## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

## FORM C/OH COVER SHEET PG 1

		**************************************			
The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 24		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mrs Laura		Date Received		
IAVINE	NICKNAME LAST	SUFFIX	. 26		
	Pressley		JAN JAN		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / POBOX; APT/SUITE #; CITY; P.O Box 10102 Austin, Tx	STATE; ZIP CODE	AUSTIN C RECENTIN C PEC EN 17		
ADDRESS		, , , , ,			
change of address			Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 512 ) 762-3825	EXTENSION	Date Processed		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	Mr. Jason	<b>F</b>			
	NICKNAME LAST	SUFFIX	·		
	Wahoski				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEASE): APT / SUITE #:  3715 Bird House Drive Ro	ciry; state; ound Rock, Texa	zipcode as 78665		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 512) 656-3796	EXTENSION	i		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 Ilmit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year  11 / 14 / 2011 THROUGH	Month Day 1.2 / 31 /	Yeer / 2011		
11 ELECTION	ELECTION DATE Month Day Year  5 / 12/2012 ELECTION TYPE	Runoff 🔀 e	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (#known)  City Counci	11		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

	·		
14 C/OH NAME La	ura Pressl	ey	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	\$ \$767.49
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PRTING PERIOD	s 2,332 .51
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT	_	· · · · · ·	perjury, that the accompanying report information required to be reported by
MY C	MARGRETT FRANKLIN OMMISSION EXPIRES October 17, 2014	Signature of Cand	idate or Officeholder
AFFIX NOTARY STAMP	o/SEALABOVE	ne, by the said Laura Ann Pressle	, this the
an mass	or Janua	cy. 20 12, to certify which, witness m	y hand and seal of office.
Signature of officer admiri	IN A JA Sale	Printed name of officer administering oath	Title of officer attribinistering oath

### SCHEDULE A

· · · · · · · · · · · · · · · · · · ·			···	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT# (E	thics Commission Filers)
4 Date 12/10/201	5 Full name of contributorout-of-state PAC (ID# Linda Greene		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2239 Cromwell Cir Austin	TX		1
	78741		(If travel outside	of Texas, complete Schedule T)
9 Principal occu Agent	pation / Job title (See Instructions)	10 Employer (See Contine	Instructions) ental Airl:	ines
Date	Full name of contributor 🔼 out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code		25	[
	716 W. Argand St Seattle	WA 9811	.9	]
			(if travel outside	I of Texas, complete Schedule T)
Principal occup Student	pation / Job title (See Instructions)	Employer (See I Living Sc	nstructions) Cial	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/23/2011	Gordon Walton  Contributor address; City; State; Zip Code		200	
		mv 707	1.0	
	8207 Ganttcrest Dr. Austin	TX 787		of Texas, complete Schedule T)
Principal occup Software	pation / Job title (See Instructions)	Employer (See II Playdom	<del></del>	r rexas, complete ochedure 1)
Date	Full name of contributor  out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/2011	Contributor address; City; State; Zip Code	, ,	\$200.00	
1	1750 Timber Ridge Rd, #116	Austin	ļ	
	TX 78741			of Texas, complete Schedule T)
Retired	eation / Job title (See Instructions)	Employer (See li Retired	nstructions) [	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/2011	Rick McGinnis  Contributor address; City; State; Zip Code		10	
12/10/2011	·	'X 78705		
[	OLZ W. 34CH SC.AUSCIN I	X 78705		· [
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
Owner			Stickers	

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

P.O. Box 12070

#### SCHEDULE A

(512) 463-5800

		······································		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT# (E	thics Commission Filers)
4 Date	<b>5</b> Full name of contributor □out-of-state PAC(ID#_ Harlan Deitrich	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/10/2011	6 Contributor address; City; State; Zip Code			<u> </u>
:	1205 Fieldcrest Dr. Austin	TX 78	704	,   
0.00			<del> </del>	of Texas, complete Schedule T)
Owner Owner	pation / Job title (See Instructions)	10 Employer (See ) Brave New	Books	
Date	Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of	In-kind contribution
	Leif Allred		contribution (\$)	description (if applicable)
12/10/2011	Contributor address; City; State; Zip Code		350	
		T		of Texas, complete Schedule T)
Manager	pation / Job title (See Instructions)	Employer (See Applied M	Instructions) [aterials	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
:	Joyce Witowshi		\$100.00	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
12/10/2011	Contributor address; City; State; Zip Code		<b>Q100.00</b>	] !
	3201 Barton Place Cir A	ustin TX	78733	
			<del> </del>	of Texas, complete Schedule T)
Principal occup Manager	eation / Job title (See Instructions)	Employer (See I Freescale	nstructions) Semicondu	actor, Inc.
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
	Charles Swail		contribution (\$)	description (if applicable)
12/10/201	Contributor address; City; State; Zip Code		\$25.00	
	1214 Baron Hills Dr. #106	Austin TX	78704	
			(if travel outside o	of Texas, complete Schedule T)
Principal occup Manager	ation / Job title (See Instructions)	Employer (See In Peoples I	nstructions) Pharmacy	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/2011	Contributor address; City; State; Zip Code		\$100.00	
	P.O.Box 7486 Austin TX	78713		1
			(If travel outside o	f Texas, complete Schedule T)
Principal occupa Real Est	ation / Job title (See Instructions) ate	Employer (See In Self	<del></del>	
		<del></del>	<del> </del>	<del></del>

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## **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

P.O. Box 12070

#### SCHEDULE A

			<del></del>	
The	Instruction Guide explains how to complete this	1 Total pages Schedule A: 9		
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date 12/10/2013	5 Full name of contributor out-of-state PAC (ID#_Niamh Marnell 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
	11316 Jollyville Rd, #348A	ustin TX	78759	 
9 Principal occu Journal	pation / Job title (See Instructions) ist	10 Employer (See I Self	<del> </del>	,
Date 12/10/2013	Full name of contributor		Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
	2805 Rock Terrace Dr. A	ustin TX	78704	    of Texas, complete Schedule T)
Principal occu Direct	pation / Job title (See Instructions) OX	Employer (See I Peoples P		rezas, complete ou loude 17
Date 12/10/201	Full name of contributor out-of-state PAC (ID# Otto Wheeler  Contributor address; City; State; Zip Code		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	500 Wilmes Austin	TX 78752		
Principal occul CPA	pation / Job title (See Instructions)	Employer (See In Wheeler,	nstructions)	of Texas, complete Schedule T) and Kelley
Date 12/26/2011	Full name of contributor out-of-state PAC (ID#_Casey Pennington  Contributor address; City; State; Zip Code		Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
	6800 McNeil Dr. #1618 Au	stin TX	78729	GT
	pation / Job title (See Instructions) Technician	Employer (See In Self		of Texas, complete Schedule T)
Date 12/10/2011	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	2212 White Horse Trail Au	stin TX	78757	f Yexas, complete Schedule T)
Principal occup Artist	eation / Job title (See Instructions)	Employer (See In Self	<del></del>	. Total Complete Companie 17

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### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date 12/10/2013	· • · · · · · · · · · · · · · · · · · ·		7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 6416 Via Careto Dr. Austin	TX 787		i of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
;				of Texas, complete Schedule T)
	pation / Job title (See Instructions) se Architect	Employer (See i Dell	Instructions)	
Date 12/10/2011	Full name of contributor out-of-state PAC (ID# John ScottLyman Contributor address; City; State; Zip Code		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	3300 Enfield RdAustin	TX 78703	(16 troval audalda	of Toward appropriate Schooling TV
Principal occup Spor	pation / Job title (See Instructions)	Employer (See I Se I I		of Texas, complete Schedule T)
Date 12/10/2011	Contributor address; City; State; Zip Code		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	11615 Angus Rd #104NAustin	TX 78	759 (If travel outside	    of Texas, complete Schedule T)
^	stion / Job title (See Instructions)	Employer (See I SC/F	nstructions)	
Date 12/10/2011	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	2710 W. 49th 1/2 St Austin	TX 78		of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See I	nstructions)	

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	)	7 Amount of	8 In-kind contribution
12/10/201	Christopher Hauboldt		contribution (\$) \$100.00	description (if applicable)
	6 Contributor address; City; State; Zip Code		φ100.00	
	9611 A Nightier Dr Austin	TX 787	48	
			(If travel outside of	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Software	Developer	Lone Star	<u>Internet</u>	······································
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Stephen and MercedesOsella		contribution (\$)	description (if applicable)
12/10/2011			\$100.00	! }
	Contributor address; City; State; Zip Code			
	7305 Waterline Rd Austin	TX 787	31	
,	, 7505 Waterline Rd Austin	IX 707	į	
			<del></del>	of Texas, complete Schedule T)
Softwar Softwar	pation / Job title (See Instructions) e Eng	Employer (See National	Instructions) Instrumen	ts
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	Anthony Corey		contribution (\$)	description (if applicable)
12/12/2011	Contributor address; City; State; Zip Code		\$100.00	İ
ļ	3955 Shoal Creek Blvd, #210	Austin	TX 787	1
			· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occur Real Es	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
	W. RussellDoyle		contribution (\$)	description (if applicable)
12/10/201	Contributor address; City; State; Zip Code		\$50.00	!
	3431 N. Hills Drive #J218A	ustin TX	78731	1
			(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	KathvStimets-Vidan		contribution (\$)	description (if applicable)
12/10/201	1		\$50.00	1
Ì	Contributor address; City; State; Zip Code			
Į	500 Wilmes Austin TX 78	752		
İ	500 HILINGS AUSCLII IA /0	مع ت ر		
5		<b></b>		of Texas, complete Schedule T)
·	pation / Job title (See Instructions)	Employer (See I		
20109	10 DVA	<u>Renais</u>	24//65	

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P.O. Box 12070

#### SCHEDULE A

				· · · · · · · · · · · · · · · · · · ·
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 12/10/201	5 Full name of contributor out-of-state PAC (ID#_ LindaPatterson  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		X 78753		<u> </u>
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/201	Contributor address; City; State; Zip Code		\$35.00	1
	1003 Bouldin Ave Austin	TX 787	}	1
Principal coor	Intion ( lob title (5 lo-ttie)	Employer /Con I	^ <del></del>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
70/70/007	Sylvia Smith		contribution (\$)	description (if applicable)
12/10/201	Contributor address; City; State; Zip Code		\$25.00	[
	P.O. Box 5428 Austin T	X 78763	(SE brough outside	  - of Towns consider Schools Ti
Dringing occur	pation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule T)
	Salon / Job file (See Instructions)	Employer (See I	mistroctions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Cory Walton		contribution (\$)	description (if applicable)
12/10/2011			\$25.00	
	1701 Bouldin Ave Austin	TX 787		 
Dringing occur	ration / Job title (See Instructions)	Employer (See h		of Texas, complete Schedule T)
- Trincipal occup	audi / 300 uue (See maructions)	Employer (See ii	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
12/10/201	BrentBrewer		contribution (\$)	description (if applicable)
12/10/2011	Contributor address; City; State; Zip Code		\$25.00	: :
ļ		TX 78760	1	
			(if travel outside s	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		rickas, complete scriedule r)
				ſ

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

P.O. Box 12070

#### SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sci	hedule A: 9	
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of	8 In-kind contribution	
12/10/201	1 KatieBrewer		contribution (\$) \$25.00	description (if applicable)	
	6 Contributor address; City; State; Zip Code		\$20.00	1	
	1040 Kensington Castle Pi	flugerville	TX 786	ទុំ60	
<del> </del>		· · · · · · · · · · · · · · · · · · ·	(If travel outside	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
12/10/2011	Willie Parker		contribution (\$)	description (if applicable)	
14/10/202	Contributor address: City; State; Zip Code		\$25.00	l	
ļ	121 Countryside Ct George	townTX 78	[ 626		
	_		[		
Principal occur	pation / Job title (See Instructions)	Employer (See I	<del>'</del>	of Texas, complete Schedule T)	
· · · · · · · · · · · · · · · · · · ·					
Date	Full name of contributor		Amount of	In-kind contribution	
12/10/201	Janice Liverman		contribution (\$) \$25.00	description (if applicable)	
	Contributor address; City; State; Zip Code			1	
	12607 Mystic Dr. Manchad	ca TX 78	552	 	
	<u> </u>		<u> </u>	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/10/201	Paul Moon		\$25.00	description in application,	
	Contributor address; City; State; Zip Code		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-	2409 S. 6th Austin T	X 78704	1		
			(If travel outside c	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Travis Snavely		contribution (\$) \$25.00	description (if applicable)	
12/26/2011	Contributor address; City; State; Zip Code		\$25.00		
ļ	2006 A Kenneth Ave Austín	TX 787	14		
	2006 A Reimeth Ave Austin	IA /6/8	1		
Principal occub	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)	
	(		,		

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date 12/10/2011	5 Full name of contributorout-of-state PAC(ID#_ DavidRing 6 Contributor address; City; State; Zip Code 1405 Poppy Seed Ln Austin	TX 787	ļ	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	<del></del>	1)
Date 12/10/2011	Contributor address; City; State; Zip Code		Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
i	5608 Taylorcrest Dr. TX	78749	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	<del> </del>	
Date 12/10/201	Full name of contributor  out-of-stete PAC(ID#_DarcyBloom  Contributor address: City: State: Zip Code  5002 Suburban Dr. #2Austin	TX 787	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date 12/10/2011	Contributor address; City; State; Zip Code		Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
	600 Barwood Park #725 A	ustin TX	78753	[ 
Principal occup	vation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 12/10/2011	Contributor address; City; State; Zip Code		Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
	2000 S. Lakeline Blvd, #72	2 Cedar P		613
Principal occup	ation / Job title (See Instructions)	Employer (See I	<del>'</del>	of Texas, complete Schedule T)

P.O. Box 12070

#### SCHEDULE A

			<u> </u>	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date 12/10/2011	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		720.00	<u> </u>
	2101 A. Winsted LaneAustin	TX 78	703	 
			<del></del>	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 12/10/2011	Full name of contributor 🔲 out-of-state PAC (ID# Brad Kizer	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/201	Contributor address; City; State; Zip Code		\$10.00	 
	P.O. Box 2692 Austin TX	78768		Cabadala D
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Chiropal decepation 7 dec title (dec instructions)				
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			  -
			<del></del>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
i			(If travel outside (	of Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or rozas, competo outleans .y
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		j	
			/If traval autoida a	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		reass, complete scriedule 1)

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P.O. Box 12070

LOANS				SCHEDULE E
·The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ges Schedule E:
2 FILER NAME L	aura Pressley		3 ACCOU	NT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	*	·	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
12/2/2011	Pure Rain LLC		,	\$500.00
6 Is lender a financial Institution?	8 Lender address; City; State;			10 Interest rate 0%
Y N	2210 White Horse Trail	Austin TX	78757	11 Maturity date May
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		2012
Owner	in the same (coo management)	Pure Rain LLC		
14 Description of Collateral 15 Check if personal funds were deposi		deposited	into political account	
X none				
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>		19 Amount Guaranteed (\$)
x not applicable	18 Guarantor address; City; S	State; Zip Code		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
ls lender a financial	Lender address; City; State;			Interest rate
Institution?				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	aterał	Check if personal funds were d	eposited i	nto political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupati	l. ion (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED		uirements.

## **POLITICAL EXPENDITURES**

### SCHEDULE F

	<u></u>				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			ment & Related Expense ons Made By older/Political Committee	
4 Total pages Cobadula E	<del></del>	CAPIGINS NOW 10	Complete ting form		(Tables Commission Filess)
1 Total pages Schedule F:	2 FILER NAME Laura Pres	ssley		3 ACCOUNT #	(Ethics Commission Filers)
4 Date 12/5/2011	5 Payee name Google				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$0.50					
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description (if	travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Accounting			es	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·			
12/7/2011	BumperSTicker.com				
Amount (\$)	Payee address; City; Stat	te; Zip Code		<del></del>	
\$168.87					
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If	travel outside of Texas, o	complete Schedule T)
OF	Advertising		Stickers	, Banner	
EXPENDITURE	<u> </u>		1		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
12/10/2011	Scholz Garten				
Amount (\$)	Payee address; City; State	e; Zip Code			
\$32.00					
PURPOSE	Category (See categories listed at the top or	f this schedule)	Description (if	travel outside of Texas, c	omplete Schedule T)
OF		,,			od/Beverages
EXPENDITURE	Event		KICK-OII	. Falty FO	ou/beverages
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
12/10/2011	Kinkos				
Amount (\$)	Payee address; City; State	e; Zip Code		<del></del>	
\$252.57					
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Advertisement		Campaign	Signs	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED	

#### **POLITICAL EXPENDITURES**

## SCHEDULE F

	<del></del>				· · · · · · · · · · · · · · · · ·
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/	ontract Labor E gising Expense T C trict Rental Expense C	THER (enter a catego	ent & Related Expense Made By der/Political Committee
1 Total pages Schedule F:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # /F	thics Commission Filers)
i Total pages ochecule / .	2 FILER NAIME			3 ACCOUNT # (E	uncs Commission Filers)
4 Date 12/15/2011	5 Payee name PayPal	7:00-1			<u> </u>
\$0.09	Amount (\$) 7 Payee address; City; State; Zip Code \$0.09				-
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (if	travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE	Accounting		Bank Fe	es	
9 Complete ONLY if direct expenditure to benefit C/C				Office held	
Date	Payee name				
12/16/2011	Eventbrite				
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$37.92					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (if	travel outside of Texas, cor	nplete Schedule T)
OF	Event Registration				
EXPENDITURE			DVCIIC ICC	gisciacion	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name	······································			
12/19/2011	Austin Java				
Amount (\$)	Payee address; City; State; Zip Code				
\$20.00					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (if	travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	Food/Beverage Expense Strategy N		Meeting		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
12/19/2011	BumperSTicker.com				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
\$81.19					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (if i	ravel outside of Texes, com	plete Schedule T)
OF EXPENDITURE	Advertisement		Business	Cards	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	•	Office sought	**************************************	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NE	EDED	

### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE  Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In Distric	Contract Labor	Loan Repayment/Reimbursement	
	Polling Expense Travel Out Of D Printing Expense Office Overhead  The Instruction Guide explains how t	Contract Labor  alsing Expense  Transportation Equipment & Related Expense  Contributions/Donations Made By Candidate/Officeholder/Political Com Rental Expense  Contributions Add By Candidate Officeholder Political Com		
Total pages Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers	
Date 12/19/2011	5 Payee name Visa Debit PayPal		L	
Amount (\$)	7 Payee address; City; State; Zip Code	***************************************		
\$1.95				
PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (if trevel outside of		(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Banking	Bank Fe	Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sough	t Office held	
Date 12/21/2011	Payee name Courtyard			
Amount (\$)	Payee address; City; State; Zip Code			
\$6.60				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office Overhead Expense	Interne	t Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	t Office held	
Date 12/22/2011	Payee name Speedway Copy			
Amount (\$)	Payee address; City; State; Zip Code			
\$22.19				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	Printin	g	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	t Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)	
	Candidate / Officeholder name	Office sought	Office held	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

rees	The Instruction Guide explains how to	•
1 Total pages Schedule G:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name	
12/5/2011	House Account Parking	
6 Amount (\$) \$10.00  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Travel	(b) Description (If travel outside of Texas, complete Schedule T) Parking
Date 12/7/2011	Payee name Arpeggio Grill	
Amount (\$) \$18.00	Payee address; City; State; Zip Code	
X Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food / Beverage Expense	Strategy Lunch
Date 12/9/2011	Payee name Speedway Printing	
Amount (\$) \$5.03 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trevel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Printing
Date 12/9/2011	Payee name Arpeggio Grill	
Amount (\$) \$8.61	Payee address; City; State; Zip Code	
X Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food / Beverage Expense	Strategy Lunch
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how to	•
1 Total pages Schedule G:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/10/2011	5 Payee name Johnson's Backyard Garden	
6 Amount (\$) \$7.00	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Kick-Off Party Supplies
Date 12/10/2011	Payee name Bikkum Farms	
Amount (\$) \$10.00	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Kick-Off Party Supplies
Date 12/10/2011	Payee name Hobby Lobby	
Amount (\$) \$3.78	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Kick-Off Party Supplies
Date	Payee name	
12/10/2011	Central Market	
Amount (\$) \$27.31	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Kick-Off Party Supplies
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense **Printing Expense** 

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/10/2011	5 Payee name Goodwill	
6 Amount (\$) \$3.24  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
EXPENDITURE	Event	Kick-Off Party Supplies
Date 12/13/2011	Payee name Office Max	
Amount (\$) \$21.64	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertisement	Printing
Date	Payee name	
12/20/2011	DoodleKit	
Amount (\$) \$29.00	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Overhead	Website Hosting
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED