				MENDMEN' TE/OFFICE		VIT	OR STILL CH	9H
1 AC	COUNT#		2	Total pages filed: 25		OFFIC	EUSE OFFLY	2
OF NA	ANDIDATE / FICEHOLDER AME	MS/MRS/MR Mrs. NICKNAME	LAST Pressley		A Suffix Ph.D.	Date Received	n 1 21	ERK
	RIGINAL REPORT /PE	X January 15 July 15 30th day before election		d \$500 limit —	er (specify)	Date Hand-delivered	or Postmarked	
		8th day before election		nent (officeholder only)		Receipt #	Amount	
5 OF	RIGINAL PERIOD	Month Day	Year	Month	Day Year	Date Processed		-
	OVERED	12 / 07 /	2014 THROU	GH 12 / 3	1 / 14	Date Imaged		
6 EX	(PLANATION OF CO	RRECTION	<u></u>				×.	
	There was a	duplicate page which nd amounts corrected			iule A ;		÷	
7 A	FFIDAVIT			ffirm, under pena e and correct.	alty of perjury, t	hat this correc	cted	
	Notory Publi My Comr Octob	FRANKLIN c, State of Texas hission Expires er 17, 2018	Semiannual semiannual ment/correct report was fin good faith information Other reportember reportent latter the report or affirm, the		or after Septe or after the eign affirm, that the intent to misle report. semiannual intent to a affirm, that he business day led is inaccurated in a the inature of Candida and intent the inature of Candida and inature of C	hth day after original report due to am filing the yafter the date or incomplete report as original report a	I. If amend- the original t was made present the on or after is corrected te I learned ite. I swear, ginally filed	
		ed before me, by the said	Laur	 1 - 0 - 0	, this the	3th day of _	Hyra (,
	an	frankli	Λ -	makhn	<u> </u>	Note	wy/	
S	ignature of officer ad	ministering oath	Printed nan	ne of officer administer	ing oath	Title of office	er administering	oath
	F	Remember To Attac Neede		Of The Campa t And Explain		Report Form		

(512) 463-5800

P.O. Box 12070

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.

Revised 09/01/2011 www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 ACCOUNT # (Ethics Commission		2 Total pages file	ff a3
3 CANDIDATE /	MS/MRS/MR FIR	ST		MI	OFFICE	USE ONLY
OFFICEHOLDER	Mrs. La	aura		Α		
NAME	NICKNAME LAS			SUFFIX	Date Received	
	Pr	essley	F	Ph.D.		,
4 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE	#; CITY;	STATE: 2	ZIP CODE	1	
OFFICEHOLDER	P.O. Box 82763					
MAILING ADDRESS	Austin, TX 78708				Date Hand-delivered o	r Postmarked
change of address					Receipt #	Amount
5 CANDIDATE/	AREA CODE PHONE NUI	MBER	EXTENSION			
OFFICEHOLDER PHONE	(512) 762-3825				Date Processed	
6 CAMPAIGN	MS/MRS/MR FIR		, !	MI	Date Imaged	
TREASURER NAME	Mr. M	arcelo				
	NICKNAME LAS	ST	;	SUFFIX		
	Ta	afoya				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEAS 2908 Overdale Road, Aus		CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUI	MBER	EXTENSION			
9 REPORT TYPE	January 15 30th	day before election	Runoff		15th day after treasurer appo	intment
	July 15 8th 4	day before election	Exceeded \$	\$ 500	(officeholder only) Final report (Att	
10 PERIOD COVERED	Month Day Year 12 / 07 / 2014	THROUGH	Month 12	Day 31 /	Year / 2014	
11 ELECTION	Month ELECTION DATE Year 12 / 16 / 2014	ELECTION TYPE Primary	Runoff		General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU	GHT (if known))	
	N/A		Austin City	Council,	District 4	
		GO TO PAG	6E 2			• • •

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dr. La	iura Pressley, Pl	n.D.	. 1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURE		DE BY POLITICAL COMMITTEES TO SUPPORT THE IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME N/A COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THAN TEES OF LOANS), UNLESS ITEMIZE	
		. POLITICAL CONTRIE THAN PLEDGES, LOANS	BUTIONS S, OR GUARANTEES OF LOANS)	\$ 14,430.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			91ZED \$ 0.00
	4. TOTAL	POLITICAL EXPENDI	TURES	\$13,134.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF THE LAST D	\$1,748.54
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF T PERIOD	\$ 22,000.00
18 AFFIDAVIT				perjury, that the accompanying report information required to be reported by
			Signature of Cana	didate or Officeholder
AFFIX NOTARY STAM	IP / SEAL ABOVE			
Sworn to and sub-	scribed before	me, by the said		, this the
day	of	, 20	, to certify which, witness n	ny hand and seal of office.
Signature of officer admi	inistering oath	Printed name of	officer administering oath	Title of officer administering oath

SCHEDULE A

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 12				
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
Dr. Laura Press	iley, Ph.D.			·	
4 Date	5 Full name of contributorout-ot-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
12/12/14	ALAN BARR		contribution (\$)	description (if applicable)	
6 Contributor address: City; State; Zip Code 7706 STONEYWOOD DRIVE, AUSTIN, TX, 78731			\$50.00	ł [
			(if travel outside	i of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ARCHITECT 10 Employe			See Instructions)		
Date Full name of contributor Out-of-state PAC (ID#			Amount of	In-kind contribution	
12/9/2014	Alio McDavis		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code	,	\$350.00	Advertising	
	11905 Snow Goose Rd, Austin, TX 78758				
			(if travel outside of Texas, complete Schedule T)		
Principal occu Natural Health	pation / Job title (See Instructions)	Employer (See Instructions) Self			
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/16/2014	Contributor address; City; State; Zip Code 11100 PTARMIGAN DR, Austin, TX 78758		\$350.00	Advertising	
			(if travel outside	of Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See I Retired	Instructions)		
Date 12/08/2014	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
1200/2014	Contributor address; City; State; Zip Code 3655 Glen Haven Blvd, Houston, TX, 77025	<i>. , ,</i>	\$350.00	 	
			(If travel outside	I of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See PJS of Houston, I	·		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of	In-kind contribution	
12/13/14	Briana Garcia	_	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			1	
			\$350.00	1	
	7706 Stoneywood Dr. Austin, TX 78731				
				of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See			
Administrative /	Assistant	Hispanic Contrac	ICIS ASSOCIATION		
}					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
	monadant dame explains now to complete this		12		
2 FILER NAME			3 ACCOUNT#(8	Ethics Commission Filers)	
Dr. Laura Press	ley, Ph.D.				
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/09/14	Brigit Feeney				
	6 Contributor address; City; State; Zip Code		\$350.00	l Advertising	
	11905 Snow Goose Rd, Austin, TX 78758		0000.02	1	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Natural Health		Self			
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/12/2014	Cary and Brittney Yarosh		CONTRIBUTION (4)	description (it applicable)	
	Contributor address; City; State; Zip Code		850.00	1	
	817 windy shores loop, Spicewood, TX, 786	69	\$50.00		
			(If travel outside of Texas, complete Schedule T)		
Principal occur	pation / Job title (See Instructions)	Employer (See I		or leves' coulthers acresons 1)	
Engineer		Freescale			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Cecil Thompson		contribution (s)	description (ii applicable)	
12/16/2014	Contributor address: City; State; Zip Code	\$350.00	Advertising		
	11700 Richland Road, Austin, TX 78660		Advertising		
		•	(If travel outside	of Texas, complete Schedule T)	
Principa) occur	pation / Job title (See Instructions)	Employer (See		or reads, comprete extraction of	
Software		Self		· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC(ID#		Amount of	In-kind contribution	
12/11/2014	CM Yokubaitis		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		#250.00	1	
	1044 Liberty Park Dr. Austin, TX 78746		\$250.00	1	
			(If traval outeida	of Toyas, complete Schedule Ti	
Principal occuj	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Owner		Data Foundries			
Cate	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)	
12/12/2014	Craig Kanewske		contribution (\$)	description (ii applicable)	
	Contributor address; City; State; Zip Code		\$200.00	1	
			, φ∠υψ. ν υ	[
	3812 Juniper Trace, Austin, TX 78738		المرجود المرجود الأرا	of Towns compalate Cabadula Ti	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Owner		Venture Four		<u></u>	
	· · · · · · · · · · · · · · · · · · ·				

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SCHEDULE A

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A: 12			
2 FILER NAM	E		3 ACCOUNT # (E	thics Commission Filers)		
Dr. Laura Pres	ssley, Ph.D.					
4 Date	5 Full name of contributorout-of-state PAC (NDF:_		7 Amount of	8 In-kind contribution		
12/12/14	Dante Monsivais	contribution (\$)	description (if applicable)			
	6 Contributor address; City; State; Zip Code 8412 Saber Creek Trail, Austin, TX, 78759		\$150.00	! !		
			(if travel outside	of Texas, complete Schedule T)		
9 Principal occ Bldg services	supation / Job title (See Instructions)	10 Employer (See ALI	Employer (See Instructions)			
Date	Full name of contributor		Amount of	In-kind contribution		
12/15/2014	Darren Spohn		contribution (\$)	description (if applicable)		
	Contributor address: City; State; Zip Code 9605 Corbe Drive, Austin, TX, 78726	•	\$200.00			
	·			of Texas, complete Schedule T)		
	supation / Job title (See Instructions) ner, Spohn & Pinballz Companies	Employer (See Spohn Consulting				
Date	Full name of contributor aut-of-state PAC (IDIF)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/16/2014	Contributor address; City; State; Zip Code 509 Havana, Austin, TX 78704	\$350.00	 Advertising			
				 of Texas, complete Schedule T)		
Principal occ Retired	cupation / Job title (See Instructions)	Employer (See Retired	Instructions)			
Date 12/16/2014	Full name of contributor un-of-state PAC (IDIt) David Orshalick		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address: City; State; Zip Code 2910 W. 49th 1/2 Street, Austin, TX 78731	\$250.00	Advertising			
			(If travel outside	I of Texas, complete Schedule T)		
Principal occ Retired	cupation / Job title (See Instructions)	Employer (See Retired	instructions)			
Date 12/12/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code		\$100.00	 		
	8500 Andreas Cove, Austin, TX, 78759		(if travel outside	of Texas, complete Schedule T)		
Principal oco Professional (cupation / Job title (See Instructions) Concierge	Employer (See Balley Solutions	Instructions)			

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(512) 463-5800

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			3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Press					
4 Date	5 Full name of contributor Qut-of-state PAC (ID#:	<u> </u>	7 Amount of	2 In-kind contribution	
12/16/14	Don and Marci Brown	contribution (\$)	description (if applicable)		
6 Contributor address; City; State; Zip Code 6200 Cat Mountain Cove, Austin, TX, 78731		\$50.00	 		
		i	(If travel outside	of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Engineer 10 Employer (See CHC					
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution	
12/11/2014	Donald and Carolyn Parsons	contribution (\$)	description (if applicable)		
	Contributor address; City; State; Zip Code 3571 Farwest #58, Austin, TX 78738		\$100.00		
			· · · · · · · · · · · · · · · · · · 	of Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See I Retired	Instructions)		
Date	Full name of contributor Out-cf-state PAC (D*)		Amount of	In-kind contribution	
12/12/2014	Ed Wendler		contribution (\$)	description (if applicable)	
	Contributor address, City: State; Zip Code 4803 Balcones Drive, Austin, TX, 78731	· · · · · · · · · · · · · · · · · · ·	\$350.00]	
			(If travel outside	of Texas, complete Schedule T)	
Principal occur real estate	pation / Job title (See Instructions)	Employer (See Self	Instructions)		
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/13/2014	Emory Thompson			Scottipusti (ii apparato)	
	Contributor address; City, State, Zip Code 6902 beauford drive, austin, TX, 78750		\$100.00		
			(If travel outside	i of Texas, complete Schedule T)	
Principal occu Banker	pation / Job title (See Instructions)	Employer (See ABC Bank			
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution	
12/24/2014	Erin Schultz		contribution (\$)	description (if applicable)	
	Contributor address: City; State; Zip Code		\$200	 	
	2504 Huntwick Dr. Austin , TX 78741		(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See			
Marketing		Self			

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A: 12		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Press					
	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		7 Amount of	8 In-kind contribution	
4 Date 12/16/14			contribution (\$)	description (if applicable)	
12/10/14	Frank Fuentes	1	' 		
	6 Contributor address; City; State; Zip Code		\$350.00	<u> </u>	
	6502 Alasan Cove, Austin, TX 78730			1	
			/II traval outside	of Texas, complete Schedule T)	
9 Principal secu	pation / Job title (See Instructions)	16 Employer (See		ul lexas, compate concern 17	
Owner	pation / Job title (GBS matractions)	Fuentes Construc	· ·		
Date	Full name of contributor Out-of-state PAC (ID#;	<u> </u>	Amount of	In-kind contribution	
	401447044		contribution (\$)	description (if applicable)	
	Gary Hanna				
	Contributor address; City; State; Zip Code		\$350.00	l I	
	1182 Forest Bluff Trail, Austin, TX 78665			 -	
			/II travel outside i	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
Owner		Nature's Organics			
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution	
12/12/2014	Harold Sundbeck	contribution (\$)	description (if applicable)		
	Contributor address: City; State; Zip Code				
	9700 Halifax Dr., Austin, TX, 78753	\$50.00	1		
	o, oo mamax om, maami, mi, mi				
			(If travel outside	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See Instructions) American Realty Analysts			
Appraiser		American Realty	Arialysis		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/16/2014	Heather Fazio		(
	Contributor address; City; State; Zip Code	\$350.00	Advertising		
	500 Wilmes, Austin, TX 78752		\$550.00	Adversaring	
			1		
Principal accu	pation / Job title (See Instructions)	Employer (See	(11 11010) 0210:00	of Texas, complete Schedule T)	
Marketing	passiff and and fact membership	Self			
Date	Full name of contributor out-or-state PAC (ID#:_	1	Amount of	In-kind contribution	
12/15/2014	Jim Beam		contribution (\$)	description (if applicable)	
			1	· 	
	Contributor address; City; State; Zip Code		\$50	†	
	2015 Ploverville Lane, Austin, TX, 78728			₹ }	
			(If travel outside	i of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (Sea			
Operating Man	ager, Co-Owner	Move Corp, Inc.		<u> </u>	

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Texas Ethics Co	mmission P.O. Box 12070 Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
	R THAN PLEDGES OR LOA!	NS		SCHEDULE A
Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch 12	nedule A:
2 FILER NAM	E		3 ACCOUNT # (E	(thics Commission Filers)
Dr. Laura Pres	ssley, Ph.D.	-		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
12/16/14	Joe Quintero		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1613 Sanchez, Austin, TX 78704		\$350.00	1 { 1
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ Driver	supation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date 12/11/2014	Full name of contributor Out of state PAC (IDs_ John Bush		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State, Zip Code 512 MLK #170, Austin, TX 78701	\$350.00	Advertising	
		(If travel outside	; of Texes, complete Schedule T)	
Principal occ Marketing	cupation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date 12/12/2014	Full name of contributor ut-of-state PAC (ID#_	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 4512 Eagle Feather Drive, Austin, TX, 7873	\$150.00	<u> </u>	
			()f travel outside	of Texas, complete Schedule T)
Principal occ Director	cupation / Job title (See Instructions)	Employer (See Jordan Valley	Instructions)	
Date 12/16/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code 1907 W.34th, Austin, TX 78703		\$50.00	}
			(If travel outside	of Texas, complete Schedule 1)
Principal occ Retired	supation / Job title (See Instructions)	Employer (See Retired	Instructions)	
Date 12/15/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code	, ,	\$50	
	924 Terrace Mtn. Dr. , Austin, TX, 78746		(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

Texas Ethics Cor	mmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		ONTRIBUTIO		NS		SCHEDULEA
The	e Instruction	Guide explains how to	complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME		<u></u>			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pres	sley, Ph.D.					
4 Date	5 Full nar	ne of contributor 🔲 ou	t-of-state PAC (iD#:)	7 Amount of	8 In-kind contribution
12/16/14	Karen Re	enick			contribution (\$)	description (if applicable)
	1 -	utor address; City; Siver Drive, Austin, TX	•		\$250.00	Advertising
					(If travel outside	of Texas, complete Schedule T)
9 Principal occi Architecture	upation / Job	title (See Instructions)		10 Employer (See Self	Instructions)	
Date	Full ner	ne of contributor	ut-of-state PAC (ID#_		Amount of	In-kind contribution
12/11/2014	Lance an	d Sarah Pettus			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 9010 QUAIL CREEK DRIVE, Austin, Tx 78758			\$350.00	Advertising	
					(If travel outside	of Texas, complete Schedule T)
Principal occ Marketing	upation / Job	title (See Instructions)		Employer (See Self	Instructions)	
Date	Full ner	ne of contributor 🔲 o	ut-of-state PAC (ID#:_	}	Amount of	In-kind contribution
12/12/2014	Leif Allred	.			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			\$350.00	Advertising	
	10203 W	oodglen Cove, Austin	, TX 78753		4000.00	1
				 		of Texas, complete Schedule T)
Principal occ Engineering M		title (See Instructions)		Employer (See AMAT	Instructions)	
Date	Full nar	me of contributor 🔲 o	ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
12/9/2014	Lynn Roc	ks			contribution (\$)	description (if applicable)
i	Contrib	utor address; City; S	tate, Zip Code	•	\$350.00	Advertising
	258 Rush	Haven, San Marcos,	TX 78666		\$550.00	ruverusing t
					(If travel outside	! of Texas, complete Schedule T)
Principal occ Marketing	upation / Job	title (See Instructions)		Employer (See Self	Instructions)	
Date	Full nac	ne of contributor	ut-of-state PAC (ID#:_		Amount of	In-kind contribution
12/15/2014	Mel and I	vlichele Simpson			contribution (\$)	description (if applicable)
	Contrib	utor address; City; S	tate; Zip Code	, , , , , , , , , , , , , , , , , , ,	\$500.00	 Advertising
	924 Terrace Mtn. Dr., Austin, TX, 787464526 Highland		011111111111111111111111111111111111111	Towns assessment Control of the Towns		
Principal occ	upation / Joh	title (See Instructions)		Employer (See	 -	of Texas, complete Schedule T)
1 THICIDAL OCC	apanon / coo	And form minnesses in				
	****		·			
		ATTACH ADDITIO	NAL COPIES (OF THIS SCHEDULE	AS NEEDED	
If	contributor	is out-of-state PAC, pl		= :		requirements.

P.O. Box 12070

SCHEDULE A

(512) 463-5800

-		· .		
Tha	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
ing	mercannon onine extreme most to complete mis		12	·
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12//1104	Mel Layton			,
	6 Contributor address; City; State; Zip Code		\$350.00	l ≀Advertising
	1801 Monks Tail, Austin, TX 78748		4000.00	1
			(If travel outside	(of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	· ·	
Activist Self				
Date	Full name of contributor 🔲 out-of-state PAC (ID#_)	Amount of	In-kind contribution description (if applicable)
12/11/2014	12/11/2014 Merrill Austin		contribution (\$)	description (it approache)
	Contributor address; City; State; Zip Code		#E0.00	
	8300 Loralinda Dr. Austin, TX, 78753		\$50.00	
				of Tours asserted School for Th
Principal accur	pation / Job title (See Instructions)	Employer (See	·	of Texas, complete Schedule T)
U.S. Air Force	series See the feet menadation	Retired		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
12/12/2014	Michael Searle		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		#3E0 00	Advertising
ļ	2209 E. 9th St, Austin, TX 78702		\$350.00	Advertising
			785 beautal audatida	of Tours, complete Schadule Ti
Principal accus	pation / Job title (See Instructions)	Employer (See	' 	of Texas, complete Schedule T)
Software Analy		LVS		
Date	Full name of contributor		Amount of	in-kind contribution
12/9/2014	Pameta Webb		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		*50.00	
	713 Shooting Star St., Las Vegas, NV, 8910	7	\$50.00	•
			(If traval metalists	of Taxas, complete Schoolula T\
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution description (if applicable)
12/15/2014	Patrick Dixon		contribution (\$)	accompani (ii applicatio)
	Contributor address; City; State; Zip Code		\$50.00	
			\$50.00	
	5002 Sundown St, Lago Vista, TX, 78645		## top!	of Towns, complete Schoolide To
Principal occur	pation / Job title (See Instructions)	Employer (See	·	of Texas, complete Schedule T)
- incipal coco	benefit and note from monthly			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS

(TDD 1-800-735-2989)
SCHEDULE A
e A:
Commission Filers)
In-kind contribution lescription (if applicable)

(512) 463-5800

Th	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 12		
2 FILER NAMI	E		3 ACCOUNT # (E	thics Commission Filers)		
Or. Laura Pres	ssley, Ph.D.					
4 Date	5 Full name of contributor out-of-state PAC (IDS:		7 Amount of	8 In-kind contribution		
12/09/14	Paul and Kendel Martin		contribution (\$)	description (if applicable		
	6 Contributor address: City: State: Zip Code 8905 Marybank Drive, Austin, TX, 78750		\$700.00	! 		
			(If travel outside	of Texas, complete Schedule T)		
9 Principal o∞ ∕P of Finance	upation / Job title (See Instructions)	10 Employer (See Luminex Corp	Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution		
12/11/2014	Paul Norris		contribution (\$)	description (if applicable		
	Contributor address: City: State: Zip Code 5101 Hudson Bend, Austin, TX 78734		\$350.00	Advertising		
				!		
Main simple and	- A lab Mile (Can Instantians)	Employer (See		of Texas, complete Schedule T)		
Principal occ Retired	supation / Job title (See Instructions)	Retired				
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution		
12/16/2014	Paul Williams		contribution (\$)	description (if applicable		
	Contributor address; City; State; Zip Code 9509 North Creek, Austin, TX 78753		\$280.00	 Advertising		
			(if travet outside	of Texas, complete Schedule T)		
Principal occ	supation / Job title (See Instructions)	Employer (See	<u>. </u>			
Computer Tec		Self				
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable		
12/13/2014	Peter Pfeiffer		COMMIDGRAM (#)	description (it applicable		
	Contributor address, City, State, Zip Code 1800 west 6th street, Austin, TX, 78703		\$100.00	 		
			(If travel outside	 of Texas, complete <u>Schedule T)</u>		
Principal occ	supation / Job title (See Instructions)	Employer (See				
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution		
12/08/2014	REX GORE		contribution (\$)	description (if applicable		
	Contributor address; City; State; Zip Code		\$350.00	1 		
	4825 EAGLE FEATHER DRIVE, AUSTIN, 1	rx, 78735	(If travel outside	of Texas, complete Schedule T)		
Principal occ	cupation / Job title (See Instructions)	Employer (See PJS OF TEXAS	 			

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
12/9/2014	Rick McGinnis		contribution (\$)	description (if applicable)
	6 Contributor address; City, State; Zip Code		\$350.00	Phonebanking
	612 West 34th Street, Austin, TX 78705		ψοσο.σο	T HONOSCHMING
		l	<u> </u>	of Texas, complete Schedule T)
9 Principal occup Owner	pation / Job title (See Instructions)	10 Employer (See BumperSticker.co		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
12/16/2014	Mr. and Mrs. Robeto Perez		contribution (\$)	description (if applicable)
				· •
	1		\$700.00	Advertising
	2402 kathy cove, austin, TX, 78704			
			(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Project Manage	н	Goodwill Industrie	es	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
12/9/2014	Rodney Thrailkill		contribution (\$)	description (if applicable)
	Contributor address: City: State; Zip Code		•	†
	8504 Rosemary Lane, Austin, TX 78753		\$200.00	Biockwalking
	door recommend builty tuess, it is not to			`
			(if travel outside	of Texas, complete Schedule T)
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See Freescale Semica		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
12/12/2014	Ron Manzanero		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
	Contributor audiess, City, Oldo, Esposac		\$100.00	ĺ
				,
	3456 N. Hills Dr #346, Austin, TX, 78731		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	In-kind contribution
Cisto	N/A		contribution (\$)	description (if applicable)
	la la la la la la la la la ja la la la <u>la j</u> a la <u>la jalanda </u>			1
	Contributor address; City; State; Zip Code		1	, 1
		•	}	1
			(If travel outside	(of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
_		<u> </u>		

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Texas Ethics Commission **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 12	edute A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributoroul-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
12/09/14	Ryan Dixon		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 10904 Cade Circle, Austin, TX 78726		\$350.00] -
			(If travel outside	of Texas, complete Schedule T)
1	pation / Job title (See Instructions)	10 Employer (See BNB Austin	Instructions)	
Manager		DIAD VOSIII		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2014	Sonny Rhodes		20110102110111 (0)	
	Contributor address; City; State; Zip Code		#0C0 C3	Advertising
	6506 Mesa Drive, Austin, TX 78731		\$350.00	Advertising
				1
			 	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See t Retired	Instructions)	
Date	Full name of contributor		Amount of	in-kind contribution
12/16/2014	Stacy Guidry		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	,		1
	4802 Turnstone, Austin, TX 78744		\$350.00	Advertising
				1
				of Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See I Zero Waste Strate		
Date	Full name of contributor out-of-state PAC (ID#))	Amount of	In-kind contribution
12/09/2014	Stephen Osella		contribution (\$)	description (if applicable)
	Contributor address, City; State; Zip Code			l
	7205 WALDON DR APT 212, AUSTIN, TX,	78750	\$350.00	,
			4 . · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	•	
Software Engin	ce i	National Instrume	·····	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/13/2014	Susan Straus		,,,,	
	Contributor address: City: State; Zip Code		\$100.00	1
		•	φ100.00	}
	232 Argyle Ave., San Antonio, TX, 78209] 	<u></u>
B 313232	Line 6 5-b Nillo (Stan Inches Millon)	Employer /See		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	maaucuvis)	
		<u> </u>		

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 12	redule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pres	sley, Ph.D.			
4 Date 12/10/2014	5 Full name of contributor out-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 401 Congress Ave, Austin, TX 78767		\$100.00	Phonebanking
			(if travel outside	of Texas, complete Schedule T)
9 Principal occu Attorney	pation / Job title (See Instructions)	10 Employer (See Graves, Dougher		dy
Date 12/09/2014	Full name of contributor Out-of-state PAC (ID#_William Swail Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2402 kathy cove, austin, TX, 78704		\$350.00	1
			(If travel outside	of Texas, complete Schedule T)
Principal occu Owner	ipation / Job title (See Instructions)	Employer (See I Peoples Pharmac		
Date 12/08/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 4802 Turnstone, Austin, TX 78744		\$100.00	
	·		(if travel outside	i of Texas, complete Schedule T)
Principal occi Engineer	upation / Job title (See Instructions)	Employer (See) Freescale Semico	Instructions) onductor	
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	· · · · · · · · · · · · · · · · · · ·	(If travel cutside	
Principal occu	pation / Job title (See Instructions)	Employer (See		
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		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
			3 ACCOUNT # (Ethics Commission Filers)
2 FILER NAME Laura	Pressley		e recovers a (France commission succes)
4 TOTA	L OF UNITEMIZED LOANS:	, p p p p	\$ 22,000.00
5 Date of loan 5/10/14	1 ·	out-of-state PAC (ID#:	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 10203 Woodglen Cove Austin	Zip Code , TX 78753	10 Interest rate 0%
Y 03			11 Maturity date None
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
		15 Check if personal funds were X	e deposited into political account
X none			19 Amount Guaranteed (\$)
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 1 Transit Gardinina (4)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
9/2/14	Laura Pressley		\$20,000
Istender a financial	Lender address; City, State; 30203 Woodglen Cove, Austin,	Zip Code TX 7875	Interest rate 0%
Institution?	JUZUS VYUUUGIGII QUVE, AUSUII,	, 1,7, 1010	Maturity date
YN			Noné
Principal occupat Owner	Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Pure Rain, LLC		
Description of Coll	ateral	Check if personal funds were deposited into political account	
X none		X	
GUARANTOR INFORMATION	Name of guarantor	<u></u>	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see insti	L ES OF THIS SCHEDULE AS NE ruction guide for additional re	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURI	E CATEGORIES	FOR BOX 8(a		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		, •	nt/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundre	aising Expense	-	Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District			onations Made By fficeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of Dis			
Fees	Printing Expense The Instruction Guid	Office Overhead/		•	a category not listed above)
		e explains now to	complete this in		INT # (Ethics Commission Filers
Total pages Schedule F:	2 FILER NAME			3 ACCOL	MI # (Etnics Commission Freis
j	Dr. Laura Pressley, Ph.D.				
Date	5 Payee name				
2/8/2014	Hootsuite Media				
i Amount (\$)	7 Payee address; City; S	itate: Zip Code			
	Hootsuite.com, ,				
\$9.99					
	(a) Category (See categories listed at the t	on of this enhances	(h) Description	n. (If travel outside of	Texas, complete Schedule T)
PURPOSE OF		oh or rive en records)	1 ' '		
EXPENDITURE	Advertising		Web service	S	
Complete ONLY if direct	Candidate / Officeholder nam	e	Office soug	ht	Office held
expenditure to benefit C			_		•
Date	Payee name				
2/8/2014	Dirt Cheap Signs				
Amount (\$)	Payee address; City; S	State; Zip Code			
	7301 Bar K, Lago Vista, TX 7	8645			
\$252.22					
4 202.23					
PURPOSE	Category (See categories listed at the h	op of this schedule)	Description	n (If travel outside of	fexas, complete Schedula T)
OF	Advertising		Signs		
EXPENDITURE			L		
		~			Office held
Complete ONLY if direct		в	Office soug	jnt	
Complete ONLY if direct expenditure to benefit C			Omoe soug		
expenditure to benefit C			Office soug	jnt	
expenditure to benefit C	Payee name		Office Soug		
expenditure to benefit C Date 12/8/2014	Payee name Samantha Meazell		Office Soug	jnt .	
Date 2/8/2014 Amount (\$)	Payee name Samantha Meazell Payee address; City; S	itate, Zip Code	Office Soug	jnc	-
Date 2/8/2014 Amount (\$)	Payee name Samantha Meazell	itate, Zip Code	Office Soug	jnt	
Date 2/8/2014 Amount (\$)	Payee name Samantha Meazell Payee address; City; S	itate, Zip Code	Office Soug	jnt	-
Date 2/8/2014 Amount (\$) \$1,015.00	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX	itate: Zip Code 78704			Texas, complete Schedule T)
Date 2/8/2014 Amount (\$)	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX	itate: Zip Code 78704	Description		Texas, complete Schedule T)
Date 2/8/2014 Amount (\$) \$1,015.00	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX	itate: Zip Code 78704			Texas, complete Schedule T)
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t	State; Zip Code 78704 op of this schedule)	Description	To ebistuc levent (1) (T	Texas, complete Schedule T} Office held
Date 12/8/2014 Amount (\$) \$1,015.00	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name	State; Zip Code 78704 op of this schedule)	Description Marketing	To ebistuc levent (1) (T	
Date 12/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee name Samantha Meazell Payee address: City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name	State; Zip Code 78704 op of this schedule)	Description Marketing	To ebistuc levent (1) (T	
expenditure to benefit C Date 12/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee name Samantha Meazell Payee address: City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name	State; Zip Code 78704 op of this schedule)	Description Marketing	To ebistuc levent (1) (T	
Date 12/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee name Samantha Meazell Payee address: City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name	State; Zip Code 78704 op of this schedule)	Description Marketing	To ebistuc levent (1) (T	
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Date	Payee name Samantha Meazell Payee address: City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name	State; Zip Code 78704 op of this schedule)	Description Marketing	To ebistuc levent (1) (T	
expenditure to benefit C Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 2/9/2014 Amount (\$)	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder nam /OH Payee name La Michoancana Meat Market Payee address; City; S	State; Zip Code 78704 op of this schedule) e	Description Marketing	To ebistuc levent (1) (T	
expenditure to benefit C Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 2/9/2014 Amount (\$)	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name //OH Payee name La Michoancana Meat Market	State; Zip Code 78704 op of this schedule) e	Description Marketing	To ebistuc levent (1) (T	
Date 12/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee name Samantha Meazell Payee address: City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name /OH Payee name La Michoancana Meat Market Payee address; City; S Cameron Road, Autin, TX 78	State; Zip Code 78704 op of this schedule) e t State; Zip Code 3753	Description Marketing Office sous	n (II traval outside of	Office held
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 2/9/2014 Amount (\$) \$14.99	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder nam /OH Payee name La Michoancana Meat Market Payee address; City; S	State; Zip Code 78704 op of this schedule) e t State; Zip Code 3753	Description Marketing Office sous	n (II traval outside of	
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete 12/9/2014 Amount (\$) \$14.99 PURPOSE OF	Payee name Samantha Meazell Payee address: City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name /OH Payee name La Michoancana Meat Market Payee address; City; S Cameron Road, Autin, TX 78	State; Zip Code 78704 op of this schedule) e t State; Zip Code 3753	Description Marketing Office sous	n (II traval outside of	Office held
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 2/9/2014 Amount (\$) \$14.99	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officeholder name //OH Payee name La Michoancana Meat Market Payee address; City; S Cameron Road, Autin, TX 78 Category (See categories listed at the t Food	State; Zip Code 78704 op of this schedule) t State; Zip Code 8753	Description Marketing Office source Description Volunteers	n (If traval cutside of	Office held Texas, complete Schedule T)
expenditure to benefit C Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 2/9/2014 Amount (\$) \$14.99 PURPOSE OF	Payee name Samantha Meazell Payee address; City; S 1810 Airole Way, Austin, TX Category (See categories listed at the t Consulting Expense Candidate / Officaholder name //OH Payee name La Michoancana Meat Market Payee address; City; S Cameron Road, Autin, TX 78 Category (See categories listed at the t Food Candidate / Officeholder name	State; Zip Code 78704 op of this schedule) t State; Zip Code 8753	Description Marketing Office sous	n (If traval cutside of	Office held

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

<u></u>	EXPENDITURE CATEGO		
Advertising Expense		ages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		Fundraising Expense	Transportation Equipment & Related Expense Contributions/Donations Made By
Consulting Expense Event Expense	Food/Beverage Expense Travel In District 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 h	ow to complete this f	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
5	Dr. Laura Pressley, Ph.D.		
Date	5 Payee name		
12/9/2014	Karmakaze Productions		
Amount (\$)	7 Payee address; City; State; Zip Co	100	
\$1,200.00	Burnet Road, Austin, TX 78757		
B PURPOSE	(a) Category (See categories listed at the top of this schedul	e) (b) Description	(If Iravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Video	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sout	ght Office held
Date	Payee name		
12/10/2014	Alpha Graphics		
Amount (\$)	Payee address; City, State; Zip Co	ode	
	Bee Caves Road, Austin, TX		
\$2,007.98			
PURPOSE	Category (See categories listed at the top of this schedul	e) Description	ri (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Printing	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sout	ght Office held
Date	Payee name		
12/12/2014	USPS		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$3,428.04	Braker Lane, Austin, TX 78758		
PURPOSE	Category (See categories listed at the lop of this schedul	e) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ght Office held
Date	Payee name		
12/12/2014	тмн		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$362.52	8606 Wall Street, Austin, TX 78754		
PURPOSE	Category (See categories listed at the top of this schedul	e) Description	n (Il travel outside of Texas, complete Schedule T)
OF	Advertising Mail Services		
EXPENDITURE			

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legat Services Food/Beverage Expense Polling Expense	CATEGORIES Salaries/Wages/C Solicitation/Fundi Travel In District Travel Out Of Di Office Overhead	Contract Labor aising Expense strict	Loan Repaymen Transportation E Contributions/Do Candidate/Of	nt/Reimbursement equipment & Related Expense onations Made By fficeholder/Political Committee category not listed above)
	The Instruction Guide (explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME Dr. Laura Pressley, Ph.D.			3 ACCOU	NT # (Ethics Commission Filers)
4 Date	5 Pavee name				
12/16/2014	Fed Ex				
8 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
\$412.24	Burnet Road, Austin, TX 78757	s, E.p 3566	·		
B PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)	') (If travel outside of T	exes, complete Schedule T)
EXPENDITURE	Advertising		Printing		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office soug	ht	Office held
Date	Payee name				
12/16/2014	Alpha Graphics				
Amount (\$)	Payee address; City; Stat	te; Zip Code	···		
\$515.33	Bee Caves Road, Austin, TX				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description) (if travel outside of T	exes, complete Schedule T)
OF EXPENDITURE	Advertising		Printing		-
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office soug	ht	Office held
Date	Payee name				
12/16/2014	Piryx.com				
Amount (\$)	Payee address; City; Stat	e; Zìp Çade	····		
193.7	Piryx.com,				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Fees	·	Fees		1
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office soug	ht	Office held
Date	Payee name				
12/18/2014	Chuck Adjavon				
Amount (\$) \$150.00	Payee address: City: State Pflugerville, TX	e; Zip Code			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	1 (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Advertising		Advertising		
Complete <u>QNLY</u> if direct expenditure to benefit C			Office saug	ht	Office held
 	ATTACH ADDITIONAL CO				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITUR	E CATEGORIE	S FOR BOX 8(a))	
Advertising Expense	Gift/Awards/Memorials Expense	Selaries/Wages/		Loan Repayment	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fund	raising Expense	Transportation Eq	uipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Don	
Event Expense	Polling Expense	Travel Out Of D	istrict		ceholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense			•	category not listed above)
	The Instruction Gui	de explains how t	o complete this fo		T A (5th L. Commission Files)
Total pages Schedule F:	2 FILER NAME Dr. Laura Pressley, Ph.D.			3 ACCOUN	T # (Ethics Commission Filers
Date	5 Payee name				
2/16/2014	John Bush		•		
Amount (\$)	7 Payee address; City;	State; Zip Code			
\$257.00	512 MLK #170, Austin, TX 76	8701			
PURPOSE	(A) Category (See calegories listed at the	top of this schedule)	(b) Description	(If travel outside of Te	iss, complete Schedule T)
OF EXPENDITURE	Advertising		Advertising		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nan OH	ne	Office sough	ht	Office held
Date	Payee name				
12/22/2014	Lynn Rooks			<u>.</u> .	
Amount (\$)	•	State; Zip Code			
\$300.00	258 Rush Haven, San Marco	s, TX 78666			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Te	res, complete Schedule T)
OF EXPENDITURE	Advertising		Printing		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam OH	10	Office sough	ht	Office held
Date	Payee name				
12/24/2014	Samantha Meazell				
Amount (\$)	Payee address; City;	State; Zip Code			
\$405.00	1810 Airole Way, Austin, TX	78704			
PURPOSE	Catagory (See categories listed at the	top of this schedule)	Description	(If travel outside of Te	xas, complete Schadule T)
OF EXPENDITURE	Consulting		Marketing		
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nan	ne	Office sough	ht	Office held
Date	Payee name				
12/30/2014	Statesman				
Amount (\$)	Payee address; City;	State; Zip Code	· ·		
\$9.99	305 S. Congress Ave, Austin	ı, TX 78704			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	(If trevel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Fees		Subscription		
					Office held

SCHEDULE F

(512) 463-5800

POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Gift/Awards/Memorials Expense Legal Services Solicitation/Fundraising Expanse Transportation Equipment & Related Expense Accounting/Banking Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District **Consulting Expense** Polling Expense Travel Out Of District **Event Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense Fees The instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F: Dr. Laura Pressley, Ph.D. 4 Date 5 Payee name 12/30/2014 Samantha Meazell City; State; Zip Code 6 Amount (\$) 7 Payee address; 1810 Airole Way, Austin, TX 78704 \$1,100.00 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) PURPOSE 8 OF Consulting Marketing EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date UpRoute Strategies 12/31/2014 City; State; Zip Code Payee address; Amount (\$) 2239 Cromwell, Austin, TX 78741 \$1,500.00 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Advertising Advertising **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Раусе пате Date Payee address; City; State; Zip Code Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Description (If travel outside of Texas, complete Schedule T) PURPOSE Category (See categories listed at the top of this schedule) OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 14 to December 31, 20 14

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	of the calendar year:	\$19,526.46	
Enter the following information on all came (Note: Campaign debts under \$50 may be retained.) (a) For loans and other debt evidenced by the interest rate, and the date of maturity:	eported as an aggregate	under (c), below):	
Creditor	Principal amount owe	ed Interest rate	Date of maturity
Laura Pressley	\$22,000	0%	N/A
(b) For all other campaign debts, enter the r	name of the creditor and		
Creditor/Vendor		Principal amo	ount owed
(c) Enter the total of campaign debts under	\$50 if they are not iter	mized 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

	er, or campaign committee filing provide the following information	ng a January 15 year-end contribution and for the previous calendar year.
Name of candidate, office	eholder or campaign committee: _	Laura Pressley
For each checking, saving following information in	ngs or other financial institution a dicated. For each additional institu	account maintained during 20 15, enter the ution, use a copy of this schedule.
The name of the financia	l institution: Frost Bank	
Type of account: Check	ing	
The beginning balance: _	0.00	
The ending balance:	\$1,748.54 	
Enter the following infor	mation for checks issued on that a	ccount that have not cleared by December 31:
Date	Payee	Amount
Enter the following info the contributor's financia		ontributions and deposited but dishonored by
Date of receipt	Contributor	Amount
	<u></u>	<u> </u>

Office of the City Clerk, 20.36

Amount of interest or dividends earned:	\$0.92
-	

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

Amount of deposit	Amount of withdrawal
	
	-
	Amount of deposit

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