution (\$)

\$120.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19**2 FILER NAME**

Laura Pressley, Ph.D.

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

4/27/2018

5 Full name of contributor

Mary Anderson

☐ out-of-state PAC (ID# _____)**6** City; State; Zip Code
5019 Placid Place Austin, TX 78731**7 Amount of contribution (\$)**

\$60.00

8 Principal occupation / Job title (See Instructions)

Medical Industry

9 Employer (See Instructions)

Self

Date

4/27/2018

Terrill Putnam

☐ out-of-state PAC (ID# _____)City; State; Zip Code
105 DAWSON TRL GEORGETOWN, TX 78633-4971**Amount of contribution (\$)**

\$500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/27/2018

Full name of contributor

Larry Bartoli

☐ out-of-state PAC (ID# _____)**Contributor address; City; State; Zip Code**

1051 Harmony Circle Weatherford, TX 76087

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

4/27/2018

Full name of contributor

Brad Parsons

☐ out-of-state PAC (ID# _____)**Contributor address; City; State; Zip Code**

3571 Far West Blvd Austin, TX 78731

Amount of contribution (\$)

\$100.00

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

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/27/2018

5 Full name of contributor

S.L. Whiteker

☐ out-of-state PAC (ID#:**6**

City: State: Zip Code

P.O. Box 150865, Austin, TX 78715

7 Amount of contribution (\$)

\$100.00

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

Date

4/27/2018

George Maguire

☐ out-of-state PAC (ID#:

City: State: Zip Code

11101 Tegeler, Brenham, TX 77833

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/2018

Full name of contributor

Joseph Kalka

☐ out-of-state PAC (ID#:

Contributor address;

City: State: Zip Code

10746 Odair CT, Dallas, TX 75218

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/2018

Full name of contributor

Bill Gattis

☐ out-of-state PAC (ID#:

Contributor address;

City: State: Zip Code

3820 Tordera Dr. Austin, TX 78738

Amount of contribution (\$)

\$
1
0
0

Principal occupation / Job title (See Instructions)

Employer (See Instructions)⁰
0**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/30/2018

5 Full name of contributor

Rayford Brown

☐ out-of-state PAC (ID# _____)**6** City; State; Zip Code

3702 Jaguar Trl Temple TX76504

7 Amount of contribution (\$)

\$250.00

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

Date

4/30/2018

William Doyle

☐ out-of-state PAC (ID# _____)

City; State; Zip Code

3431 N Hills Dr 218 Austin TX78731

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employee

Employer (See Instructions)

Government

Date

4/30/2018

Full name of contributor

Britt Smith

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

637 SHEFFIELD DRIVE RICHARDSON TX75081

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2018

Full name of contributor

David & Janice Carter

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

69 Runway Lane Temple TX76504

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

4/30/2018

5 Full name of contributor

Darren Meyer

☐ out-of-state PAC (ID# _____)**6** City; State; Zip Code

1203 Tucker St. McKinney TX75069

7 Amount of contribution (\$)

\$100.00

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

5/3/2018

Dante Monsivais

☐ out-of-state PAC (ID# _____)

City; State; Zip Code

8412 Saber Creek Trl. Austin TX78759

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

5/30/2018

Full name of contributor

Frank Dobrovolny

☐ out-of-state PAC (ID# _____)**Contributor address; City; State; Zip Code**

217 S Ragsdale Street Jacksonville TX75766

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

6/28/2018

Full name of contributor

Jackie King

☐ out-of-state PAC (ID# _____)**Contributor address; City; State; Zip Code**

8040 FM 642 Purdon, TX 75679

Amount of contribution (\$)

\$100.00

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

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

6/28/2018

5 Full name of contributor

James Keller

☐ out-of-state PAC (ID#:**6** City: State: Zip Code

121 Cedar San Antonio, TX 76210

7 Amount of contribution (\$)

\$15,000.00

8 Principal occupation / Job title (See Instructions)

Rancher

9 Employer (See Instructions)

Self

Date

6/28/2018

James Shive

☐ out-of-state PAC (ID#:

City: State: Zip Code

6505 Auburndale, Austin, TX 78723

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/2018

Full name of contributor

Brad Parsons

☐ out-of-state PAC (ID#:

Contributor address; City: State: Zip Code

3571 Far West Blvd Austin, TX 78731

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/2018

Full name of contributor

Jackie King

☐ out-of-state PAC (ID#:

Contributor address; City: State: Zip Code

8040 FM 642 Purdon, TX 76679

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19**2** FILER NAME

Laura Pressley, Ph.D.

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

6/28/2018

5 Full name of contributor

Mary Anderson

☐ out-of-state PAC (ID# _____)**6** City; State; Zip Code

5019 Placid Place Austin, TX 78731

7 Amount of contribution (\$)

\$45.00

8 Principal occupation / Job title (See Instructions)

Medical Industry

9 Employer (See Instructions)

Self

Date

6/14/18

☐ out-of-state PAC (ID# _____)

Jack Finger

City; State; Zip Code

San Antonio, Texas, 78712

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self

Date

Full name of contributor

n/a

☐ out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

n/a

☐ out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The instruction guide explains how to complete this form.

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

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES\$ **0****5** Date

6/30/17

6 Full name of pledgor☐ out-of-state PAC (ID# _____)

Jim Keller

7 Pledgor address;

City; State; Zip Code

201 WATER PARK RD, WIMBERLEY, TX 78676

8 Amount of Pledge \$

10,000

9 In-kind contribution description☐ Check if travel outside of Texas. Complete Schedule T.**10** Principal occupation / Job title (See instructions)

Photographer

11 Employer (See instructions)

Self

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Pledgor address;

City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Pledgor address;

City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Pledgor address;

City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.

1 I am reporting Schedule E: 6

2 FILER NAME

Mrs. Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filer)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
201504087 Name of lender ☐ out-of-state PAC (See instructions)
Mrs. Laura Pressley, Ph.D.8 Loan Amount (\$)
2,0006 Is lender
a financial
institution?
Y N ☒ X9 Lender address: City: State: Zip Code
10203 Woodglen Cove Austin Tx 7875310 Interest rate
0
11 Maturity date
N/A

12 Principal occupation / Job title (See instructions)

Owner

13 Employer (See instructions)

Pure Rain, LLC

14 Description of Collateral

☒ none15 Check if personal funds were deposited into political
account (See instructions)☒**16 GUARANTOR
INFORMATION**17 Name of guarantor
N/A

18 Amount Guaranteed (\$)

N/A

19 Guarantor address: City: State: Zip Code
N/A☒ not applicable

20 Principal Occupation (See instructions)

N/A

21 Employer (See instructions)

N/A

Date of loan
20150602Name of lender ☐ out-of-state PAC (See instructions)
Mrs. Laura Pressley, Ph.D.Loan Amount (\$)
8,000Is lender
a financial
institution?
Y N ☒ XLender address: City: State: Zip Code
10203 Woodglen Cove Austin TX 78753Interest rate
0
Maturity date
N/A

Principal occupation / Job title (See instructions)

Owner

Employer (See instructions)

Pure Rain, LLC

Description of Collateral

☒ noneCheck if personal funds were deposited into political
account (See instructions)☒**GUARANTOR
INFORMATION**Name of guarantor
N/A

Amount Guaranteed (\$)

N/A

Guarantor address: City: State: Zip Code
N/A☒ not applicable

Principal Occupation (See instructions)

N/A

Employer (See instructions)

N

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20150102	7 Name of lender <input type="checkbox"/> out-of-state PAC (If so, _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 1,800
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/>	8 Lender address: City: State: Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address: City: State: Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See instructions) N/A		21 Employer (See instructions) N/A
Date of loan 20150408	Name of lender <input type="checkbox"/> out-of-state PAC (If so, _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 2,000
Is lender a financial institution? Y N <input checked="" type="checkbox"/>	Lender address: City: State: Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address: City: State: Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See instructions) N/A		Employer (See instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.

1 Total pages Schedule E: 6

2 FILER NAME

Mrs. Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission File)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
201604137 Name of lender ☐ out-of-state PAC (Dr. _____)

Mrs. Laura Pressley, Ph.D.

8 Loan Amount (\$)
15,0006 Is lender
a financial
institution?
Y N ☒

8 Lender address; City: State: Zip Code

10203 Woodglen Cove Austin Tx 78753

10 Interest rate
011 Maturity date
N/A

12 Principal occupation / Job title (See instructions)

Owner

13 Employer (See instructions)

Pure Rain, LLC

14 Description of Collateral

☒ none15 Check if personal funds were deposited into political
account (See instructions)☒16 GUARANTOR
INFORMATION

17 Name of guarantor

N/A

19 Amount Guaranteed (\$)

N/A

18 Guarantor address; City: State: Zip Code

N/A

☒ not applicable

20 Principal Occupation (See instructions)

N/A

21 Employer (See instructions)

N/A

Date of loan
20160413Name of lender ☐ out-of-state PAC (Dr. _____)

Mrs. Laura Pressley, Ph.D.

Loan Amount (\$)
1,000Is lender
a financial
institution?
Y N ☒

Lender address; City: State: Zip Code

10203 Woodglen Cove Austin TX 78753

Interest rate
0Maturity date
N/A

Principal occupation / Job title (See instructions)

Owner

Employer (See instructions)

Pure Rain, LLC

Description of Collateral

☒ noneCheck if personal funds were deposited into political
account (See instructions)☒GUARANTOR
INFORMATION

Name of guarantor

N/A

Amount Guaranteed (\$)

N/A

Guarantor address; City: State: Zip Code

N/A

☒ not applicable

Principal Occupation (See instructions)

N/A

Employer (See instructions)

N

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20160415	7 Name of lender <input type="checkbox"/> out-of-state PAC (Dr. _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 3,500
6 Is lender a financial institution? Y N X	8 Lender address: City: State: Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address: City: State: Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See instructions) N/A		21 Employer (See instructions) N/A
Date of loan 20160603	Name of lender <input type="checkbox"/> out-of-state PAC (Dr. _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 20,000
Is lender a financial institution? Y N X	Lender address: City: State: Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address: City: State: Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See instructions) N/A		Employer (See instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
3 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20160608	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 500
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	8 Lender address: City: State: Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address: City: State: Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See instructions) N/A		21 Employer (See instructions) N/A
Date of loan 20161031	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 110
Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	Lender address: City: State: Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address: City: State: Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See instructions) N/A		Employer (See instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS

SCHEDULE E

The instruction guide explains how to complete this form.

1 Total pages Schedule E:
6

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

20181102

7 Name of lender

☐ out-of-state PAC (ID# _____)

Mrs. Laura Pressley, Ph.D.

9 Loan Amount (\$)

133

6 Is lender a financial institution?

Y ☒ N

8 Lender address;

City: State: Zip Code

10203 Woodglen Cove Austin, TX 78753

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See instructions)

Owner

13 Employer (See instructions)

Pure Rain, LLC

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

n/a

18 Amount Guaranteed (\$)

n/a

18 Guarantor address;

City: State: Zip Code

☒ not applicable

n/a

20 Principal Occupation (See instructions)

n/a

21 Employer (See instructions)

n/a

Date of loan

n/a

Name of lender

n/a

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

n/a

Is lender a financial institution?

Y ☒ N

Lender address;

City: State: Zip Code

n/a

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

n/a

Employer (See instructions)

n/a

Description of Collateral

☐ none

n/a

Check if personal funds were deposited into political account (See instructions)

☒

GUARANTOR INFORMATION

Name of guarantor

n/a

Amount Guaranteed (\$)

n/a

Guarantor address;

City: State: Zip Code

☒ not applicable

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 1/2/2018		5 Payee name Eby Law Firm			
6 Amount (\$) 6,000.00		7 Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Legal Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/16/2018		Payee name Discover			
Amount (\$) 107.00		Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/26/2018		Payee name Paper Place			
Amount (\$) 160.75		Payee address; City; State; Zip Code 4001 N. Lamar, Ste. 540, Austin, TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Paper products		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2018	5 Payee name Discover	
6 Amount (\$) 2,500.00	7 Payee address; City: State; Zip Code P.O. Box 6103, Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) cc payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3/14/2018	Payee name Discover	
Amount (\$) 500.00	Payee address; City: State; Zip Code P.O. Box 6103, Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) cc Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3/15/2018	Payee name Paper Place	
Amount (\$) 180.24	Payee address; City: State; Zip Code 4001 N. Lamar, Ste. 540, Austin, TX 78756	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) paper products	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/5/2018		5 Payee name Discover			
6 Amount (\$) 2,430.65		7 Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/16/2018		Payee name Discover			
Amount (\$) 308.17		Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/18/2018		Payee name Frost Bank			
Amount (\$) 240.70		Payee address; City; State; Zip Code Frost Bank, P.O. Box 34746, San Antonio, TX 78265			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Bank Adjustment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/4/2018		5 Payee name Discover			
6 Amount (\$) 1,166.04		7 Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/11/2018		Payee name Moo			
Amount (\$) 189.71		Payee address; City; State; Zip Code 14 Blackstone Valley Place, Lincoln, RI 02865			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) paper products		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/11/2018		Payee name Thomas Graphics			
Amount (\$) 221.91		Payee address; City; State; Zip Code 9501 North IH 35, Austin, Texas 78753			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printing		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/13/2018		5 Payee name Eagle Office Products			
6 Amount (\$) 324.75		7 Payee address; City; State; Zip Code 812 Sam Bass Rd Round Rock, TX 78681			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) printing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/27/2018		Payee name Eby Law Firm			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) legal fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/27/2018		Payee name Discover			
Amount (\$) 2,685.00		Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/27/2018		5 Payee name Eby Law Firm			
6 Amount (\$) 3,271.04		7 Payee address; City: State: Zip Code 302 N. Lampasas, Round Rock, TX 78664			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) legal fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/28/2018		Payee name Laura Pressley			
Amount (\$) 1,000.00		Payee address; City: State: Zip Code 10203 Woodglen Cove, Austin, TX 78753			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Repayment of 8/2017 \$1,000 Loan		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/28/2018		Payee name Eby Law Firm			
Amount (\$) 1,636.97		Payee address; City: State: Zip Code 302 N. Lampasas, Round Rock, TX 78664			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) legal fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/30/2018		5 Payee name Eby Law Firm			
6 Amount (\$) 7,500.00		7 Payee address; City: State: Zip Code 302 N. Lampasas, Round Rock, TX 78664			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) legal fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/1/18 - 6/30/18		Payee name PayPal.com			
Amount (\$) 111.08		Payee address; City: State: Zip Code PayPal.com			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/1/18 - 6/30/18		Payee name Pirya			
Amount (\$) \$234.08		Payee address; City: State: Zip Code Pirya			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 2,756.08	
5 Date 6/6/2018		6 Payee name OFFICE DEPOT #368 AUSTIN TX			
7 Amount (\$) \$270.91		8 Payee address; City; State; Zip Code 816 TIRADO STREET			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Supplies		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought	
Date 6/6/2018		Payee name THE BUMPERSTICKER COM AUSTIN TX			
Amount (\$) \$389.70		Payee address; City; State; Zip Code 612 West 34th St. Austin, TX 78705			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Printing		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought	
Office held		Office held		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2		2 FILER NAME Laura Presslev, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 2,756.08	
5 Date 6/5/2018		6 Payee name THE EXPO GROUP LP IRVING TX			
7 Amount (\$) \$1,190.85		8 Payee address; City; State; Zip Code 5931 Campus Circle Drive West Irving, Texas 75063			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) RPT Convention		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name n/a			
Amount (\$)		Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					