

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICER USE ONLY 2012 JAN 25 PM RECEIVED AUSTIN CITY CLERK Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged			
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR	FIRST Laura	MI				
	NICKNAME	LAST Pressley	SUFFIX				
4 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					
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year				
Nov / 14 / 2011 THROUGH Dec / 31 / 2011							

6 EXPLANATION OF CORRECTION
 Made corrections

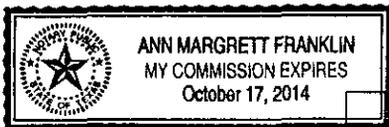
7 AFFIDAVIT

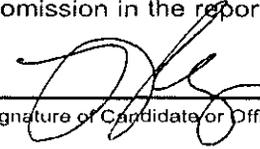
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 25th day of January, 2012, to certify which, witness my hand and seal of office.

Ann Margrett Franklin Ann Margrett 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Laura Pressley

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

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,450.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 767.49

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,482.51

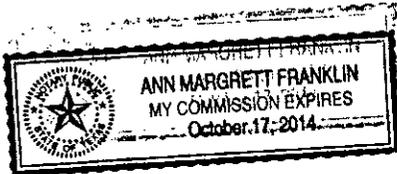
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 500.00

18 AFFIDAVIT

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



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 25th day of January, 2012, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Ann Margrett Franklin

Printed name of officer administering oath

Notary

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: 9	
2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allred, Leif	7 Amount of contribution (\$) \$350	8 In-kind contribution description (if applicable)	
	6 Contributor address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757	(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Manager		10 Employer (See Instructions) Applied Materials		
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Darcy	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 5002 Suburban Dr. #2 Austin TX 78745	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) Self Employed		
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blumenthal, Jeffrey	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 6416 Via Careto Dr. Austin TX 78749	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Enterprise Architect		Employer (See Instructions) Dell		
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Brent	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code P.O. Box 17532 Austin TX 78760	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Distribution manager		Employer (See Instructions) Vital Farms		
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Katie	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 1040 Kensington Castle Pflugerville TX 78660	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None		

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: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BumperSticker.com	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable) Advertisement
6 Contributor address; City; State; Zip Code 612 W. 34th St. Austin 78705		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Self	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbone, K.F.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2710 W. 49th 1/2 St Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Retired	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corey, Anthony	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3955 Shoal Creek Blvd, #210 Austin TX 78756		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dame, Lani	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Barwood Park #725 Austin TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Social Media and Design Consultant		Employer (See Instructions) Dell	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deitrich, Harlan	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 Fieldcrest Dr. Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Brave New Books	

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: 9	
2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, W. Russell	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 3431 N. Hills Drive #J218 Austin TX 78731		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Real Estate			10 Employer (See Instructions) Self Employed	
Date 12/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Mike	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1750 Timber Ridge Rd, #116 Austin TX 78741		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Linda	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2239 Cromwell Cir Austin TX 78741		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Agent			Employer (See Instructions) Continental Airlines	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Philip	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1003 Bouldin Ave Austin TX 78704		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Massage Therapist			Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauboldt, Christopher	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 9611 A Nightier Dr Austin TX 78748		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Software Developer			Employer (See Instructions) Lone Star Internet	

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: 9	
2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Giovanni	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 2101 A. Winsted Lane Austin TX 78703		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Server		10 Employer (See Instructions) Lamberts Downtown BBQ		
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kizer, Brad	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 2692 Austin TX 78768		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann, Darren	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2000 S. Lakeline Blvd, #722 Cedar Park TX 78613		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) 2000 S. Lakeline Blvd, #722		
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liverman, Janice	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 12607 Mystic Dr. Manchaca TX 78652		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plant Professional Interior Scape		
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, John Scott	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3300 Enfield Rd Austin TX 78703		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Sports		Employer (See Instructions) Self Employed		

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: 9

2 FILER NAME Laura Pressley

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

Marnell, Niamh

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12/10/2011

6 Contributor address; City; State; Zip Code

\$10.00

11316 Jollyville Rd, #348 Austin TX 78759

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Journalist

10 Employer (See Instructions)
Self Employed

Date

Full name of contributor out-of-state PAC (ID# _____)

McGinnis, Rick

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/10/2011

Contributor address; City; State; Zip Code

\$10.00

612 W. 34th St. Austin TX 78705

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Liberty Stickers

Date

Full name of contributor out-of-state PAC (ID# _____)

McQuade, Sydney

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/10/2011

Contributor address; City; State; Zip Code

\$25.00

716 W. Argand St Seattle WA 98119

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Student

Employer (See Instructions)
Living Social

Date

Full name of contributor out-of-state PAC (ID# _____)

Melnyk, Kelly

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/12/2011

Contributor address; City; State; Zip Code

\$20.00

5608 Taylorcrest Dr. Austin TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Benefits Analyst

Employer (See Instructions)
Texas County and District Retirement

Date

Full name of contributor out-of-state PAC (ID# _____)

Moon, Paul

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/10/2011

Contributor address; City; State; Zip Code

\$25.00

2409 S. 6th Austin TX 78704

(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: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nader-Olenick, Rae 6 Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Free Lance Journalist		10 Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nader-Olenick, Rae Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Free Lance Journalist		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osella, Stephen and Mercedes Contributor address; City; State; Zip Code 7305 Waterline Rd Austin TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Eng		Employer (See Instructions) National Instruments	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Willie Contributor address; City; State; Zip Code 121 Countryside Ct GeorgetownTX 78626	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Cable Technician		Employer (See Instructions) Black Box Network Services	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Linda Contributor address; City; State; Zip Code 1015 E. Yeager #174 Austin TX 78753	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SP		Employer (See Instructions) Earthlink	

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: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennington, Casey	7 Amount of contribution (\$) \$35.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6800 McNeil Dr. #1618 Austin TX 78729		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Broadcast Technician		10 Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ring, David	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1405 Poppy Seed Ln Austin TX 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Landscaper		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Cathy	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Designer Art
Contributor address; City; State; Zip Code 2212 White Horse Trail Austin TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Keith	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2212 White Horse Trail Austin TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Centaur Technology	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scholz, Jeneen	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2805 Rock Terrace Dr. Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Peoples Pharmacy	

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: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scholz Garten 6 Contributor address; City; State; Zip Code Austin, Texas	7 Amount of contribution (\$) \$350 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Event Hosting
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Self	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sylvia Contributor address; City; State; Zip Code P.O. Box 5428 Austin TX 78763	Amount of contribution (\$) \$25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snavelly, Travis Contributor address; City; State; Zip Code 2006 A Kenneth Ave Austin TX 78744	Amount of contribution (\$) \$25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Patient Accounts		Employer (See Instructions) Texas Oncology	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stimets-Vidal, Kathy Contributor address; City; State; Zip Code 500 Wilmes Austin TX 78752	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sonographer		Employer (See Instructions) Renaissance	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swail, Charles Contributor address; City; State; Zip Code 1214 Baron Hills Dr. #106 Austin TX 78704	Amount of contribution (\$) \$25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Peoples Pharmacy	

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: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Gordon	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8207 Ganttcrest Dr. Austin TX 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Software		10 Employer (See Instructions) Playdom	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Cory	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Sr. Communication Specialist		Employer (See Instructions) Emerson Process Management	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Otto	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 Wilmes Austin TX 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Wheeler, Fairman, and Kelley	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, John	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11615 Angus Rd #104NAustin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self Employed	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witowshi, Joyce	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3201 Barton Place Cir Austin TX 78733		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Freescale Semiconductor, Inc.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filters)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$ 675.00
5 Date 12/29/2011	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carman, Neil 7 Pledgor address; City; State; Zip Code 2 Crystal Creek Trl Dripping Springs TX 78737	8 Amount of pledge (\$) \$350.00	9 In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions) Program Director		11 Employer (See Instructions) Sierra Club	
Date 12/10/2011	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheatham, Joshua Pledgor address; City; State; Zip Code 2200 Pleasant Valley Austin TX 78741	Amount of pledge (\$) \$25.00	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Griffin Cole, DDS	
Date 12/10/2011	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochemont, Pierre de Pledgor address; City; State; Zip Code 12501 Tech Ridge Blvd Austin TX 78753	Amount of pledge (\$) \$50.00	In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) GigaCircuits, Inc.	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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
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: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 12/2/2011	7 Name of lender Pressley, Laura <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Self Employed		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**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.

1 Total pages Schedule F: 3	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/19/2011	5 Payee name Austin Java		
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 301 W. 2nd Austin 78799		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Strategy Meeting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/7/2011	Payee name BumperSTicker.com		
Amount (\$) \$168.87	Payee address; City; State; Zip Code 612 W. 34th St. Austin 78705		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Stickers, Banner	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/19/2011	Payee name BumperSTicker.com		
Amount (\$) \$81.19	Payee address; City; State; Zip Code 612 W. 34th St. Austin 78705		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) Business Cards	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/21/2011	Payee name Courtyard		
Amount (\$) \$6.60	Payee address; City; State; Zip Code 8500 SW Nimbus Beaverton, OR 97008		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead Expense	Description (If travel outside of Texas, complete Schedule T) Internet Fee	
Complete ONLY 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.

1 Total pages Schedule F: 3	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/16/2011	5 Payee name Eventbrite		
6 Amount (\$) \$37.92	7 Payee address; City; State; Zip Code 651 Brannan Street San Francisco, CA 94107		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Event Registration	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/5/2011	Payee name Google		
Amount (\$) \$0.50	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting	Description (If travel outside of Texas, complete Schedule T) Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/10/2011	Payee name Kinkos		
Amount (\$) \$252.57	Payee address; City; State; Zip Code 9222 Burnet Rd Austin 78758		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) Campaign Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/15/2011	Payee name PayPal		
Amount (\$) \$0.09	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting	Description (If travel outside of Texas, complete Schedule T) Bank Fees	
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.

1 Total pages Schedule F: 3	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/10/2011	5 Payee name Scholz Garten		
6 Amount (\$) \$32.00	7 Payee address; City; State; Zip Code 1607 San Jacinto Blvd Austin 78701		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Food/Beverages	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/22/2011	Payee name Speedway Copy		
Amount (\$) \$22.19	Payee address; City; State; Zip Code 2025 Guradalupe Austin 78705		
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 12/19/2011	Payee name Visa Debit PayPal		
Amount (\$) \$1.95	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 3		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/7/2011		5 Payee name Arpeggio Grill			
6 Amount (\$) \$18.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 6619 Airport Blvd Austin 78752			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food / Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Strategy Lunch	
Date 12/9/2011		Payee name Arpeggio Grill			
Amount (\$) \$8.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6619 Airport Blvd Austin 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Strategy Lunch	
Date 12/10/2011		Payee name Bikkum Farms			
Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6701 Burnet Rd Austin 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/10/2011		Payee name Central Market			
Amount (\$) \$27.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4001 N. Lamar Austin 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 3		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/20/2011		5 Payee name DoodleKit			
6 Amount (\$) \$29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) Website Hosting	
Date 12/10/2011		Payee name Goodwill			
Amount (\$) \$3.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4001 N. Lamar Austin 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/10/2011		Payee name Hobby Lobby			
Amount (\$) \$3.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8000 Research 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/5/2011		Payee name House Account Parking			
Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 614 31 1/2 St Austin 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel		Description (If travel outside of Texas, complete Schedule T) Parking	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 3		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011		5 Payee name Johnson's Backyard Garden			
6 Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 9515 Hergotz Ln Austin 78742			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/13/2011		Payee name Office Max			
Amount (\$) \$21.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4615 N Lamar Blvd Austin 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisement		Description (If travel outside of Texas, complete Schedule T) Printing	
Date 12/9/2011		Payee name Speedway Printing			
Amount (\$) \$5.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2025 Guradalupe Austin 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Printing	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED