CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
IVAIVIL	Mrs Laura Last		Date Received
	Pressley, Ph	n.D.	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; 101 Oak Street #248, Copperas	COVE TX 76522	
ADDRESS Change of Address	Подражения под		OCC RECEIVED A JUL 15'19 PM1:41
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	() 512-762-3825		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mr. Fidel	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Acevedo		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3807 Prairie, Austin, TX 78		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 512-775-7276	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	4440	THROUGH	/
11 ELECTION	1/1/19 ELECTION DATE	6/30 ELECTION TYPE	1/19
III ELECTION	Month Day Year Primary	Runoff Other	
	General	Description Special	
	12/16/14		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	N/A	Austin City Co.	uncil District 4
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID	(Ethics Commission Filers)
Laura Pressley,	Ph.D.				
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				
	SPECIFIC	COMMITTEE ADDRESS		***************************************	
	□ 24ECIFIC				
		COMMITTEE CAMPAIGN TRE	ASURER NAME		
Additional Pages					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
17 CONTRIBUTION TOTALS			IS OF \$50 OR LESS (OTHER THEES OF LOANS), UNLESS ITEM		\$3,522.11
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \$15,377.11			\$15,377.11	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 3,752.7270			3,752.7270	
	4. TOTAL POLITICAL EXPENDITURES \$ 15,651.32				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3,013.23				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 43,218.00		43,218.00		
18 AFFIDAVIT					
ALEJANDRO MEDINA Notary Public, State of Texas Comm. Expires 08-15-2022 Notary ID 131684514 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 Capdidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said Laura Pressley , this the 15					
day of July , 20 19 , to certify which, witness my hand and seal of office.					
Allejandro Medina Notary					
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 20 Filer ID (Ethics Com	ommission Filers)	
	Laura Pressley, Ph.D.		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,855.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$ 43,218.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,171.39	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,479,93	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

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 (ID#:__ Kathryn Dulanski \$100 1/16/2019 City; State; Zip Code 323 Southlake Dr, F orney 75126 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Dout-of-state PAC (ID#: Amount of contribution (\$) Larry Buck 1/22/2019 \$100.00 City; State; Zip Code 305 SPRING CREEK DRIVE WAXAHACHIE 75165 Employer (See Instructions) Principal occupation / Job title (See Insuctions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) GARY THORPE 3/7/2019 \$500.00 Contributor address; City; State; Zip Code 9815 MOORBERRY LANE HOUSTON TX 77080 Principal occupation / Job title (See Instructions) CPA Self Employeed Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Don Brinkman \$500.00 3/14/2019 City; State; Zip Code Contributor address; 2501 Tydings Cove 78730 austin TX Principal occupation / Job title (See Instructions) Employer (See Instructions) restaurant 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 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 (\$) Out-of-state PAC (ID#:_ Vickie Karp 3/14/2019 \$100.00 City; State; Zip Code 9300 Lauralan Dr. Austin TX 78736 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Tribe Realty Austin Date Dut-of-state PAC (ID#:_ Amount of contribution (\$) Jim Skaggs \$500.00 City; State; Zip Code Austin TX 78746 5/7/2019 4700 Toreador Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) John Somma 5/29/2019 \$100.00 City: State; Zip Code Contributor address; Cedar Park 78613 607 Brook Meadow Tr TX Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Robert Belanger \$150 1/3/19 Contributor address; City; State; Zip Code 711 Lost Canyon West Lake 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. 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#:___ Stephen Sherman 2/11/19 \$100.00 6 City; State; Zip Code 11715 Bandlon Dr. Houston, TX 77072 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Dut-of-state PAC (ID#:_ Amount of contribution (\$) Cherokee County Republican Club \$150 2/5/19 City; State; Zip Code P.O. Box 23 Jacksonville, TX 75766 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Josie Schoolcraft 2/14/19 \$100 City: State; Zip Code Contributor address; 611 CF 1316, Rusk, TX 75787 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Robert Centracco 200.00 2/11/19 City; State; Zip Code Contributor address: 2832 Sandstone Dr. Hurst, TX 76054 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dut-of-state PAC (1D#:__ Billie Zimmerman 2/9/19 \$100.00 City; State; Zip Code 2632 Broadway Street, San Antonio, TX 78215 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Dut-of-state PAC (ID#:___ Amount of contribution (\$) James Tang 2/12/19 \$100.00 City; State; Zip Code 3122 Bonnebridge Way, Houston, TX 77082 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Mary Sloan \$200 03/25/19 Contributor address; City; State; Zip Code P.O. Box 877 Sante Fe, TX 77510 Principal occupation / Job title (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Mark and Monica Dorazio \$200 3/14/19 Contributor address: City; State; Zip Code 143 Tower San Antonio, TX 78232 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dut-of-state PAC (1D#:__ Katrina Evenhouse 3/23/19 \$100.00 City; State; Zip Code 306 Benson Rd Dickson, TX 77539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Dut-of-state PAC (ID#:_ Amount of contribution (\$) Bela Toth 3/23/19 City; State; Zip Code 3206 Hamm Pearland, TX 77581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Roger Roundy 3/19/19 City; State; Zip Code Contributor address; 5402 Chapel Trace CT Rosharon, TX 77583 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Reinette King 3/14/19 Contributor address: City; State; Zip Code \$100 5031 Sierra Madre San Antonio, TX 78233 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dut-of-state PAC (1D#:____ TL Ford \$75 3/16/19 City; State; Zip Code 7010 Northhampton Houston TX77055 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Dut-of-state PAC (ID#: Amount of contribution (\$) WJ Whitt 4/6/19 \$5,000 City; State; Zip Code 316 HeatherBrookDr. Murphy, TX 75094 Employer (See Instructions) Principal occupation / Job title (See Insuctions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Mr. and Mrs. C.A. Armbrust 4/18/19 Contributor address; City; State; Zip Code \$1,000 13859 Lower Crabapple Rd Fredericksburg, TX 78624 Principal occupation / Job title (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Park Cities Republican Women 3/27/19 City; State; Zip Code \$250 Contributor address; 25 Highland Park VLG #100-840 Dallas, TX 75205 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. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dut-of-state PAC (1D#:_ Jack Finger 4/13/19 \$100 City; State; Zip Code P.O. Box 12048 San Antonio, TX 78212 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Dut-of-state PAC (ID#:___ Amount of contribution (\$) Greg Casar via attorney, Kuhn Hobbs PLLC 4/29/19 \$255.00 City; State; Zip Code 3307 Northland Dr. #310, Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) District 4 City Councilmember City of Austin Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 3/24/19 Thomas Beach \$100 City; State; Zip Code Contributor address; 4601 County Road Alvin, TX 77511 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ City; State; Zip Code Contributor address: 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 compl	lete this form.	1 T gee hedule E: 6
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filer ID (Ethies Caruniastan Filera)
4 TOTAL OF UN	ITEMIZED LOANS		\$ 0
5 Date of loan 2/11/19	7 Name of lender out-of-state of Mrs. Laura Pressley, Ph.D	PAC (IDS:)	8 Loan Amount (\$) 975
6 ts lender a tinancial Institution?		State; Zp Code	10 bearest rate 0
YNX	101 Oak Street , Copperas Cove Tx 765	522	11 Manufity destr N/A
12 Principal occupation OWNER	on / Job litte (See Instruction)	13 Employer (See trestructions) Tilue ElectionS LLC	
14 Description at Call	steral	15 Check if personal funds were account (See Instructions)	e depositad into political
16 GUARANTOR INFORMATION 17 Name of guarantor N/A 18 Guarantor address: City: State; Zip Code N/A N/A			
20 Principal Occupat NA	lion (See Instructions)	21 Employer (See Instructions) N/A	
Date of loan 20150602	Name of tender out-of-state Mrs. Laura Pressley, Ph.D.	MGgDr)	Lean Amount (\$) 6,000
ts lender a financial	Lender address; Çily: 1	State; Zip Code	traterest rate
Institution?	10203 Woodglen Cove	Austin TX 78753	
Princisal occupation	on / Job title (See transform)	Employer (See Instructors) Pure Rain, LLC	
Oescription of Collisional Check if personal funds were account (See treatmetions)		e deposited into political	
GUARANTOR INFORMATION In not applicable	Name of guaranter N/A Guaranter address; City;	Sante; Zip Code	Amount Guerarcond (8)
	On (See Instructions)	/Employer (See Instructions)	
ATTACH ADDITIONAL COPES OF THIS SCHEDULE AS NEEDED # Junder to eut-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS		·	*1.01* - 18 - 1 - 1	SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.		1 Taral pages Schools E:
2 FILER NAME Mrs. Laura I	Pressley, Ph.D.			a Filer D (Effics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			s 0
5 Date of loan	7 Name of lender 🗀 out-of-state	PAC ribe:		D Loan Amount (S)
6 is lender a financial Institution?	8 Lender address: City;	State: Zip Cade		10 Interest rate 0
YNX			A	11 Meliuriy date
12 Principal occupate	on / Job litle (See Instructions)	13 Employer (See In	structions)	
14 Description of Coll	ateral	15 Check if personal account (See Ins		deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor City; State; Zip Code			
20 Principal Occupat	lion (See Instructions)	21 Employer (See In	structions)	
Date of loan 20150406	Name of lander out-of-state Mrs. Laura Pressley, Ph.D.	PAC (libe:		Loan Amount (5) 2,000
ls lender a financial Institution?		State; Zip Code		interest rate
Y Ng	10203 Woodglen Cove	Austin TX	78753	Meturity date N/A
	n / Job title (See instructions)	Employer (See in Pure Rain, LL		
Quacription of Colle	steral	Check if personal account (See Ins		teposited Into political
GUARANTOR INFORMATION	Name of guarantor N/A			Amount Guaranteed (5)
not applicable	Guarantor address; City;	State; Zip Code		NA
Principal Occupation N/A	on (See Instructions)	Memployer (Gew In	structions)	A
If R	ATTACH AUDITIONAL CO			

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ate this form.	1 Toyal pages Schoolub E: 6
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		g Pilor ID (Ethics Commission Flors)
4 TOTAL OF UN	IITEMIZED LOANS	,	\$ ₀
5 Date of loan 20160413	7 Name of tender Conservation Mrs. Laura Pressley, Ph.D	-15 -1 1: be:a	9 Losn Amount (8) 15,000
6 is lander a linencial institution?	8 Lander address; City: 5	nete: Zip Code Austin Tx 78753	10 Interest rate 0
YNX	10203 Woodgen Cove	AUSUNTA 10103	N/A
12 Principal cocupants OWNER	on / Job title (See <u>Instructions)</u>	13 Employer (See transcrient) Pure Rain, LLC	
14 Description of Coll	etoral	18 Check if personal funds were account (See traffuctions)	dupanted into political
18 GUARANTOR INFORMATION	17 Name of guerantes N/A		19 Areount Guerenhard (5)
(g) not applicable	18 Guarantor address; City; 5 N/A	N/A	
20 Principal Occupat N/A	ion (See Instructions)	21 Employer (See Instructions) N/A	
Date of loan 20160413	Name of hander out-of-attender out-of-attender Mrs. Laura Pressiey, Ph.D.	PAG(00;)	Lose Amount (\$) 1,000
is lender a finencial	Lender eddress; City; 6	Rate: Zip Code	frethrend rate
Institution?	10203 Woodglen Cove	Austin TX 78753	Masurity date N/A
Principal occupate	on / Job Utle (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
Description at Calls	itorel	Check If personal funds were account (See instructions)	deposited into political
GUARANTOR	Name of gustantor	11 11 11 11 11 11 11 11 11 11 11 11 11	Amount Gutranteed (5)
INFORMATION		State: Zip Code	N/A
not applicable N/A			
Principal Occupation N/A	DA (See Instructions)	/Amployer (See traincalors) N	475
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Il lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

- 4				
LOANS			SCHEDULE E	
The	Instruction Guide explains how to compl	be this form.	1 Total pages Schedule E: 6	
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	WITEMIZED LOANS		\$ 0	
5 Date of loan 20160415	7 Name of tender		9 Loen Amount (6) 3,500	
6 to lender a financial institution?	6 Lender address: City:	State; Zip Code	10 Interest rate 0	
YNX	10203 Woodglen Cove	Austin Tx 78753	11 Masurity data N/A	
12 Principal accupation OWNER	on / Job title (See Instructions)	13 Employer (See traductions) Pure Rain, LLC		
14 Description of Col	aderal	15 Check if personal funds were account (See Instructions)	depos <u>itad</u> fnto politicat	
16 GUARANTOR INFORMATION	17 Name of guaranter N/A		19 Amount Guarenteed (5)	
₩ not applicable	16 Guarantor address; City; State; Zip Code			
20 Principal Occupal N/A	ion (Bee Instructions)	21 Employer (See Instructions) N/A		
Date of loan 20160603	Name of lender Devot are Mrs. Laura Pressley, Ph.D.	PAC (ID+:)	Loan Amount (\$) 14,000	
is lender a financial		State: Zip Code	Interestrate O	
methodon?	10203 Woodglen Cove	Austin TX 78753	Maturity date N/A	
Principal occupation Owner	on / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC		
Description of Collateral Check it personal funds were account (See Instructions)		daposited into political		
GUARANTOR INFORMATION	Name of guerantor N/A		Amount Guarantnad (5)	
not applicable		State; Zip Code	N/A	
Principal Occupation (See Instructions) N/A /Employer (See Instructions) N		1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lander is out-of-state PAC, please see instruction guide for additional reporting requirements.				

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	oto this form.	1 Yatal pages Schedule E: 6
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0
5 Date of loan 20190418	7 Name of lender an of cab Mrs. Laura Pressley, Ph.D		9 Loan Amount (\$) 500
6 is lender a financial institution?		State; Zip Code	16 tritorout rate 0
YNX	101 Oak Street Cop	peras Cove, TX 76522	11 Maturity date N/A
12 Principal occupation OWNO!	on / Job title (See Instructions)	13 Employer (See Instructions) True Texas Elections,	LLC
14 Description of Collegeral 15 Check if personal funds were account (See Instructions)		15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION INFORMATION	17 Name of guarantor N/A 18 Guarantor addresa; City; State; Zip Code		19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See Instructions) N/A 21 Employer (See Instructions) N/A			
Date of toan 20161031	Mrs. Laura Pressley, Ph.D.	PAG 809:1	Loen Amount (\$) 110
la lender a financial	,	Rata; Zip Code	Interest rate O
Institution?	10203 Woodglen Cove	Austin TX 78753	Maturity date N/A
Principal occupation Owner	on / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
Description of Collegeral Check if personal funds were account (See Instructions)		leposhed into political	
GUAFANTOR INFORMATION Information	Name of guarantor N/A Guarantor address; City; S N/A	Besta; Zip Goda	Arrigunt Guerardood (5)
Principal Occupation	on (See Instructions)	/Employer (See Instructions) N	
ATTACH ADDITIONAL COPIES OF THES SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS			SCHEDULE É
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Laura Pres	siey, Ph.D.		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (IDE:)	9 Loan Amount (\$)
20161102	Mrs. Laura Pressley, Ph.D.		133
6 Is lender a financial		State; Zîp Code	10 Interest rate
Institution?	10203 Woodglen Cove Austi	n, TX 78753	11 Maturity date N/A
12 Principal occupation	on / Job title (See instructions)	13 Employer (See Instructions)	
Owner		Pure Rain, LLC	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION			
	18 Guarantor address: City; \$	State: Zip Code	n/a
not applicable		•	-
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)			
n/a	Name of the last o	n/a	
Date of loan	Name of lender out-of-state	PAG (10#:)	Loan Amount (\$)
n/a	n/a		n/a
ls lender	Lender address; City;	State: Zip Code	Interest rate
a financial	Constitution and a state of the	Sidney and Cooks	
T N N N N N N N N N N N N N N N N N N N	n/a	1	Maturity date
Original accupation	on / Job title (See Instructions)	Employer (See Instructions)	3.4
	on ruou waa (See Herrustone)	n/a	
n/a Description of Coll	ateral	Check if personal funds were	deposited into political
Dinone n/	a	account (See Instructions)	
GUARANTOR	Name of guaranter		Amount Guaranteed (\$)
Guarantor address: City: State; Zlp Code			n/a
x 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.			

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Polling 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)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payes name	.	
2/12/19	Mary Lou Serafine		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	4011 Avenue D, Austin, TX 78752		
\$637.50		·	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Legal Fees	Check if Austin, TX, officeholder living expense	
EXTENSITORE			
		200	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
06/28/19	Laura Pressley		
Amount (\$)	Payee address; City; State; Zip Code		
#2.000			
\$3,900	101 Oak Street #248 Copperas Cove, TX 76522	4	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Repay loans of \$2,000 (4/8/t5) and	Check if Austin, TX, officeholder living expense	
	\$1,900 (1/2/15)		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/6/19	Benezet Consulting		
Amount (\$)	Payee address; City; State; Zip Code		
\$1 ,705.00	2904 HARRIS PARK AVENUE , Austin, TX 78705		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	J.	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
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
Credit Card Payment

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

overlage Expense Office Overhead Polling Expense Printing Expense Printing

Loan Repayment/Reimbursement 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 retenory not listed shows)

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	1	
20180828	DISCOVER		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,479.93	P.O. Box 6103, Carol Stream, IL 60197		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	CC payment	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	Payee name		
3/25/1 9	Eby Law Firm		
Amount (\$)	Payee address; City; State; Zip Code		
\$9 80	302 Lampassas Street, Round Rock TX 78 66 4		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Рауее патте		
6 /28/1 9	Laura Pressley	F	
Amount (\$)	Payee address; City; State; Zip Code		
\$500	101 Oak Street # 248 Copperas Cove, TX 7 6 522		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Loan Repayment for 6/8/16 Legal Fees	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			

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 Loan Repaymen/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 (anther a nategory not listed shows)

Candidate/Officeholder/Politica Credit Card Payment		dense Travel Out Of District Ages/Contract Labor Other (enter a category not listed above)	
Credit Caro Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
4/10/19	Grassroots America We The People		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$300	14409 CR 220 TYLER, TX 75707	va ·	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Donation	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/14/19	Andy Hogue		
Amount (\$)	Payee address; City; State; Zip Code		
300	704 JAGGED ROCK, CEDAR PARK, TX 78613		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense	
	1		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4/9/19	Andy Hogue		
Amount (\$)	Payee address; City; State; Zip Code		
6300	704 JAGGED ROCK, CEDAR PARK, TX 78613		
\$300			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising	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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense

Event Expense

Food/Beverage Expense

Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Cant/Awards/Membrase Expense Printing 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					
Challicatoraymen	The instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
4/19/19	Evelyn Talmadge				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$220	1015 Beecave Woods Dr, Rollingwood, TX 78746				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Accounting	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	Payee name				
2/4/19	Eby Law Firm				
Amount (\$)	Payee address; City; State; Zip Code				
\$157.50	302 Lampassas Round Rock, TX 78664				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Legal Fees	Check il Austin, TX, officeholder living expense			
	*				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
1/10/19	AT&T				
Amount (\$)	Payee address; City; State; Zip Code	•			
\$115.72	P.O. Box 6463 Carol Stream IL 60197				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Phone Expenses	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					

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

Fond/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Peimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online) a category not listed above)

Candidate/Officeal Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)					
Credit Card Payment	The instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
5					
4 Date	5 Payee name				
2/20/19	AT&T				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$130.57	1015 Beecave Woods Dr				
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
8	(as Catagory (300 Catagories isseed at the tupor this schedule)	Check if travel outside of Texas. Complete Schedule T.			
PURPOSE OF	Phone	Check if Austin, TX, officeholder living expense			
EXPENDITURE		•			
		4			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
4/8/19	AT&T				
Amount (\$)	Payee address; City; State; Zip Code				
\$174.55	1015 Beecave Woods Dr				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Phone	Check if Austin, TX, officeholder living expense			
	-				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Рауее патте				
	n/a				
Y	м а	A CONTRACTOR OF THE CONTRACTOR			
Amount (\$)	Payee address; City; State; Zip Code				
	Cottogogy /See Cottogogica listed as the contribution of this	Bassiania			
DUDDOOF	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		שונים וויוש משונים וויוש מחוש וויוש מיוש וויוש מיוש מיוש מיוש מיוש			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 \$ 1,479.93 (\$100 or less)					
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	n		
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Legal Fees	Check i	f Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name		_		
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	Check if	on travel outside of Texas. Complete Schedule T. f 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					