

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH**  
 RECEIVED  
 JUSTIN CITY CLERK  
 APR 12 PM 1 21

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: 25	<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs.	FIRST: Laura	
	NICKNAME:	MI: A	
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
<b>5</b> ORIGINAL PERIOD COVERED	Month: 12 / Day: 07 / Year: 2014	Month: 12 / Day: 31 / Year: 14	
	THROUGH		

**6 EXPLANATION OF CORRECTION**

There was a duplicate page which has been removed from Schedule A; total pages and amounts corrected to reflect updates.

**7 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports (excluding semiannual reports due on or after September 1, 2011):** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*[Signature]*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 13th day of April 20 15, to certify which, witness my hand and seal of office.

Ann Franklin      Ann Franklin      Notary  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission:** A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

**Semiannual Reports:** Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME**  
Dr. Laura Pressley, Ph.D.

**15 ACCOUNT #** (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**

N/A

**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	\$ 550.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,430.00
3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
4.	TOTAL POLITICAL EXPENDITURES	\$ 13,134.00
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,748.54
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,000.00

**EXPENDITURE  
TOTALS**
**CONTRIBUTION  
BALANCE**
**OUTSTANDING  
LOAN TOTALS**
**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 \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/12/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALAN BARR 6 Contributor address; City; State; Zip Code 7706 STONEYWOOD DRIVE, AUSTIN, TX, 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ARCHITECT		10 Employer (See Instructions) RETIRED	
Date 12/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alio McDavis Contributor address; City; State; Zip Code 11905 Snow Goose Rd, Austin, TX 78758	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Natural Health		Employer (See Instructions) Self	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arthur Flynn Contributor address; City; State; Zip Code 11100 PTARMIGAN DR, Austin, TX 78758	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) \$350.00 Contributor address; City; State; Zip Code 3655 Glen Haven Blvd, Houston, TX, 77025	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PJS of Houston, Inc	
Date 12/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briana Garcia Contributor address; City; State; Zip Code 7706 Stoneywood Dr, Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Hispanic Contractors Association	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/09/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigit Feeney 6 Contributor address; City; State; Zip Code 11905 Snow Goose Rd, Austin, TX 78758	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) Advertising  (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Natural Health		10 Employer (See Instructions) Self	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cary and Brittney Yarosh Contributor address; City; State; Zip Code 817 windy shores loop, Spicewood, TX, 78669	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Freescale	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecil Thompson Contributor address; City; State; Zip Code 11700 Richland Road, Austin, TX 78660	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Self	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CM Yokubaitis Contributor address; City; State; Zip Code 1044 Liberty Park Dr, Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Data Foundries	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Kanewske Contributor address; City; State; Zip Code 3812 Juniper Trace, Austin, TX 78738	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Venture Four	

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/12/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dante Monsivais 6 Contributor address; City; State; Zip Code 8412 Saber Creek Trail, Austin, TX, 78759	7 Amount of contribution (\$) \$150.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Bldg services		10 Employer (See Instructions) ALI	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darren Spohn Contributor address; City; State; Zip Code 9605 Corbe Drive, Austin, TX, 78726	Amount of contribution (\$) \$200.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner, Spohn & Pinballz Companies		Employer (See Instructions) Spohn Consulting, Inc.	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David King Contributor address; City; State; Zip Code 509 Havana, Austin, TX 78704	Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Orshalick Contributor address; City; State; Zip Code 2910 W. 49th 1/2 Street, Austin, TX 78731	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Bailey Contributor address; City; State; Zip Code 8500 Andreas Cove, Austin, TX, 78759	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professional Concierge		Employer (See Instructions) Bailey Solutions	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don and Marci Brown 6 Contributor address; City; State; Zip Code 6200 Cat Mountain Cove, Austin, TX, 78731	7 Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) CHC	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald and Carolyn Parsons Contributor address; City; State; Zip Code 3571 Farwest #58, Austin, TX 78738	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Wendler Contributor address; City; State; Zip Code 4803 Balcones Drive, Austin, TX, 78731	Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) Self	
Date 12/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emory Thompson Contributor address; City; State; Zip Code 6902 beauford drive , austin, TX, 78750	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) ABC Bank	
Date 12/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Schultz Contributor address; City; State; Zip Code 2504 Huntwick Dr, Austin , TX 78741	Amount of contribution (\$) \$200  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Fuentes 6 Contributor address; City; State; Zip Code 6502 Alasan Cove, Austin, TX 78730	7 Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Fuentes Construction	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Hanna Contributor address; City; State; Zip Code 1182 Forest Bluff Trail, Austin, TX 78665	Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nature's Organics	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Sundbeck Contributor address; City; State; Zip Code 9700 Halifax Dr., Austin, TX, 78753	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Appraiser		Employer (See Instructions) American Realty Analysts	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Fazio Contributor address; City; State; Zip Code 500 Wilmes, Austin, TX 78752	Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Beam Contributor address; City; State; Zip Code 2015 Ploverville Lane, Austin, TX, 78728	Amount of contribution (\$) \$50  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Operating Manager, Co-Owner		Employer (See Instructions) Move Corp, Inc.	

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Quintero	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1613 Sanchez, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Driver		10 Employer (See Instructions) Self	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bush	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 512 MLK #170, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Maltabes	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4512 Eagle Feather Drive, Austin, TX, 78735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Jordan Valley	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Basciano	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1907 W.34th, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Williams	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 924 Terrace Mtn. Dr. , Austin, TX, 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Renick	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) Advertising
6 Contributor address; City; State; Zip Code 2500 Tower Drive, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Architecture		10 Employer (See Instructions) Self	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lance and Sarah Pettus	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 9010 QUAIL CREEK DRIVE, Austin, Tx 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leif Allred	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) AMAT	
Date 12/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lynn Rooks	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mel and Michele Simpson	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 924 Terrace Mtn. Dr. , Austin, TX, 787464526 Highland		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

12

2 FILER NAME

Dr. Laura Pressley, Ph.D.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/11/04

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

Mel Layton

6 Contributor address; City; State; Zip Code

1801 Monks Tail, Austin, TX 78748

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

Advertising

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Activist

10 Employer (See Instructions)

Self

Date

12/11/2014

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

Merrill Austin

Contributor address; City; State; Zip Code

8300 Loralinda Dr, Austin, TX, 78753

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

U.S. Air Force

Employer (See Instructions)

Retired

Date

12/12/2014

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

Michael Searle

Contributor address; City; State; Zip Code

2209 E. 9th St, Austin, TX 78702

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

Advertising

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Software Analyst

Employer (See Instructions)

LVS

Date

12/9/2014

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

Pamela Webb

Contributor address; City; State; Zip Code

713 Shooting Star St., Las Vegas, NV, 89107

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2014

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

Patrick Dixon

Contributor address; City; State; Zip Code

5002 Sundown St, Lago Vista, TX, 78645

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/09/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul and Kendel Martin 6 Contributor address; City; State; Zip Code 8905 Marybank Drive, Austin, TX, 78750	7 Amount of contribution (\$) \$700.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) VP of Finance		10 Employer (See Instructions) Luminex Corp	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Norris Contributor address; City; State; Zip Code 5101 Hudson Bend, Austin, TX 78734	Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Williams Contributor address; City; State; Zip Code 9509 North Creek, Austin, TX 78753	Amount of contribution (\$) \$280.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Computer Technology		Employer (See Instructions) Self	
Date 12/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Pfeiffer Contributor address; City; State; Zip Code 1800 west 6th street, Austin, TX, 78703	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REX GORE Contributor address; City; State; Zip Code 4825 EAGLE FEATHER DRIVE, AUSTIN, TX, 78735	Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) PJS OF TEXAS	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/9/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick McGinnis 6 Contributor address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Phonebanking
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) BumperSticker.com	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Robeto Perez Contributor address; City; State; Zip Code 2402 kathy cove, austin, TX, 78704	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Goodwill Industries	
Date 12/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Thrailkill Contributor address; City; State; Zip Code 8504 Rosemary Lane, Austin, TX 78753	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Blockwalking
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Freescale Semiconductor	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Manzanero Contributor address; City; State; Zip Code 3456 N. Hills Dr #346, Austin, TX, 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date N/A	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/09/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Dixon	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10904 Cade Circle, Austin, TX 78726		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Manager		10 Employer (See Instructions) BNB Austin	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonny Rhodes	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 6506 Mesa Drive, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stacy Guidry	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Zero Waste Strategies	
Date 12/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Osella	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7205 WALDON DR APT 212, AUSTIN, TX, 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments	
Date 12/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Straus	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 232 Argyle Ave., San Antonio, TX, 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry Bray 6 Contributor address; City; State; Zip Code 401 Congress Ave, Austin, TX 78767	7 Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Phonebanking
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Graves, Dougherty, Hearon, Moody	
Date 12/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Swail Contributor address; City; State; Zip Code 2402 kathy cove, austin, TX, 78704	Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Peoples Pharmacy	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Zachary Kingsbury Contributor address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Freescale Semiconductor	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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 Total pages Schedule E: 1
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ 22,000.00
5 Date of loan 5/10/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Pressley	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial institution?  Y <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin, TX 78753	10 Interest rate 0%
		11 Maturity date None
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 <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor N/A	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 9/2/14	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Pressley	Loan Amount (\$) \$20,000
Is lender a financial institution?  Y    N	Lender address; City; State; Zip Code 30203 Woodglen Cove, Austin, TX 7875	Interest rate 0%
		Maturity date None
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 <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>5</b>	<b>2</b> FILER NAME Dr. Laura Pressley, Ph.D.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/8/2014	<b>5</b> Payee name Hootsuite Media	
<b>6</b> Amount (\$) \$9.99	<b>7</b> Payee address; City; State; Zip Code Hootsuite.com, ,	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Web services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/8/2014	Payee name Dirt Cheap Signs	
Amount (\$) \$252.22	Payee address; City; State; Zip Code 7301 Bar K, Lago Vista, TX 78645	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/8/2014	Payee name Samantha Meazell	
Amount (\$) \$1,015.00	Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/9/2014	Payee name La Michoancana Meat Market	
Amount (\$) \$14.99	Payee address; City; State; Zip Code Cameron Road, Autin, TX 78753	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T) Volunteers
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>		

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5	<b>2</b> FILER NAME Dr. Laura Pressley, Ph.D.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/9/2014	<b>5</b> Payee name Karmakaze Productions	
<b>6</b> Amount (\$) \$1,200.00	<b>7</b> Payee address; City; State; Zip Code Burnet Road, Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Video
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/10/2014	Payee name Alpha Graphics	
Amount (\$) \$2,007.98	Payee address; City; State; Zip Code Bee Caves Road, Austin, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/12/2014	Payee name USPS	
Amount (\$) \$3,428.04	Payee address; City; State; Zip Code Braker Lane, Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/12/2014	Payee name TMH	
Amount (\$) \$362.52	Payee address; City; State; Zip Code 8606 Wall Street, Austin, TX 78754	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Mail Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5	<b>2</b> FILER NAME Dr. Laura Pressley, Ph.D.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/16/2014	<b>5</b> Payee name Fed Ex	
<b>6</b> Amount (\$) \$412.24	<b>7</b> Payee address; City; State; Zip Code Burnet Road, Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/16/2014	Payee name Alpha Graphics	
Amount (\$) \$515.33	Payee address; City; State; Zip Code Bee Caves Road, Austin, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/16/2014	Payee name Piryx.com	
Amount (\$) 193.7	Payee address; City; State; Zip Code Piryx.com, ,	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/18/2014	Payee name Chuck Adjavon	
Amount (\$) \$150.00	Payee address; City; State; Zip Code Pflugerville, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
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.

<b>1</b> Total pages Schedule F: 5	<b>2</b> FILER NAME Dr. Laura Pressley, Ph.D.	<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 12/16/2014	<b>5</b> Payee name John Bush		
<b>6</b> Amount (\$) \$257.00	<b>7</b> Payee address; City; State; Zip Code 512 MLK #170, Austin, TX 78701		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Advertising	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/22/2014	Payee name Lynn Rooks		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/24/2014	Payee name Samantha Meazell		
Amount (\$) \$405.00	Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/30/2014	Payee name Statesman		
Amount (\$) \$9.99	Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5	<b>2</b> FILER NAME Dr. Laura Pressley, Ph.D.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/30/2014	<b>5</b> Payee name Samantha Mezell
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<b>6</b> Amount (\$) \$1,100.00	<b>7</b> Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Marketing
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/2014	Payee name UpRoute Strategies
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2239 Cromwell, Austin, TX 78741
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**CAMPAIGN DEBT RECONCILIATION**  
 (To be filed by officeholders only during an election year)  
 Period Covered: January 1, 20<sup>14</sup> to December 31, 20<sup>14</sup>

Name of officeholder: Laura Pressley

Campaign debt\* existing as of the first day of the calendar year: \$0.00

Campaign debt\* existing as of the last day of the calendar year: \$19,526.46

Enter the following information on all campaign debt existing as of December 31 of the reporting year  
 (Note: Campaign debts under \$50 may be reported as an aggregate under (c), below):

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount owed, the interest rate, and the date of maturity:

Creditor	Principal amount owed	Interest rate	Date of maturity
Laura Pressley	\$22,000	0%	N/A

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed:

Creditor/Vendor	Principal amount owed

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.

\_\_\_\_\_

*\* Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.*

### BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: Laura Pressley

For each checking, savings or other financial institution account maintained during 2015, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Frost Bank

Type of account: Checking

The beginning balance: 0.00

The ending balance: \$1,748.54

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount



SCHEDULE ATX. 4 - attach to form C/OH (C&E)  
 Reference § 2-2-25, Austin City Code

Amount of interest or dividends earned:                     \$0.92                    

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
12/10/15	Craig Kaneske	\$200
12/12/15	Sydney Schoenecker	\$ 25
12/12/15	Katie Brewer	\$300
12/24/15	Erin Schultz	\$200