

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)		<b>2 Total pages filed:</b>  22													
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">MS / MRS / MR</td> <td style="width:33%; border: none;">FIRST</td> <td style="width:33%; border: none;">MI</td> </tr> <tr> <td style="border: none;">Mrs.</td> <td style="border: none;">Laura</td> <td style="border: none;">A.</td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> </tr> <tr> <td colspan="3" style="border: none; text-align: center;">Pressley, Ph.D.</td> </tr> </table>			MS / MRS / MR	FIRST	MI	Mrs.	Laura	A.	NICKNAME	LAST	SUFFIX	Pressley, Ph.D.			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Date Received           <div style="font-size: 1.2em; font-weight: bold;">OCC RECEIVED AT JUL 15 '19 PM 1:41</div> </div>	
	MS / MRS / MR	FIRST	MI														
Mrs.	Laura	A.															
NICKNAME	LAST	SUFFIX															
Pressley, Ph.D.																	
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">ADDRESS / PO BOX;</td> <td style="width:33%; border: none;">APT / SUITE #;</td> <td style="width:33%; border: none;">CITY;</td> <td style="width:33%; border: none;">STATE;</td> <td style="width:33%; border: none;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">101 Oak Street #248, Copperas Cove, TX 76522</td> </tr> </table> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> Change of Address             </div>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	101 Oak Street #248, Copperas Cove, TX 76522									
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101 Oak Street #248, Copperas Cove, TX 76522																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">AREA CODE</td> <td style="width:33%; border: none;">PHONE NUMBER</td> <td style="width:33%; border: none;">EXTENSION</td> </tr> <tr> <td style="border: none;">(      )</td> <td style="border: none;">512-762-3825</td> <td style="border: none;"></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(      )	512-762-3825		<div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked             </div>							
AREA CODE	PHONE NUMBER	EXTENSION															
(      )	512-762-3825																
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">MS / MRS / MR</td> <td style="width:33%; border: none;">FIRST</td> <td style="width:33%; border: none;">MI</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Mr. Fidel</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> </tr> <tr> <td colspan="3" style="border: none; text-align: center;">Acevedo</td> </tr> </table>			MS / MRS / MR	FIRST	MI		Mr. Fidel		NICKNAME	LAST	SUFFIX	Acevedo			<div style="border: 1px solid black; padding: 2px;"> Receipt #             </div>	
				MS / MRS / MR	FIRST	MI											
					Mr. Fidel												
NICKNAME	LAST	SUFFIX															
Acevedo																	
<div style="border: 1px solid black; padding: 2px;"> Amount \$             </div>																	
<div style="border: 1px solid black; padding: 2px;"> Date Processed             </div>																	
<div style="border: 1px solid black; padding: 2px;"> Date Imaged             </div>																	
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:33%; border: none;">APT / SUITE #;</td> <td style="width:33%; border: none;">CITY;</td> <td style="width:33%; border: none;">STATE;</td> <td style="width:33%; border: none;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">3807 Prairie, Austin, TX 78728</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3807 Prairie, Austin, TX 78728								
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3807 Prairie, Austin, TX 78728																	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)																	
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(      )	512-775-7276																
<b>9 REPORT TYPE</b>	<table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;"><input type="checkbox"/> January 15</td> <td style="width:25%; border: none;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%; border: none;"><input type="checkbox"/> Runoff</td> <td style="width:25%; border: none;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> July 15</td> <td style="border: none;"><input type="checkbox"/> 8th day before election</td> <td style="border: none;"><input type="checkbox"/> Exceeded \$500 limit</td> <td style="border: none;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)				
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Month      Day      Year</td> <td style="width:33%; border: none; text-align: center;">THROUGH</td> <td style="width:33%; border: none;">Month      Day      Year</td> </tr> <tr> <td style="border: none; text-align: center;">1/1/19</td> <td style="border: none;"></td> <td style="border: none; text-align: center;">6/30/19</td> </tr> </table>					Month      Day      Year	THROUGH	Month      Day      Year	1/1/19		6/30/19						
Month      Day      Year	THROUGH	Month      Day      Year															
1/1/19		6/30/19															
<b>11 ELECTION</b>	<table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;"> ELECTION DATE  Month      Day      Year  <div style="text-align: center;">12/16/14</div> </td> <td style="width:60%; border: none;"> ELECTION TYPE  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special             </td> </tr> </table>					ELECTION DATE Month      Day      Year <div style="text-align: center;">12/16/14</div>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
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<b>12 OFFICE</b>	OFFICE HELD (if any)  N/A		<b>13 OFFICE SOUGHT</b> (if known)  Austin City Council District 4														

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**

Laura Pressley, Ph.D.

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

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

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 3,522.11

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 15,377.11

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 3,752.7270

4. TOTAL POLITICAL EXPENDITURES \$ 15,651.32

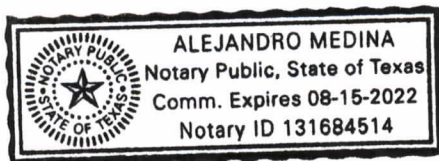
**CONTRIBUTION  
BALANCE**

5. 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

**18 AFFIDAVIT**



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Alejandro Medina

Signature of officer administering oath

Alejandro Medina

Printed name of officer administering oath

Notary

Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
Laura Pressley, Ph.D.	

<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,855.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 43,218.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,171.39
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,479.93
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathryn Dufanski 6 City; State; Zip Code 323 Southlake Dr, F orney TX 75126	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry Buck City; State; Zip Code 305 SPRING CREEK DRIVE WAXAHACHIE TX 75165	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY THORPE Contributor address; City; State; Zip Code 9815 MOORBERRY LANE HOUSTON TX 77080	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CPA		Self Employed
Date 3/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Don Brinkman City; State; Zip Code Contributor address; 2501 Tydings Cove austin TX 78730	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) restaurant		Employer (See Instructions) Self
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

7

**2** FILER NAME

Laura Pressley, Ph.D.

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

3/14/2019

**5** Full name of contributor

Vickie Karp

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6**

9300 Lauralan Dr.

City; State; Zip Code  
Austin TX 78736**7** Amount of contribution (\$)

\$100.00

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

Realtor

**9** Employer (See Instructions)

Tribe Realty Austin

Date

5/7/2019

Jim Skaggs

☐ out-of-state PAC (ID#: \_\_\_\_\_)

4700 Toreador Dr.

City; State; Zip Code  
Austin TX 78746

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

5/29/2019

Full name of contributor

John Somma

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

607 Brook Meadow Tr

City; State; Zip Code

Cedar Park TX 78613

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Date

1/3/19

Full name of contributor

Robert Belanger

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

711 Lost Canyon West Lake Hills, TX 78746

City; State; Zip Code

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

7

**2** FILER NAME

Laura Pressley, Ph.D.

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

2/11/19

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

Stephen Sherman

**6**

City: State: Zip Code

11715 Bandlon Dr. Houston, TX 77072

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

\$100.00

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

Date

2/5/19

Cherokee County Republican Club

☐ out-of-state PAC (ID#: \_\_\_\_\_)

City: State: Zip Code

P.O. Box 23 Jacksonville, TX 75766

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14/19

Full name of contributor

Josie Schoolcraft

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City: State: Zip Code

611 CF 1316, Rusk, TX 75787

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Date

2/11/19

Full name of contributor

Robert Centracco

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City: State: Zip Code

2832 Sandstone Dr. Hurst, TX 76054

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

7

**2** FILER NAME

Laura Pressley, Ph.D.

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

2/9/19

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

Billie Zimmerman

**6**

City; State; Zip Code

2632 Broadway Street, San Antonio, TX 78215

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

\$100.00

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

Date

2/12/19

James Tang

☐ out-of-state PAC (ID#: \_\_\_\_\_)

City; State; Zip Code

3122 Bonnebridge Way, Houston, TX 77082

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/19

Full name of contributor

Mary Sloan

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

P.O. Box 877 Sante Fe, TX 77510

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Retired

Retired

Date

3/14/19

Full name of contributor

Mark and Monica Dorazio

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

143 Tower San Antonio, TX 78232

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 7**2** FILER NAME

Laura Pressley, Ph.D.

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

3/23/19

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

Katrina Evenhouse

**6**

City; State; Zip Code

306 Benson Rd Dickson, TX 77539

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

\$100.00

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

## Date

3/23/19

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bela Toth

City; State; Zip Code

3206 Hamm Pearland, TX 77581

## Amount of contribution (\$)

\$100

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

3/19/19

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roger Roundy

## Contributor address;

City; State; Zip Code

5402 Chapel Trace CT Rosharon, TX 77583

## Amount of contribution (\$)

\$100

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

3/14/19

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Reinette King

## Contributor address;

City; State; Zip Code

5031 Sierra Madre San Antonio, TX 78233

## Amount of contribution (\$)

\$100

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/19

5 Full name of contributor

TL Ford

☐ out-of-state PAC (ID#:

6

City; State; Zip Code

7010 Northhampton Houston TX 77055

7 Amount of contribution (\$)

\$75

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6/19

☐ out-of-state PAC (ID#:

WJ Whitt

City; State; Zip Code

316 HeatherBrookDr. Murphy, TX 75094

Amount of contribution (\$)

\$5,000

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/18/19

Full name of contributor

Mr. and Mrs. C.A. Armbrust

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

13859 Lower Crabapple Rd Fredericksburg, TX 78624

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Retired

Retired

Date

3/27/19

Full name of contributor

Park Cities Republican Women

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

25 Highland Park VLG #100-840 Dallas, TX 75205

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

7

**2** FILER NAME

Laura Pressley, Ph.D.

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

4/13/19

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

Jack Finger

**6**

City; State; Zip Code

P.O. Box 12048 San Antonio, TX 78212

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

\$100

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

Date

4/29/19

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Greg Casar via attorney, Kuhn Hobbs PLLC

City; State; Zip Code

3307 Northland Dr. #310, Austin, TX 78731

Amount of contribution (\$)

\$255.00

Principal occupation / Job title (See Instructions)

District 4 City Councilmember

Employer (See Instructions)

City of Austin

Date

3/24/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Beach

Contributor address;

City; State; Zip Code

4601 County Road Alvin, TX 77511

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

n/a

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**LOANS****SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission File #)
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission File #)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 2/11/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	8 Loan Amount (\$) 975
6 Is lender a financial institution? Y N X	9 Lender address; City; State; Zip Code 101 Oak Street, Copperas Cove Tx 76522	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) Tive Election LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address; City; State; Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See instructions) N/A		21 Employer (See instructions) N/A
Date of loan 20150602	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 6,000
Is lender a financial institution? Y N X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address; City; State; Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See instructions) N/A		Employer (See instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**LOANS****SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan [REDACTED]	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) [REDACTED]	9 Loan Amount (\$) [REDACTED]
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/>	8 Lender address: City: State: Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	10 Interest rate 0
		11 Maturity date [REDACTED]
12 Principal occupation / Job title (See instructions) [REDACTED]		13 Employer (See instructions) [REDACTED]
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor [REDACTED] 18 Guarantor [REDACTED] City: State: Zip Code [REDACTED] [REDACTED] [REDACTED]	19 Amount Guaranteed (\$) [REDACTED]
20 Principal Occupation (See instructions) [REDACTED]		21 Employer (See instructions) [REDACTED]
Date of loan 20150406	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 2,000
Is lender a financial institution? Y N <input checked="" type="checkbox"/>	Lender address: City: State: Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address: City: State: Zip Code N/A [REDACTED] [REDACTED] [REDACTED]	Amount Guaranteed (\$) N/A
Principal Occupation (See instructions) N/A		Employer (See instructions) N
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# LOANS

## SCHEDULE E

The instruction guide explains how to complete this form.		1 Total pages Schedule E: <b>6</b>
2 FILER NAME <b>Mrs. Laura Pressley, Ph.D.</b>		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>20160413</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (Dr. _____) <b>Mrs. Laura Pressley, Ph.D.</b>	8 Loan Amount (\$) <b>15,000</b>
6 Is lender a financial institution? <b>Y N X</b>	8 Lender address; City: State: Zip Code <b>10203 Woodglen Cove Austin Tx 78753</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See instructions) <b>Owner</b>		13 Employer (See instructions) <b>Pure Rain, LLC</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <b>N/A</b> 18 Guarantor address; City: State: Zip Code <b>N/A</b>	19 Amount Guaranteed (\$) <b>N/A</b>
20 Principal Occupation (See instructions) <b>N/A</b>		21 Employer (See instructions) <b>N/A</b>
Date of loan <b>20160413</b>	Name of lender <input type="checkbox"/> out-of-state PAC (Dr. _____) <b>Mrs. Laura Pressley, Ph.D.</b>	Loan Amount (\$) <b>1,000</b>
Is lender a financial institution? <b>Y N X</b>	Lender address; City: State: Zip Code <b>10203 Woodglen Cove Austin TX 78753</b>	Interest rate <b>0</b>
		Maturity date <b>N/A</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>Pure Rain, LLC</b>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor <b>N/A</b> Guarantor address; City: State: Zip Code <b>N/A</b>	Amount Guaranteed (\$) <b>N/A</b>
Principal Occupation (See instructions) <b>N/A</b>		Employer (See instructions) <b>N</b>

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

**LOANS****SCHEDULE E**

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

The instruction guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20190418	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 500
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	8 Lender address; City; State; Zip Code 101 Oak Street Copperas Cove, TX 76522	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) True Texas Elections, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address; City; State; Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See instructions) N/A		21 Employer (See instructions) N/A
Date of loan 20161031	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 110
Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address; City; State; Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See instructions) N/A		Employer (See instructions) N
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

6

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filer)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

20161102

7 Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mrs. Laura Pressley, Ph.D.

9 Loan Amount (\$)

133

8 Is lender a financial institution?

Y

N

8 Lender address;

City;

State;

Zip Code

10203 Woodglen Cove Austin, TX 78753

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See instructions)

Owner

13 Employer (See instructions)

Pure Rain, LLC

14 Description of Collateral

☐ none

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

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

n/a

18 Guarantor address;

City;

State;

Zip Code

n/a

19 Amount Guaranteed (\$)

n/a

☒ not applicable

20 Principal Occupation (See instructions)

n/a

21 Employer (See instructions)

n/a

Date of loan

n/a

Name of lender

n/a

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

n/a

Is lender a financial institution?

Y

N

Lender address;

City;

State;

Zip Code

n/a

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

n/a

Employer (See instructions)

n/a

Description of Collateral

☒ none

n/a

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

☒

GUARANTOR INFORMATION

Name of guarantor

n/a

Guarantor address;

City;

State;

Zip Code

Amount Guaranteed (\$)

n/a

☒ not applicable

Principal Occupation (See instructions)

Employer (See instructions)

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

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Laura Pressley, Ph.D.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/12/19	<b>5</b> Payee name Mary Lou Serafine	
<b>6</b> Amount (\$)  \$637.50	<b>7</b> Payee address; City; State; Zip Code  4011 Avenue D, Austin, TX 78752	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Legal Fees	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/28/19	Payee name Laura Pressley	
Amount (\$)  \$3,900	Payee address; City; State; Zip Code  101 Oak Street #248 Copperas Cove, TX 76522	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Repay loans of \$2,000 (4/8/15) and \$1,900 (1/2/15)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 2/6/19	Payee name Benzet Consulting	
Amount (\$)  \$1,705.00	Payee address; City; State; Zip Code  2904 HARRIS PARK AVENUE, Austin, TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 20180828	<b>5</b> Payee name DISCOVER	
<b>6</b> Amount (\$) 1,479.93	<b>7</b> Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  CC payment	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 3/25/19	Payee name Eby Law Firm	
Amount (\$) \$980	Payee address; City; State; Zip Code 302 Lampassas Street, Round Rock TX 78664	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Legal fees	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 6/28/19	Payee name Laura Pressley	
Amount (\$) \$500	Payee address; City; State; Zip Code 101 Oak Street # 248 Copperas Cove, TX 76522	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Loan Repayment for 6/8/16 Legal Fees	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/10/19	<b>5</b> Payee name Grassroots America We The People	
<b>6</b> Amount (\$) \$300	<b>7</b> Payee address; City; State; Zip Code 14409 CR 220 TYLER, TX 75707	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Donation	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date 2/14/19	Payee name Andy Hogue	
Amount (\$) 300	Payee address; City; State; Zip Code 704 JAGGED ROCK, CEDAR PARK, TX 78613	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date 4/9/19	Payee name Andy Hogue	
Amount (\$) \$300	Payee address; City; State; Zip Code 704 JAGGED ROCK, CEDAR PARK, TX 78613	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/19/19	<b>5</b> Payee name Evelyn Talmadge	
<b>6</b> Amount (\$) \$220	<b>7</b> Payee address; City; State; Zip Code 1015 Beecave Woods Dr, Rollingwood, TX 78746	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Accounting	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 2/4/19	Payee name Eby Law Firm	
Amount (\$) \$157.50	Payee address; City; State; Zip Code 302 Lampassas Round Rock, TX 78664	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Legal Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 1/10/19	Payee name AT&T	
Amount (\$) \$115.72	Payee address; City; State; Zip Code P.O. Box 6463 Carol Stream IL 60197	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Phone Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/20/19	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$130.57	<b>7</b> Payee address; City; State; Zip Code 1015 Beecave Woods Dr	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Phone	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date 4/8/19	Payee name AT&T	
Amount (\$) \$174.55	Payee address; City; State; Zip Code 1015 Beecave Woods Dr	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Phone	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date	Payee name n/a	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 2	<b>2</b> FILER NAME Laura Pressley, Ph.D.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 1,479.93 (\$100 or less)
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Legal Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought  Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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