# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH instruction G                               | Suide explains how to complete this form.                               | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:   |
|--|---|---------------------------------------|--|
| 3 CANDIDATE/<br>OFFICEHOLDER                         | MS / MRS / MR FIRST   | MI                                    | OFFICE USE ONLY  |
| NAME   | . Mrs Laura Laura   |                                       | Date Received  |
|  | Pressley, Pl  | h.D.                                  | OCC RECEIVED AT  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS  | ADDRESS / PO BOX; APT / SUITE #; 10203 Woodglen Cove, Austin,           | CITY; STATE; ZIP CODE                 | JUL 16'18 FM3:51   |
| Change of Address                                    |   |                                       |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                | AREA CODE PHONE NUMBER  ( . ) 512-762-3825                              | EXTENSION                             | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN   | MS / MRS / MR FIRST   | MI                                    | Receipt # Amount \$  |
| TREASURER<br>NAME                                    | Mr. Fidel   | OUEEN                                 | Date Processed   |
|  | NICKNAME LAST Acevedo   | SUFFIX                                | Date Imaged  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / S  3807 Prairie, Austin, TX 78 |                                       | ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                     | AREA CODE PHONE NUMBER ( ) 512-775-7276                                 | EXTENSION                             |  |
| 9 REPORT TYPE  | January 15 30th day before e  |                                       | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED                                 | Month Day Year  | THROUGH 6/30                          | Day Year / / / / / / / / / / / / / / / / / / /   |
| 11 ELECTION  | ELECTION DATE  Month Day Year Primary  General                          | Runoff Other Description  Special     |  |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known            | )  |
|  | N/A   | Austin City Co                        | uncil District 4   |
|  | <b>GO TO</b>  | PAGE 2                                | -  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                          |   | 18   | 5 Filer ID (Ethics Commission Filers)   |  |
|---------------------------------------|---|--|---|--|
| Laura Pressley                        | , Ph.D.   |  |   |  |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |   |  |
|                                       | COMMITTEE TYPE  | COMMITTEE NAME   |   |  |
|                                       | GENERAL   |  |   |  |
|                                       |   | COMMITTEE ADDRESS  |   |  |
|                                       | SPECIFIC  |  |   |  |
|                                       |   | COMMITTEE CAMPAIGN TREASURER NAME  |   |  |
| _                                     |   |  |   |  |
| Additional Pages                      |   |  |   |  |
|                                       |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |  |
|                                       |   |  |   |  |
|                                       |   |  |   |  |
| 17 CONTRIBUTION<br>TOTALS             |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI |   |  |
|                                       | )   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                     | \$ 39,133.30  |  |
| EXPENDITURE<br>TOTALS                 |   | POLITICAL EXPENDITURES OF \$100 OR LESS,<br>SITEMIZED  | \$ 4,528.55   |  |
|                                       | 4. TOTAL  | POLITICAL EXPENDITURES   | \$ 36,796.64  |  |
| CONTRIBUTION<br>BALANCE               | 5. TOTAL I  | DAY \$ 21,792.15   |   |  |
| OUTSTANDING<br>LOAN TOTALS            | 6. TOTAL I  | \$ 52,143.00   |   |  |
| 18 AFFIDAVIT                          |   |  |   |  |
|                                       | RANCES AGUILAR R<br>My Notary ID # 11133<br>Expires August 30, 2  | true and correct and includes all information under Title 15, Election Code.  3515 020                   | erjury, that the accompanying report is rmation required to be reported by me idate or Officeholder |  |
| AFFIX NOTARY STAM                     | IP/SEALABOVE  |  |   |  |
| Sworn to and subsc                    | ribed before me, I  | by the said Hara Pressing to certify which, witness my hand and seal of office.                          | , this the  |  |
| Alle                                  | Frances Agrilar-Repka notary  |  |   |  |
| Signature of officer a                | 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  | 20 Filer ID (Ethics Com | nmissio | on Filers)         |
|--|-------------------------|---------|--------------------|
| Laura Pressley, Ph.D.  |                         |         |                    |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |                         | -       | SUBTOTAL<br>AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                   |                         | \$      | 39,133.30          |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                     |                         | \$      |                    |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |                         | \$      | 10,000             |
| 4. SCHEDULE E: LOANS   | ·                       | \$      | 52,143.00          |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO                      | NTRIBUTIONS             | \$      | 36,796.64          |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |                         | \$      |                    |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL                        | CONTRIBUTIONS           | \$      |                    |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                   |                         | \$      | 2,756.08           |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI                       | 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 | TIONS                   | \$      |                    |
|  |                         | _       |                    |

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (1D#:\_\_ **Britt Smith** 2/2/2018 \$100.00 City; State; Zip Code 637 SHEFFIELD DRIVE RICHARDSON TX75081 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ut-of-state PAC (ID#:\_\_\_\_\_\_\_ Date Amount of contribution (\$) 2/20/2018 Unknon Donation, from gg.ggrp@gmail.com, refunded 7/15/18 \$100.00 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) **Health Care** Self Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Ladd Bogdonoff 2/20/2018 \$108.00 : City; State; Zip Code Contributor address: 910 D. Street #1282San Rafael, CA 94915 Employer (See Instructions) Principal occupation / Job title (See Instructions) Mr. Skylight Date Full name of contributor Amount of contribution (\$) aut-of-state PAC (ID#:\_ Robert Belanger \$100.00 2/22/2018 Contributor address; City; State; Zip Code 711 Lost Canyon, Westlake Hills, TX 78746 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Dut-of-state PAC (10#:\_ Mary Anderson \$65.00 2/22/2018 City; State; Zip Code 6 5019 Placid Place Austin, TX 78731 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Medical Industry** ut-of-state PAC (ID#: Date Amount of contribution (\$) James Skaggs \$500.00 2/24/2018 City; State; Zip Code 4700 TOREADOR DR TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Eduardo Longoria \$100.00 2/26/2018 City; State; Zip Code Contributor address; 1508 Norris Drive Austin TX78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (#D#:\_ Amount of contribution (\$) Susan Straus 2/26/2018 \$100.00 Contributor address; City; State; Zip Code 232 Argyle San antonio TX78209 Employer (See Instructions) Principal occupation / Job title (See Instructions) C.T.P. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 19 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Out-of-state PAC (ID#:\_\_\_ \$100.00 3/25/2018 Frank Lee and and the first and are also as a second as the first and a second as a second as the second as the second as City; State; Zip Code Requested 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Ladd Bogdonoff .. 3/26/2018 \$100.00 City: State; Zip Code 910 D. Street #1282San Rafael, CA 94915 Principal occupation / Job title (See Instructions) Employer (See Instructions) Mr. Skylight Self Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Ion Streeter 3/28/2018 Contributor address; City: State; Zip Code \$100.00 31524 Crystal Sands Drive Laguna Niguel CA92677 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Full name of contributor aut-of-state PAC (ID#:\_ \$100.00 Lois Sarno 3/28/2018 City; State; Zip Code Contributor address; 32 Edgewater Drive HAINESPORT NJ8036 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule At: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dut-of-state PAC (ID#;\_ 3/28/2018 Anna Nash \$100.00 City: State: Zip Code 6 1061 Hawthorne Loop Driftwood TX78619 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dut-of-state PAC (ID#:\_ Date Amount of contribution (\$) **DAVID MCNAUGHTON** \$100.00 3/28/2018 City; State; Zip Code 48781 DENTON RD APT 28 VAN BUREN TWP MI48111 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Self **Health Care** Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Selina Mo Contributor address; City; State; Zip Code \$5,000.00 4/9/2018 P.O. Box 26 Crossville, TN 38557 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ Dr. Gil Robinson \$2,000.00 4/9/2018 Contributor address; City; State; Zip Code 5150 Broadway, #610, San Antonio TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Dut-of-state PAC (ID#;\_ **Lawrence Sima** \$1,000.00 4/9/2018 City; State; Zip Code 6 1231 E. Timber Tides Drive, Union WA 98592 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired ☐ out-of-state PAC (ID#: Date Amount of contribution (\$) Sandra Jenne 4/9/2018 \$200.00 City; State; Zip Code 1231 E. Timber Tides Drive, Union WA 98592 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Health Care** Self out-of-state PAC (ID#: Full name of contributor Date Amount of contribution (\$) William Doyle 4/16/2018 \$100.00 dress: City; State; Zip Code Contributor address; 3431 N Hills Dr 218 Austin TX78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (40#: Amount of contribution (\$) Craig Cosgray 4/16/2018 \$300.00 Contributor address; City: State; Zip Code 27206 Waterfall Hill Pkwy, Spicewood, TX 78669 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Marengold Films ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED tf contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (10#;\_ Arliss Watson \$100.00 4/16/2018 City; State; Zip Code 6 1604 Sycamore Ave Corsicana, TX 75110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dut-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) Doris Copeland \$100.00 4/16/2018 City; State; Zip Code 2059 SE CR 3310, Kerens, TX 75144 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self **Health Care** Full name of contributor aut-of-state PAC (ID#: Date Amount of contribution (\$) Gary and Pamela Webb \$100.00 City; State; Zip Code 4/16/2018 Contributor address; 713 Shooting Star, Las Vegas, 59107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: Miles Openheim 4/16/2018 \$100.00 Contributor address; City; State; Zip Code 7413 E CR 6900, Lubbock, TX 79403 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Out-of-state PAC (ID#:\_ Sammy and Kristen Bickham City; State; Zip Code 13901 Midway RD, STE102, Farmers Branch, TX 75224 \$100.00 4/16/2018 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Michael Chastain 4/16/2018 \$2,000.00 City; State; Zip Code 9801 Stonelake Blvd, # 1928, Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Craig Hallett 4/17/2018 \$759.30 Contributor address; City; State; Zip Code Box 2913 Didsbury Alberta, TOMOWO Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) aut-of-state PAC (ID#: \$100.00 4/18/2018 City; State; Zip Code Contributor address; Whitsett, NC 27377 Employer (See Instructions) Principal occupation / Job title (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.

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### **MONETARY POLITICAL CONTRIBUTIONS** SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Dut-of-state PAC (ID#: \$108.00 **Ladd Bogdonoff** 4/18/2018 Barbara Barbar City; State; Zip Code 910 D. Street #1282San Rafael, CA 94915 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Mr. Skylight Self Dut-of-state PAC (ID#: Date Amount of contribution (\$) Dana Ambs \$150.00 4/18/2018 City; State; Zip Code 3712 WERNER AVE TX 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Alan Barr 4/18/2018 \$150.00 Contributor address; City; State; Zip Code 7706 STONEYWOOD DR TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) aut-of-state PAC (ID#:\_ James Skaggs 4/18/2018 \$500.00 Contributor address; City; State; Zip Code 4700 TOREADOR DR TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| Th            | e instruction Guide explains how to complete this                       | form.   | 1 Total pages Schedule A1: 19  |
|---------------|---|---|--|
| FILER NAM     | E   |   | 3 Filer ID (Ethics Commission Filers   |
| Laura P       | ressley, Ph.D.  |   |  |
| Date          | 5 Full name of contributor  | (tD#:)  | 7 Amount of contribution (\$)  |
| 1/24/2018     | FRANK DOBROVOLNY City; State;   | z z a. p. | \$500.00   |
|               | 217 SOUTH RAGSDALE STREET JACKSONVILL                                   | LE TX75766                                    |  |
| Principal oc  | cupation / Job title (See Instructions)                                 | 9 Employer (See Instructi                     | ons)   |
|               | Attorney  | The Dobrovolny Law Firm                       | one en la companya de la companya d |
| Date          | □ out-of-state PAC  | (ID#:   | Amount of contribution (\$)  |
|               | Travis Snavely  |   | Amount of contribution (4)   |
| 4/24/2018     | City: State;  | Zip Code                                      | \$250.00   |
|               | 2006-A Kenneth Ave Austin TX78741                                       |   |  |
| Principal occ | upation / Job title (See Instructions)                                  | Employer (See Instructi                       | ons)   |
|               |   | · · · · · · · · · · · · · · · · · · ·         |  |
| Date          | Full name of contributor  ut-oi-state PAC                               | [(D#:)  | Amount of contribution (\$)  |
| 4/24/2018     | JoAnn Fleming   |   |  |
| 4/24/2018     | Contributor address: City; State;                                       |   | \$250.00 <sub>e</sub> :  |
|               | 13128 Timber Creek Drive Flint TX75762                                  | ·   |  |
| Dringing ass  | upation / Job title (See Instructions)                                  | Employer (See Instructi                       | one)   |
| Principal occ | upation 7 300 title (344 instructions)                                  | Chiproyer (Ose mande                          | unaj   |
| <u>:</u>      |   | S. DAMA                                       |  |
| Date          |   | (10#:)  | Amount of contribution (\$)  |
| 4/24/2018     | Bobby Bonnett  The blood of the present and a first and order waster as | សម្រប់ ស្រួងស្នាស់សង្គា                       | \$100.00   |
|               |   | Zip Code                                      |  |
| :             | 8991 Peninsula Drive Tyler TX75707                                      |   |  |
| Principal occ | upation / Job title (See Instructions)                                  | Employer (See Instruct                        | ions)  |
|               |   |   |  |

## **MONETARY POLITICAL CONTRIBUTIONS** SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Dut-of-state PAC (ID#:\_\_ Vickie Karp \$100.00 العاقم جاكل لأماكم المانق مقالها فالفلا في الانتياع ومانوه ولا فالمائق في والمانوا في المانو 4/24/2018 City; State; Zip Code 6 9300 Lauralan Dr. Austin TX78736 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Anna Nash 4/24/2018 \$100.00 City; State; Zip Code 1061 Hawthorne Loop Driftwood TX78619 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) \$100.00 4/24/2018 City: State; Zip Code Contributor address; 232 Argyle San antonio TX78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: Jennifer Howell 4/24/2018 \$100.00 Contributor address; City; State; Zip Code 1937 Octubre Dr. El Paso TX79935 **Employer (See Instructions)** Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dout-of-state PAC (ID#:\_\_ David K. Smith \$100.00 4/24/2018 and a second of the second City; State; Zip Code 6 611 West Forest Drive HOUSTON TX77079 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Dut-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) Arthur Linnemeyer \$100.00 4/27/2018 City; State; Zip Code 2007 Happy Camp Rd, Cave Junction, Oregon 97523 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) \$100.00 Rick McGinnis 4/27/2018 Contributor address; City: State; Zip Code 612 West 34th St., Austin, TX 78705 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (#D#:\_ Rich Shaver \$120.00 Contributor address; City: State; Zip Code 4/27/2018 P.O. Box 10 Tennyson, TX 76953 **Employer (See Instructions)** Principal occupation / Job title (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 1 Total pages Schedule At: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#:\_ \$60.00 **Mary Anderson** 4/27/2018 The property of the second of the second of the second City; State; Zip Code 5019 Placid Place Austin, TX 78731 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Medical Industry Dut-of-state PAC (ID#: Date Amount of contribution (\$) Terrill Putnam 4/27/2018 \$500.00 City; State; Zip Codé 105 DAWSON TRL GEORGETOWN, TX 78633-4971 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) Larry Bartoli \$500 BO 4/27/2018 ss; City; State; Zip Code Contributor address; 1051 Harmony Circle Weatherford, TX 76087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#; **Brad Parsons** 4/27/2018 Contributor address; City; State; Zip Code 3571 Far West Blvd Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule At: 19 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dut-of-state PAC (ID#) S.L. Whiteker \$100.00 4/27/2018 City; State; Zip Code 6 P.O. Box 150865, Austin, TX 78715 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dut-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) George Maguire 4/27/2018 \$100.00 City; State; Zip Code 11101 Tegeler, Brenham, TX 77833 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Joseph Kalka 4/27/2018 Contributor address; City: State; Zip Code \$100.00 10746 Odair CT, Dallas, TX 75218 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ 4/27/2018 Bill Gattis Contributor address; City; State; Zip Code 3820 Tordera Dr. Austin, TX 78738 Employer (See Instructions)0 Principal occupation / Job title (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 1 Total pages Schedule A1: 19 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#:\_\_ Rayford Brown \$250.00 4/30/2018 City; State; Zip Code 6 3702 Jaguar Trl Temple TX76504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dut-of-state PAC (ID#:\_ Date Amount of contribution (\$) William Doyle \$200.00 4/30/2018 City; State; Zip Code 3431 N Hills Dr 218 Austin TX78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employee Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) \$100.00 Britt Smith 4/30/2018 City; State; Zip Code Contributor address; 637 SHEFFIELD DRIVE RICHARDSON TX75081 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-al-state PAC (ID#:\_ \$100.00 David & Janice Carter 4/30/2018 Contributor address; City; State; Zip Code 69 Runway Lane Temple TX76504 Employer (See instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (IDE) Darren Meyer \$100.00 4/30/2018 se il termine di minimi di mendenti di reggina reraktiva i erri di di mendine, tropo di di City; State; Zip Code 6 1203 Tucker St. McKinney TX75069 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) aut-of-state PAC (ID#: Date Amount of contribution (\$) Dante Monsivais 5/3/2018 \$300.00 City; State; Zip Code 8412 Saber Creek Trl. Austin TX78759 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) Frank Dobrovolny 5/30/2018 \$250.00 : City: State; Zip Code Contributor address; 217 S Ragsdale Street Jacksonville TX75766 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (60%; Jackie King \$100.00 6/28/2018 Contributor address; City: State: Zip Code 8040 FM 642 Purdon, TX 76679 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Dut-of-state PAC (ID#; James Keller The state of the s \$15,000,00 6/28/2018 City: State: Zip Code 121 Cedar San Antonio, TX 76210 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rancher put-of-state PAC (ID#: \_ Date Amount of contribution (\$) \$100.00 6/28/2018 City; State; Zip Code 6505 Auburndale, Austin, TX 78723 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: , Date Amount of contribution (\$) **Brad Parsons** \$50.00 City; State; Zip Code 6/28/2018 Contributor address; 3571 Far West Blvd Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) aut-of-state PAC (60#:\_ Jackie King 6/28/2018 Contributor address; City; State; Zip Code \$50.00 8040 FM 642 Purdon, TX 76679 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Dut-of-state PAC (ID#:\_ **Mary Anderson** 6/28/2018 and a substance is to be reput to the appearance of the other of the \$45.00 City; State; Zip Code 6 5019 Placid Place Austin, TX 78731 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Medical Industry ut-of-state PAC (ID#; Date Amount of contribution (\$) Jack Finger 6/14/18 100.00 City; State; Zip Code San Antonio, Texas, 78712 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Date Full name of contributor cut-of-state PAC (ID#:\_ Amount of contribution (\$) n/a Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| PLEDO           | ED CONTRIBUTIONS  |                                  |                          | SCHEDULE B                         |
|-----------------|---|----------------------------------|--------------------------|------------------------------------|
| The             | instruction Guide explains how to complete th                                 | ls form.                         | 1 Total pages Sched      | ule 8: 1                           |
| FILER NAME      | Laura Pressley, Ph.D.   | <del>ye ye geraji a jira u</del> | 3 Filter 10 (Ethics C    | ommission Filers)                  |
| TOTAL OF        | F UNITEMIZED PLEDGES  |                                  | \$ <sub>0</sub>          |                                    |
| 5 Date          | 6 Full name of pledgor out-of-state PAC (FDs:<br>Jim Keller                   |                                  | 8 Amount<br>of Pledge \$ | 9 In-kind contribution description |
| 6/30/17         | 7 Pledgor address; City; State; 201 WATER PARK RD, WIMBERLE                   | Zip Code                         | 10,000                   | For Formation (Complete Schedule   |
|                 |   | 11 Employer (See                 |                          | de di reces. Complete Schedule     |
|                 | upation / Job title (See Instructions)  | Setf                             | matucuonsy               | ••                                 |
|                 | <u> </u>  |                                  | Arrount                  | In-kind contribution               |
| Date            | Full name of pledgor out-ot-state PAC (IDs:                                   | <del> </del>                     | of Pledge \$             | description                        |
|                 | Pledgor address; City; State;   | Zip Code                         |                          | ##<br>**<br>**                     |
|                 |   |                                  | Charle if travel outs    | ide of Texas, Complete Schedule    |
|                 | to the the the the total  | Employer (See                    | <u> </u>                 | ILLE OF TOXAS. CONTINUES SCHOOLS   |
| Principal occi. | pation / Job title (See Instructions)   | Chiquoyer (oec                   | mandene la               |                                    |
| Dale            | Full name of pledgor   out-of-state PAC (IDE)                                 |                                  | Amount of Pledge \$      | In-land contribution description   |
|                 | Pledgor address; City; State;   | Zip Code                         |                          | eni<br>Karana<br>Karana            |
|                 | 1   |                                  | Check if travel outs     | ide of Texas. Complete Schedule    |
| Principal occ   | upation / Job title (See Instructions)  | Employer (See                    | Instructions)            | <del></del>                        |
| Date            | Full name of pledgo: Overst-state PAC (10%)                                   |                                  | Amount of<br>Pledge \$   | In-tind contribution description   |
|                 | Pledgor address; City; State;   | Zip Code                         |                          | (4)<br>(本)<br>(4)                  |
|                 |   |                                  | Check if travel outs     | ide of Texas. Complete Schadule    |
| Principal occu  | pation / Job title (See Instructions)   | Employer (See                    | instructions)            |                                    |
| <del></del>     |   |                                  |                          |                                    |
|                 |   |                                  |                          |                                    |
|                 |   |                                  | N;                       |                                    |
|                 | ·   |                                  |                          |                                    |
| . H             | ATTACH ADDITIONAL COPIES (<br>contributor is out-of-state PAC, please see ins |                                  |                          | requirements.                      |

| LOANS  |  |  | SCHEDULE E  |
|--|--|--|---|
| The  | Instruction Guide explains how to comp                     | Ayle this form.  | 1 T. gas hadula£: 6                               |
| FILER NAME Mrs. Laura  | Pressley, Ph.D.  |  | 3 Filer ID (Ethics Commission Filers)             |
| TOTAL OF UN  | IFTEMIZED LOANS  |  | \$ 0  |
| 20150408   | 7 Name of territor Over-clusters Mrs. Laura Pressley, Ph.1 | PAC (008   | 8 Loan Amount (%)<br>2,000                        |
| ts lender<br>e tinsectal<br>institution?   |  | State; ZP Code   | 10 biturest rate 0                                |
| Y. N x   | 10203 Woodgien Cove  | Austin Tx 78753  | NA  |
| 12 Prindpel occupeti<br>OWNET  | pri / Job litto (Bee Instructions)                         | 13 Employer (See Instructions) Pure Rain, LLC              |   |
| id Description at Cal  | prior at   | 15 Check If personal funds were account (See Instructions) | deposited into political                          |
| 6 GUARANTOR<br>INFORMATION   | 17 Name of guarantor N/A                                   |  | 18 Amount Guaranteed (5)                          |
| y not applicable   | 18 Guerantor address: City:<br>N/A                         | State: Zip Code  | <b>N/A</b>  |
| Principal Occupa<br>N/A  | lion (See Instructions)                                    | 21 Employer (See Instructions)<br>N/A                      |   |
| Oats of loan<br>20150602   | Name of tender out-of-state Mrs. Laura Pressley, Ph.D      | PAGEDEC  | Exan Amount (\$)<br>6,000                         |
| ts tender<br>a financial<br>institution?   |  | State; Zip Code  | tranest rate                                      |
| A M  | 10203 Woodgien Cove  | Austin TX 78753  | Magurity date<br>N/A                              |
| Principal occupation of the Course of the Co | on / Job tide (See Vithackets)                             | Pure Rain, LLC   | Talogram ga a la |
| "Description of Coff   | Marial   | Check if personal funds were account (Goo beauticions)     | deposited and patricul                            |
| GUARANTOR<br>INFORMATION   | Name of guaranter N/A                                      | distribution of the second second                          | Amount Guerartand (5)                             |
| not applicable   |  | State; Zip Code  | N/A   |
| and the second second  | on (See !astructions)                                      | (Suplayer (See Instructions)<br>N                          |   |
| <b>1</b>   | ATTACH ADDITIONAL CO                                       | OPES OF THIS SCHEDULE AS N                                 |   |

| LOANS                                     |  |   | SCHEDULE E                                   |
|---|--|---|--|
| The                                       | Instruction Guide expiring how to comp                   |   | 1 Torsi pages Schedulo E:                    |
| 2 FILER NAME<br>Mrs. Laura I              | Pressley, Ph.D.  |   | & Filer D (Ethics Consultation Filers)       |
| 4 TOTAL OF UN                             | ITEMIZED LOANS   |   | \$ 0   |
| 5 Date of loan<br>20150102                | 7 Name at lander 🔲 out-of-size Mrs. Laura Pressley, Ph.I |   | D Loan Amount (6)<br>1,900                   |
| is tender a financial institution?  Y N x | 8 Lender address: City:<br>10203 Woodglen Cove           | State: Zip Cade Austin Tx 78753                                   | 10 Interest rate 0 11 Statusty date N/A      |
| 12 Principal occupation Owner             | on / Job Ede (See tretructions)                          | 13 Emptoyar (See trestructions) Pure Rain, LLC                    |  |
| 14 Description of Coll                    | ateral   | 15 Check if personal funds were account (See Instructions)        | . ga. yang a samanan an ananan a saman saman |
| 16 GUARANTOR<br>INFORMATION               | 17 Name of guerantor N/A                                 |   | 19 Amount Guaranteed (%)                     |
| not applicable                            | 18 Guarantor address; City;<br>N/A                       | State; Zip Code   | N/A  |
| 20 Principal Occupal<br>N/A               | jon (See instructions)                                   | 21 Employer (See Instructions)<br>NA                              |  |
| Date of loan<br>20150406                  | Name of tender Octoberate<br>Mrs. Laura Pressley, Ph.D   |   | Leen Amount (5)<br>2,000                     |
| ta tender<br>a financial<br>tratitudion?  | Lunder address: City:                                    | State; Zp Code  | traterest rate                               |
| Y N <sub>k</sub>                          | 10203 Woodglen Cove                                      | Austin TX 78753   | Meturity date<br>N/A                         |
| Principal occupation Owner                | on / Job 1999 (See thatractions)                         | Employer (See Instructions) Pure Rain, LLC                        | <u> </u>                                     |
| Description of Call                       | Richald .  | Check if personal funds were account (See instructions)           | deposited into golidesi                      |
| GUARANTOR<br>INFORMATION                  | Name of guaranter N/A                                    | <del>d Ti e e e e e e</del> e e e e e e e e e e e e e             | Assuurii Guaranioed (8)                      |
| not applicable                            | Guaranter address; City;                                 | State: Zip Code   | N/A  |
|   | on (See Instructions)                                    | /Employer (Gee Instructions) N                                    | 7  |
|   | ATTACH AUDITIONAL CO                                     | PIES OF THIS SCHEDULE AS ME<br>natruction guide for additional re |  |

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|--|--|--|--|
| LOANS  |  |  | SCHEDULE E   |
| The I  | instruction Guide explains how to comp                         | tato this form.  | 1 Total pages Soleculo E: 6  |
| 2 FILER NAME<br>Mrs. Laura F   | Pressley, Ph.D.  |  | g Alar () (Ethics Commission Flort)  |
| 4 TOTAL OF UN  | ITEMIZED LOANS   | in the second of | S O  |
| 5 Date of loan<br>20160413   | 7 Nameotierder Casesiev, Ph.D                                  | * NY THE 19, 2 MM  | 9 Loan Amount (5)<br>15,000  |
| 6 is lander<br>a lineacidi<br>incolusion?  | 8 Lander address: City: 10203 Woodglen Cove                    | 9100: 20 Code<br>Austin Tx 78753   | 10 Interest eate 0 11 Mountly date   |
| A  | n / Job tille (See Instructions)                               | 13 Employer (See Fusivediens) Pure Rain, LLC   | NA   |
| 14 Description of Coll   | ports  | 18 Check if personal funds were eccount (See transcret)  | deposited tree political   |
| GUARANTOR INFORMATION  THE REPORT OF THE THE REPORT OF THE | 17 Name of guerantes  N/A  18 Guarentor address; City;         | Sasto: Zip Code  | 19 Acoust Gueranteed (5) N/A   |
| 20 Principal Occupati<br>N/A   | On (Gee trutuctions)   | 21 Employer (See Incarections)<br>N/A  |  |
| Date of loan<br>20160413   | None of funder       out-of-cases<br>Mrs. Laura Pressley, Ph.D | PAC(De)  | Loan Amount (\$)<br>1,000  |
| ts lender<br>a financial<br>Institution?   | Lender address; City:<br>10203 Woodglen Cove                   | Biane: Zip Codo<br>Austin TX 78753   | transporter cate  O  Merurity date   |
| Principal currents OWNET   | n / Job title (See Instructions)                               | Employer (See Instructions) Pure Rain, LLC   | NA CALLA CAL |
| Description at Calls   |  | Crieck is pareonal funds were account (See Instructions)   | deposited into political   |
| GUARANTOR<br>INFORMATION   | Name of gusternor NVA  | Shain: 20p Cude  | Amount Gestranteed (9) N/A   |
| Principal Occupation   | on (See Instructors)   | /Employer (See Instructions)<br>N  |  |
| # N  | ATTACH ADDITIONAL CO   | PES OF THIS SCHEDULE AS HE<br>introdicin guido for additional m  |  |
| oms provided by Texas  | Fibres Commission  | fisice state by us   | Revised 9/8/201  |

| LOANS                                     | · · · · · · · · · · · · · · · · · · ·                       |   | SCHEDULE E                              |
|---|---|---|---|
| The                                       | instruction Guide explains how to comp                      | ade this form.  | 1 Triul pages Schedule E: 6             |
| 2 FILER NAME<br>Mrs. Laura F              | Pressley, Ph.D.   | 100 N | 3 Filer Ø (Ethica Commission Filers)    |
| 4 TOTAL OF UN                             | WITEMIZED LOANS   |   | <b>s</b> 0                              |
| <sup>8</sup> Date of loan<br>20160415     | 7 Name of tender Call of state of Mrs. Laura Pressiey, Ph.D | PAC (D=   | 3,500                                   |
| 6 le lender<br>a Branciel<br>ineditation? |   | State; Zip Code   | 10 interestrate<br>0                    |
| YNX                                       | 10203 Woodglen Cove   | Austin Tx 78  | 1753 11 Meanity data<br>N/A             |
| 12 Principal accupation OWNET             | on / Job title (See Indiructions)                           | 13 Employer (See Imprecial Pure Rain, LLC   | *************************************** |
| 14 Description of Colle                   | storal  | 15 Check if personal funds account (See Instruction   | were deposited into political<br>na)    |
| 16 GUARANTOR<br>INFORMATION               | 17 Namoefguerentor<br>N/A                                   | d   | 19 Amount Guerentsad (5)                |
| M ust abblicable                          | 18 Guarantor address; City;                                 | State; Zip Code   | N/A                                     |
| 20 Principal Occupati<br>N/A              | ion (See tratructions)                                      | 21 Employer (See Instruction NA   | M48)                                    |
| Date of loan<br>20160603                  | Name of lender () sub-series () Mrs. Laura Pressley, Ph.D.  |   |   |
| is lender<br>a financial                  | Lender address; City;                                       | State; Zip Code   | Interest rate  O                        |
| methytion?                                | 10203 Woodglen Cove   | Austin TX 78  | 753 Menurity data<br>N/A                |
|   | on / Job title (See Impusions)                              | Employer (See Instruction Pure Rain, LLC  | pena)                                   |
| Description of Colle                      | ateral  | Check it personal funds eccount (See Instruction  | were disposited into political<br>(a)   |
| GUARANTOR<br>INFORMATION                  | Nume of quarantor N/A                                       |   | Amount Gueranteed (5)                   |
|   | <b>.</b>  | State; Zip Code   | N/A                                     |
| not epplicable                            | l   |   |   |
| Principal Occupation N/A                  | on (See Instructions)                                       | /Buployer (Bee Instruction N  | <b>(19)</b>                             |
| <b>#</b> 4                                | ATTACH ADDITIONAL CO  | PES OF THIS SCHEDULE/<br>Induction guide for additio  |   |

| LOANS                                |  |  | SCHEOULE É                               |
|--------------------------------------|--|--|--|
| The                                  | imizuction Guide explains how to comp                    | icto this form.  | 1 Total pages Schools E: 6               |
| 3 FILER NAME<br>Mrs. Laura I         | Pressley, Ph.D.  |  | 3 Filer ID (Ethics Commission Filers)    |
| 4 TOTAL OF UN                        | IITEMIZED LOANS  |  | <b>s</b> 0                               |
| 5 Date of loan<br>20160608           | 7 Name of tender   |  | Coen Amount (5)                          |
| 6 to tender a financial Institution? | 8 Lender address: City: 5 10203 Woodglen Cove            | Stem; Zip Code Austin Tx 78753                                   | 10 transport rate 0 11 Manufity date N/A |
|                                      | on / Job Ittle (See Instructions)                        | 13 Employer (See Instructions) Pure Rain, LLC                    | 12                                       |
| 14 Description of Coll               |  | 15 Check if personal funds were account (See Instructions)       | deposited into political                 |
| 16 GUARANTOR INFORMATION             | 17 Name of guaranter NVA                                 |  | 19 Amount Guerrane (5)                   |
| y net applicable                     |  | State; Zip Cede  | N/A                                      |
| 20 Principal Occupat N/A             | tion (See Instructions)                                  | 21 Employer (See Instructions)<br>N/A                            |  |
| Cate of loan<br>20161031             | Name of lander out-of-olds<br>Mrs. Laura Pressley, Ph.D. | PAG 8001   | Laen Amount (6)<br>110                   |
| ta lendar<br>a financial             | Lender address: City:                                    | State; Zip Code  | Interest rate                            |
| institution?                         | 10203 Woodglen Cove                                      | Austin TX 78753  | Maturity data<br>N/A                     |
| Principal occupate<br>Owner          | nn / Job (tile (See Instructions)                        | Employer (See Instructions) Pure Rain, LLC                       |  |
| Description of Cost                  | eriore!  | Check if personal funds were of account (See trainedans)         | lopushed into political                  |
| GUARANTOR<br>INFORMATION             | Name of guarantor N/A                                    |  | Aniquiti Guarartiset (5)                 |
| not applicable                       |  | Sante; Zip Gode  | <b>N/A</b>                               |
|                                      | on (See Instructions)                                    | /Baplayer (See tratriculars)<br>N                                |  |
|                                      | ATTACH ADDITIONAL CO                                     | PIES OF THIS SCHEDULE AS NE<br>struction guide for edditional re |  |

| LOANS   |  |   | SCHEDULE E   |  |  |
|---|--|---|--|--|--|
| The   | The Instruction Guide explains how to complete this torm.  1 Total pages Schedule E:   |   |  |  |  |
| 2 FILER NAME  |  |   | 3 Filer ID (Ethics Commission Filers)  |  |  |
| Laura Pres  | sley, Ph.D.  | <u> </u>  | <u> </u>   |  |  |
| 4 TOTAL OF UN   | NITEMIZED LOANS  | •   | \$   |  |  |
| 5 Date of loan  | 7 Name of lender out-at-sizes  | PAC (IDS:]  | 9 Loan Amount (\$)<br>133  |  |  |
| 20161102  | Mrs. Laure Pressley, Ph.D.   | ्र<br>स्था केंद्र स्थानक कराका करा का स्वत्यकीरी केंद्र कराकी के की की की   | in the their characteristical and the second   |  |  |
| 6 fa lender<br>a financial  | 8 Lender address; City;  | State; Zip Code   | 10 Interest rate  0  |  |  |
| Institution?  | 10203 Woodglen Cove Austi  | n, TX 78753   | 11 Maturity date N/A   |  |  |
| 12 Principal occupati   | on / Jab title (See instructions)  | 13 Employer (See Instructions)  |  |  |  |
| Owner   | ·  | Pure Rain, LLC  |  |  |  |
| 14 Description of Col   | alerel   | 15 Check if personal funds were account (See Instructions)  | deposited into political   |  |  |
| e .roue   | <u>in in a state of the second o</u> | <b>.</b>  | S. P. LAND C. SERVICE AND ADDRESS OF THE PARTY OF THE PAR |  |  |
| 16 GUARANTOR<br>INFORMATION   | 17 Name of guarantor   |   | 19 Amount Guaranteed (\$)  |  |  |
|   | 16 Guarantor address; City;  | State: Zip Code   | <b>r/a</b>   |  |  |
| not applicable  | n/a  |   |  |  |  |
| 20 Principal Occupa   | tion (See Instructions)  | 21 Employer (See Instructions)  |  |  |  |
| n/a   | and the second s       | n/a   | The second secon |  |  |
| Date of loan  | Name of lender pur-of-state  | PAC (10#  | Loan Amount (\$)   |  |  |
| n/a   | n/a  | \$  | n/a  |  |  |
| is lender   | Lender address: City:  | State: Zio Code   | Interest rate  |  |  |
| a financial   |  | *   |  |  |  |
| TAIBARDAUTE ?   | n/s  |   | Maturity date  |  |  |
| Principal occupati  | on / Job title (See Instructions)  | Employer (See Instructions)   | Annual Contraction of the Contra |  |  |
| n/a   |  | n/a   |  |  |  |
| Description of Col  |  | Check if personal funds were account (See instructions)   | deposited into political   |  |  |
| GUARANTOR   | Name of guaranter  | I ST I ST SECTION OF THE SECTION OF | Amount Guaranteed (\$)   |  |  |
| INFORMATION   |  | ٧٠  |  |  |  |
| Guarantor address: City: State; Zip Code                            |  |   |  |  |  |
| x not applicable  |  |   |  |  |  |
| Principal Occupation (See Instructions) Employer (See Instructions) |  |   |  |  |  |
|   |  |   |  |  |  |
|   |  | PIES OF THIS SCHEOULE AS Not rection guide for additional r   |  |  |  |
|   | lander is aut-ali-state PAC, niesse see in   | ısıruction guide for additional r   | eporting requirements.   |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fres
Fres
Fres
Fres
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 fenter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer 1D (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Payee name Eby Law Firm 1/2/2018 6 Amount (\$) 7 Payee address; City; State; Zip Code 6,000.00 302 N. Lampasas, Round Rock, TX 78664 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if traveloutside of Taxas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Legal Fees EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/16/2018 Discover Amount (\$) Payee address; City; State; Zip Code 107.00 P.O. Box 6103, Carol Stream, IL 60197 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE cc Payment Office held Candidate / Officeholder name Office sought Complete ONLY if direct Payee name Date 2/26/2018 Paper Place City; State; Zip Code Amount (\$) Payee address; 160.75 4001 N. Lamar, Ste. 540, Austin, TX 78756 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX. officeholder living expense EXPENDITURE Paper products Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Foxel/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repaymen/Reintoursement Office Overhead/Rental Expense Politing 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 fisted above)

| Contributions/Donations Made By<br>Candidate/Officeholder/Politics |  | xpense Travel Out Of District Vages/Contract Labor Other (enter a category not fisted above)   |
|--|--|--|
| Credit Card Payment  | The instruction Guide expisins how to                            |  |
| Total pages Schedule F1:   | 2 FILER NAME<br>Laura Pressley, Ph.D.                            | 3 Filer 1D (Ethics Commission Filers   |
| Date   | 5 Payee name   |  |
| 3/1/2018   | Discover   |  |
| Amount (\$)  | 7 Payee address; City; State; Zip Code                           |  |
| 2,500.00   | P.O. Box 6103, Carol Stream, IL 60197                            |  |
| 3  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
| PURPOSE  |  | Check if traveloutside of Texas. Complete Schedule T.  |
| OF<br>EXPENDITURE  | cc payment   | Check if Austin, TX, officeholder living expense   |
| Complete ONLY if dispet  | Candidate / Officeholder name                                    | Office sought Office held  |
| Complete ONLY if direct expenditure to benefit C/OF                |  |  |
| Date   | Payee name   |  |
| 3/14/2018  | Discover   | and the second s |
| Amount (\$)  | Payee address; City; State; Zip Code                             |  |
| 500.00   | P.O. Box 6103, Carol Stream, IL 60197                            | *  |
|  | Category (See Categories listed at the top of this schedule)     | Description  |
| PURPOSE  | ·  | Check if travel cuteide of Texas. Complete Schedule T.   |
| OF<br>EXPENDITURE  | cc Payment   | Check II Austin, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit G/OH         | Candidate / Officeholder name                                    | Office sought Office held  |
| Date   | Рауее пате   |  |
| 3/15/2018  | Paper Place  |  |
| Amount (\$)  | Payee address; City: State; Zip Code                             |  |
| 180-24   | 400t N. Larnar, Ste. 540, Austin, Tx 78756                       |  |
|  | Category (See Categories listed at the top of this schedule)     | Description  |
| PURPOSE  |  | Check if travel outside of Texas. Complete Schedule T.   |
| OF<br>EXPENDITURE  | paper products   | Check if Austin, TX, officeholder living expense   |
| Camplete <u>ONLY</u> if direct expenditure to benefit C/Oi-        | Candidate / Officeholder name                                    | Office sought Office held  |
| ·  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEEDED   |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(2)**

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

Event Expense Fees Foxul/Boverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repaymen/Reimbursement Office Overhead/Rental Expense Politing 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)

Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Payee name 3/15/2018 Discover G Amount (\$) 7 Payee address; City; State; Zip Code P.O. 60x 6t03, Carol Stream, IL 60197 2,430.65 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder fiving expense OF cc payment EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Payee name Date 4/16/2018 Discover Amount (\$) Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197 308.17 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check il Austin, TX, officeholder living expense EXPENDITURE cc Payment Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Frost Bank 4/18/2018 Amount (\$) Payee address; City: State: Zip Code Frost Bank, P.O. Box 34746, San Antonio, TX 78265 240.70 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Bank Adjusment Check if Austin, TX. officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Pees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Peinthusement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Geverage Expense Catt/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)

Other (enter a category not listed above) Legal Services Credit Card Paymers The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 4 Oate 5 Payes name Eagle Office Products 6/13/2018 6 Amount (\$) 7 Payee address; City; State; Zip Code 812 Sam Bass RdRound Rock, TX 78681 324.75 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if traval outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE printing Office held 9 Complete ONLY if direct Office sought Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 6/27/2018 Eby Law Firm City; State; Zip Code Amount (\$) Payee address; 1,500.00 302 N. Lampasas, Round Rock, TX 78664 Catagory (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check il Austin, TX, officaholder living expense legal fees Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Payee name Пате Discover 6/27/2018 City; State; Zip Code Amount (\$) Payee address; P.O. Box 6103, Carol Stream, IL 60197 2.685.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense cc payment EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct

expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Foral/Beverage Expense Gift/Awartis/Memorials Expense Legal Services

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

Solicitation/Fundraising Expen Transponation Equipment & Related Excense Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethles Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Payee name 6/27/2018 Eby Law Firm 6 Amount (\$) 7 Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664 3,271.04 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check it Austin, TX, officeholder living expense OF EXPENDITURE legal fees Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/28/2018 Laura Presslev Amount (\$) Payee address; City; State; Zip Code 1,000.00 10203 Woodglen Cove, Austin, TX 78753 Category (See Categories listed at the top of this schedule) Description Check if trevel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Repayment of 8/2017 \$1,000 Loan Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Date Eby Law Firm 6/28/2018 Amount (\$) City; State; Zip Code Payee address; 1,636.97 302 N. Lampasas, Round Rock, TX 78664 Category (See Categories listed at the top of this schedule) Description Chack it travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE zeef ISGel Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment Reintursement Office Overhead Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Eguloment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Рауве пате Eby Law Firm 6/30/2018 6 Amount (\$) 7 Payee address; City; State; Zip Code 7,500.00 302 N. Lampasas, Round Rock, TX 78664 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check it Austin, TX, officeholder living expense legal fees Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1/1/18 - 6/30/18 PayPal.com Amount (\$) Payee address; City; State; Zip Code 111,08 PayPal.com Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Fees Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Payee name Oate 1/1/18 - 6/30/18 Рігух Amount (\$) City: State; Zip Code Payee address; \$234.08 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Yexas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Fees Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

| Accounting/Banking Consulting Expense   | Fees Food/Beverage Expense                        | Office Overhead/Rental Expense                    | Transportation Equipment & Related Expense Travel in District    |  |  |
|---|---|---|--|--|--|
| Contributions/Donations Made 8<br>Candidate/Officeholder/Politica   |   | Printing Expense<br>Salaries/Wages/Contract Labor | 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 FILERNAME                                       |   | 3 Filer ID (Ethics Commission Filers)                            |  |  |
| 2 Laura Pressley, Ph.D.   |   |   |  |  |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,756.08   |   |   |  |  |  |
| 5 Date  | 6 Payee name                                      |   |  |  |  |
| 6/6/2018  | OFFICE DEPOT #368 AUSTIN TX                       |   | •                          |  |  |
| 7 Amount (\$)   | 8 Payee address; City; State; Zip Code            |   |  |  |  |
| \$270.91  | 816 TIRADO STREET                                 |   |  |  |  |
| 9 TYPE OF<br>EXPENDITURE  | Political   | n Non-Political                                   | 7  |  |  |
| - 10  | (a) Category (See Categories listed at the top of | this achedule) (b) Description                    | ın   |  |  |
| PURPOSE   |   | Check ii  | travel outside of Texas. Complete Schedule T.                    |  |  |
| OF<br>EXPENDITURE   | Printing Supplies                                 | Check   | t Austin, TX, officeholder living expense                        |  |  |
|   |   | ]   |  |  |  |
| 11 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH |   |   |  |  |  |
| Date  | Payee name  |   |  |  |  |
| 6/6/2018  | THE BUMPERSTICKER COM AUSTIN                      | гх  |  |  |  |
| Amount (\$)   | Payee address; City; State;                       | Zip Code  |  |  |  |
| \$389.70  | 612 West 34th St. Austin, TX 78705                |   | 3  |  |  |
| TYPE OF<br>EXPENDITURE  | Political   | x Non-Political                                   |  |  |  |
|   |   | Description                                       | n  |  |  |
| PURPOSE   |   | Checki  | travel outside of Texas. Complete Schedute T.                    |  |  |
| OF<br>EXPENDITURE   | Printing  | Check   | il Austin, TX, officeholder living expense                       |  |  |
|   |   | , ]   | .,   |  |  |
| Complete ONLY if direct   | Candidate / Officeholder name                     | Office sought                                     | Office held  |  |  |
| expenditure to benefit C/OH   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   | •   |  |  |  |
|   | ₩   |   |  |  |  |
|   |   |   |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |   |   |  |  |  |

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Consulting Expense Contributors/Dovations Made By Candidate/Officeholder/Politica |   | Polling Expense Printing Expense Salaries/Wages/Contract Labor | Travel In District Travel Out of District Other (enter a category not listed above)                           |
|---|---|--|---|
|   | _   | explains how to complete this form.                            |   |
| 1 Total pages Schedule F4:  | 2 FILER NAME<br>Laura Presslev, Pt                        | h.D  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM   | IZED EXPENDITURES CHAF                                    | RGED TO A CREDIT CARD  | \$ 2,756.08   |
| 5 Date<br>6/5/2018  | 6 Payee name THE EXPO GROUP LP IRVING TX                  |  |   |
| 7 Amount (\$)<br>\$1,190.85   | 8 Payee address; City; 5                                  | State; Zip Code<br>Irving, Texas 75063                         |   |
| 9 TYPE OF<br>EXPENDITURE  | x Political   | Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the RPT Convention | Chec   | otion<br>ck il travel outside of Texas. Complete Schedule T.<br>ck if Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/O                             | Candidate / Officeholder na                               | rne Office sought  | Office held   |
| Date  | Payee name  |  |   |
| Amount (\$)   | Payee address; City;                                      | State; Zip Code  |   |
| TYPE OF<br>EXPENDITURE  | Political   | x Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE  |   |  | otion<br>ck i travel outside of Texas. Complete Schedule T.<br>ck if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/O                                | Candidate / Officeholder na<br>H                          | ime Office sought  | Office held   |
|   |   |  |   |
|   | ATTACH ADDITIONAL COI                                     | PIES OF THIS SCHEDULE AS I                                     | NEEDED  |