

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Files)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Laura NICKNAME LAST SUFFIX Pressley	OFFICE USE ONLY Date Received 2012 APR 12 PM 4 58 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 2210 White Horse Trail Austin, TX 78757		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 762-3825		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Suzanne NICKNAME LAST SUFFIX Corbo		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 34 Lovegrass Lane Austin TX 78745		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 791-9994		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH -FR)		
10 PERIOD COVERED	Month Day Year Month Day Year /11/12/ THROUGH /4/12/		
11 ELECTION	ELECTION DATE Month Day Year /5/12/12/	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Place 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filters)

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 \$ 500

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 30,638.33

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 26,980.79

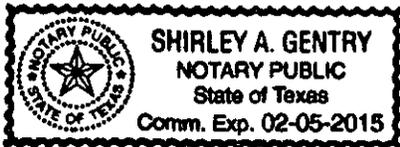
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4,100

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 500

18 AFFIDAVIT



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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this (the 12th day of April, 2012, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Shirley A Gentry
Printed name of officer administering oath

Notary Public
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:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

2/10/12

5 Full name of contributor

out-of-state PAC (ID#: _____)

Braden Abshire

6 Contributor address; City; State; Zip Code

7630 Wood Hollow Dr. Austin TX 78731

7 Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

Database

9 Principal occupation / Job title (See Instructions)

Data Analyst

10 Employer (See Instructions)

Webmedia

Date

2/28/12

Full name of contributor

out-of-state PAC (ID#: _____)

Patrick Agol

Contributor address; City; State; Zip Code

1307 Canna Lily Ln Pflugerville TX 78660

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Illustrator

CDI Corp

Date

3/31/12

Full name of contributor

out-of-state PAC (ID#: _____)

Brian Alkis

Contributor address; City; State; Zip Code

3601 Rocky Ford Dr Austin TX 78749

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Freescale Semiconductor Inc

Date

2/19/12

Full name of contributor

out-of-state PAC (ID#: _____)

Dee Alfred

Contributor address; City; State; Zip Code

5379 Auburn Avenue, Las Vegas NV 89108

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Carpenter

Employer (See Instructions)

Self Employed

Date

2/10/12

Full name of contributor

out-of-state PAC (ID#: _____)

Dana Ambs

Contributor address; City; State; Zip Code

3208 CherryWood Rd Austin TX 78722

Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Designer

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:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/22/12

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

Dana Amba

7 Amount of contribution (\$) 90

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3208 CherryWood Rd Austin TX 78722

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Designer

10 Employer (See Instructions)

Self Employed

Date

3/31/12

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

Dana Amba

Amount of contribution (\$) 235

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3208 CherryWood Rd Austin TX 78722

(If travel outside of Texas, complete Schedule T)

Advertising/
Fundraising

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Self Employed

Date

2/23/12

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

Anna Anami

Amount of contribution (\$) 350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

101 Colorado Austin TX 78702

(If travel outside of Texas, complete Schedule T)

Office
Space

Principal occupation / Job title (See Instructions)

Broker

Employer (See Instructions)

Self Employed

Date

1/26/12

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

Alex Archer

Amount of contribution (\$) 60

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

745 Hesper Ave., Apt 5 METAIRIE LA 70005

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self Employed

Date

2/15/12

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

ATU-COPE

Amount of contribution (\$) 350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5025 Wisconsin Ave NW Washington DC 20016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Political Action Committee

Employer (See Instructions)

PAC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filters)	
4 Date 2/10/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) I. Ryan Baggett 6 Contributor address; City; State; Zip Code 1404 Saint Leger St Pflugerville TX 78860	7 Amount of contribution (\$) 33.33	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Financial Advisor		10 Employer (See Instructions) Merrill Lynch	
Date 2/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Behnke Contributor address; City; State; Zip Code 2020 Cueva De Oro Cove Austin TX 78746	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SVP & GM		Employer (See Instructions) Intermolecular Inc	
Date 3/14/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Bennett Contributor address; City; State; Zip Code 7724 El Dorado Dr. Austin TX 78737	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Rones Winn Biz	
Date 2/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Betts Contributor address; City; State; Zip Code 1581 7 Double Eagle Dr Austin TX 78717	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Teradyne	
Date 3/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Betts Contributor address; City; State; Zip Code 1581 7 Double Eagle Dr Austin TX 78717	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Teradyne	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date 3/16/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tyson Blankemeyer 6 Contributor address; City; State; Zip Code 5100 E. 7th St Austin TX 78702	7 Amount of contribution (\$) 350 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Event Supplies
9 Principal occupation / Job title (See Instructions) Chef		10 Employer (See Instructions) Shady Seven	
Date 3/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aimee Blasé Contributor address; City; State; Zip Code 1017 Milam Place Austin TX 78704	Amount of contribution (\$) 350 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Advertising Supplies
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Blasé Design	
Date 3/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brave New Books Contributor address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705	Amount of contribution (\$) 350 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Event Supplies
Principal occupation / Job title (See Instructions) Bookstore		Employer (See Instructions) Brave New Books	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katie Brewer Contributor address; City; State; Zip Code 1040 Kensington Castle Pflugerville TX 78660	Amount of contribution (\$) 25 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions)	
Date 3/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Brown Contributor address; City; State; Zip Code 6200 Cat Mountain Cove Austin TX 78731	Amount of contribution (\$) 50 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self Employed	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

1/28/12

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

Bumpersticker.com—Liberty Stickers

7 Amount of
contribution (\$)

350

8 In-kind contribution
description (if applicable)

Advertising
Supplies

6 Contributor address; City; State; Zip Code

612 W. 34th St. Austin TX 78705

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Small Business

10 Employer (See Instructions)

Bumperstickers.com

Date

2/10/12

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

Joseph Burton

Amount of
contribution (\$)

20

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2113 Zach Scott St Austin TX 78723

(If Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sr. Project Mgr

Employer (See Instructions)

Jones Lang LaSalle

Date

3/16/12

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

John Burton

Amount of
contribution (\$)

35

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2425 E. Riverside Dr. #623 Austin TX 78741

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Warehouse Mgr

Employer (See Instructions)

Capital Courier

Date

3/27/12

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

John Burton

Amount of
contribution (\$)

25

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2425 E. Riverside Dr. #623 Austin TX 78741

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Warehouse Mgr

Employer (See Instructions)

Capital Courier

Date

3/31/12

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

John Bush

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1904 Guadalupe St. Austin TX 78705

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Activist

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 requirement

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/16/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KF Carbone 6 Contributor address; City; State; Zip Code 2710 W. 49th 1/2 St Austin TX 78731	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Technical Writer		10 Employer (See Instructions) Retired	
Date 2/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Carman Contributor address; City; State; Zip Code 2 Crystal Creek Trl Ausitn TX 78787	Amount of contribution (\$) 350	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed	
Date 2/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neil Carman Contributor address; City; State; Zip Code 2 Crystal Creek Trl Ausitn TX 78787	Amount of contribution (\$) 350	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Sierra Club	
Date 2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ed Chaplin Contributor address; City; State; Zip Code 5501 A Balcones Dr, #127 Austin TX 78731	Amount of contribution (\$) 150	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) CNX Datacom Inc.	
Date 1/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffin Cole, DDS Contributor address; City; State; Zip Code 4708 Toreador Dr. Austin TX 78705	Amount of contribution (\$) 250	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Griffin Cole, DDS	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission Filters)

4 Date

3/21/12

5 Full name of contributor

Monica Cole

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

300

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4708 Toreador Dr. Austin TX 78705

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Pharmacist

10 Employer (See Instructions)

Date

3/16/12

Full name of contributor

Suzanne Corbo

out-of-state PAC (ID# _____)

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

34 Lovegrass Ln Austin TX 78745

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Marketing Director

Employer (See Instructions)

360 Trainino

Date

1/3/12

Full name of contributor

Anthony Corey

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100

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 Employed

Date

1/28/12

Full name of contributor

Anthony Corey

out-of-state PAC (ID# _____)

Amount of contribution (\$)

150

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 Employed

Date

3/16/12

Full name of contributor

Peter Craig

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2106 Homedale Dr. Austin TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Go Local Austin

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:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/15/12

5 Full name of contributor

out-of-state PAC (ID# _____)

Kenneth Daniels

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

12701 Johnson Manor TX 78621

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Metro Bus Operator

10 Employer (See Instructions)

Capital Metro

Date

2/10/12

Full name of contributor

out-of-state PAC (ID# _____)

Pierre De Rochemont

Contributor address; City; State; Zip Code

12501 Tech Ridge Blvd Austin TX 78755

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

GigaCircuits Inc.

Date

3/16/12

Full name of contributor

out-of-state PAC (ID# _____)

Pierre De Rochemont

Contributor address; City; State; Zip Code

12501 Tech Ridge Blvd Austin TX 78755

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

Events/Advertising

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Industrialist

Self Employed

Date

3/31/12

Full name of contributor

out-of-state PAC (ID# _____)

Harlan Deitrich

Contributor address; City; State; Zip Code

1904 Guadalupe St. Austin TX 78705

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Event Supplies

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self Employed

Self Employed

Date

2/24/12

Full name of contributor

out-of-state PAC (ID# _____)

Dana Devoe

Contributor address; City; State; Zip Code

34 Hallcrest Dr Ladera Ranch CA 92694

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineering Manager

Freescale Semiconductor,

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:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission File#)

4 Date

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

N/A

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

Event
Supplies

6 Contributor address; City; State; Zip Code
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

3/17/12

Pamela Farley

Contributor address; City; State; Zip Code

12104 Jill Sue Ct Austin TX 78750

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

employer (See Instructions)

Community Organizer

Self Employed

Date

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

3/1/12

Heather Fazio

Contributor address; City; State; Zip Code

1904 Guadalupe St. Austin TX 78705

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Texas Libertarian Party

Date
3/31/12

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

Mary Salinas

Contributor address; City; State; Zip Code

6804 Meadow Run St, Austin TX 78745

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date
2/10/12

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

Retha Fielding

Contributor address; City; State; Zip Code

3208 CherryWood Rd Austin TX 78722

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Marketing Database

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Outreach Specialist

Employer (See Instructions)

Texas Consumer Health

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/28/12

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

Justin Flores

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

4701 Monterey Oaks Blvd Austin TX 78749

9 Principal occupation / Job title (See Instructions)

Supervisor

10 Employer (See Instructions)

Idea Incubator LP

Date

3/3/12

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

Thomas Frye

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5651 Leon St Houma LA 70360

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Computer Specialist

Employer (See Instructions)

Terrebonne Medical Center

Date

3/8/12

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

Philip Greene

Amount of contribution (\$)

100

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

3/8/12

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

Linda Greene

Amount of contribution (\$)

100

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)

Airline Agent

Employer (See Instructions)

Continental

Date

3/8/12

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

Greg Greene

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1609 Sylvan Dr Austin TX 78741

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self Employed

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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:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Files)	
4 Date 3/31/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stacy Guidry 6 Contributor address; City; State; Zip Code 4802 Turnstone Dr. Austin TX 78744	7 Amount of contribution (\$) 350 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Advertising and Marketing Lists
9 Principal occupation / Job title (See Instructions) Campaign Mgr		10 Employer (See Instructions) Laura Pressley Campaign	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Habouldt Contributor address; City; State; Zip Code 9611 A Nightier Dr Austin TX 78748	Amount of contribution (\$) 250 (If travel outside of Texas, complete schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Lone Star Internet	
Date 2/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holly Hanna Contributor address; City; State; Zip Code 21012 Lakeshore Dr. W Spicewood TX 78669	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Work at Home Woman	
Date 1/23/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy Hardin Contributor address; City; State; Zip Code 9501 Rolling Oaks Trail Austin TX 78750	Amount of contribution (\$) 20 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code N/A	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/19/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tanya Hill 6 Contributor address; City; State; Zip Code 114 W. Magellan Lane Elk Ridge UT 84651	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Office Manager		10 Employer (See Instructions) Kitco	
Date 2/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stacey Hopp Contributor address; City; State; Zip Code 9801 W. Parmer Ln Austin TX 78717	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed	
Date 3/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stacey Hopp Contributor address; City; State; Zip Code 9801 W. Parmer Ln Austin TX 78717	Amount of contribution (\$) 300	In-kind contribution description (if applicable) Advertising/Marketing Supplies (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Hunt Contributor address; City; State; Zip Code 1207 W. 39th 1/2 St Austin TX 78756	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) Hewlett Packard	
Date 2/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dewey Killingsworth Contributor address; City; State; Zip Code 2719 Dupree Ln Austin TX 78748	Amount of contribution (\$) 350	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Freescale Semiconductor, Inc.	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission Filters)

4 Date

3/27/12

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

Laura Killingsworth

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2719 Dupree Ln Ausitn TX 78748

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Homemaker

10 Employer (See Instructions)

Date

3/16/12

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

Linda Knapp

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7126 South Brook Dr. Austin TX 78736

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Accountant

FSP

Date

3/16/12

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

William Kweder

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

160 Oak Forest Dr. Cedar Creek TX 78612

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Metro Bus Operator

Employer (See Instructions)

Capital Metro

Date

2/15/12

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

William Kweder

Amount of contribution (\$)

75

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

160 Oak Forest Dr. Cedar Creek TX 78612

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Metro Bus Operator

Employer (See Instructions)

Capital Metro

Date

2/29/12

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

Lakecreek Medical Center

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2500 South Lakeline Blvd Cedar Park TX 78613

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Medical Center

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/10/12

5 Full name of contributor

John Leake

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address: City: State: Zip Code

912 Barberrry Lane Peachtree City GA 30269

9 Principal occupation / Job title (See Instructions)

President

10 Employer (See Instructions)

US Foods, Inc.

Date

3/31/12

Full name of contributor

Nina Legg

out-of-state PAC (ID# _____)

Contributor address: City: State: Zip Code

5120 Kite Tail Dr Austin TX 78730

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Adjunct Instructor

Employer (See Instructions)

Austin Community College

Date

2/29/12

Full name of contributor

Eduardo Longoria

out-of-state PAC (ID# _____)

Contributor address: City: State: Zip Code

1508 Norris Dr Austin TX 78704

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Hospitality

Employer (See Instructions)

Casa De Luz

Date

2/7/12

Full name of contributor

Mike Loughrey

out-of-state PAC (ID# _____)

Contributor address: City: State: Zip Code

9230 Neils thomapsn Dr. Austin TX 78758

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Move Corp

Date

2/27/12

Full name of contributor

Robert Love

out-of-state PAC (ID# _____)

Contributor address: City: State: Zip Code

5612 E. Mote Austin TX 78721

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Graduate Student

Employer (See Instructions)

U.T. Austin

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/29/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joel Mabry	7 Amount of contribution (\$) 150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1620 Bengal Dr. Round Rock TX 78664		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Manager		10 Employer (See Instructions) Applied Materials	
Date 2/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Manzanero, M.D.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3456 N. Hills Dr. #346 Austin TX 78731		(if Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Austin Interactive Medicine	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clifford Martinez	Amount of contribution (\$) 75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2715 Charlesworth Dr Austin TX 78745		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Florist		Employer (See Instructions) Self Employed	
Date 2/19/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clifford Martinez	Amount of contribution (\$) 100	In-kind contribution description (if applicable) Event Supplies
Contributor address; City; State; Zip Code 3200 S. Congress Ave Austin TX 78704 78704		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Florist		Employer (See Instructions) Self Employed	
Date 2/23/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Martinez	Amount of contribution (\$) 75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 S. Congress Ave Austin TX 78704 78704		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Florist		Employer (See Instructions) Self Employed	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/11/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mel Mason	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable) Advertising Location
6 Contributor address; City; State; Zip Code 4521 Highland Terrace Austin TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Acct Mgr		10 Employer (See Instructions) Capital Coin and Bullion	
Date 2/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick McGinnis	Amount of contribution (\$) 150	In-kind contribution description (if applicable) Advertising Supplies
Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick McGinnis	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5114 Balcones Woods, # 307-114 Austin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Self Employed		Self Employed	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick McGinnis	Amount of contribution (\$) 100	In-kind contribution description (if applicable) Advertising Supplies
Contributor address; City; State; Zip Code 612 W. 34th St. Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Self Employed		Self Employed	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick McGinnis	Amount of contribution (\$) 90	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 612 W. 34th St. Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Self Employed		Self Employed	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

2/29/12

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

Kelly Melnyk

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

5608 Taylorcrest Dr Austin TX 78749

9 Principal occupation / Job title (See Instructions)

Analyst

10 Employer (See Instructions)

TX County and District Retirement System

Date

2/10/12

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

William Mitchell

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5750 Balcones Drive, Ste 106 Austin TX 78731 (If Texas, complete Schedule T)

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Accountant

Merrit Wellness Center

Date

3/31/12

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

Alicia Moore

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10505 S. IH 35 Apt 2416 Austin TX 78745

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Metro Bus Operator

Employer (See Instructions)

Capital Metro

Date

3/18/12

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

Peter Morales

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

325 Angel Oak St Austin TX 78748

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Self Employed

Date

3/19/12

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

Judy Morris

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1801 Olympus Dr Austin TX 78733

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission filters)	
4 Date 1/3/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rae Nader-Olenick	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 7871		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Free Lance Journalist		10 Employer (See Instructions) Self Employed	
Date 3/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nakisha Nathan	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1603 B Morgan Lane Ausitrn TX 78704		(If Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Legal Asst		Employer (See Instructions) Lowerre, Frederic, Perales, Allmon & Rockwell	
Date 2/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Nero	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions) Star Tran Inc.	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Nystrom	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1103 Prairie Dove Cir Austin TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Computer Specialist		Employer (See Instructions)	
Date 2/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rae Nader-Olenick	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Free Lance Journalist		Employer (See Instructions) Self Employed	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date 2/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walter Olenick	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Self Employed	
Date 2/19/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lani Olsen	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Las Vegas NV		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed	
Date 2/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Orshalik	Amount of contribution (\$) 100	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) Retired		Employer (See Instructions) Self Employed	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: N/A	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryant Packard	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 Oak Shadows Austin TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Computer Specialist		Employer (See Instructions) Self Employed	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date 3/31/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Parsons	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable) advertising
6 Contributor address; City; State; Zip Code 3706 Graystone Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self Employed		10 Employer (See Instructions) Self Employed	
Date 3/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Patel	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3129 Burks Lane Austin TX 78732		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CTS	
Date 2/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples Pharmacy	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3801 S. Lamar Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Pharmacy		Employer (See Instructions)	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexandra Perry	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1009 A Charlote St Austin TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions)	
Date 2/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Phillips	Amount of contribution (\$) 10	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8500 Cockney Dr. Austin TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Delivery		Employer (See Instructions) PapJohns Pizza	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <p style="text-align: center;">Laura Pressley</p>		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date <p style="text-align: center;">3/1/12</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">John Phillips</p>	7 Amount of contribution (\$) <p style="text-align: center;">50</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">2104 Peach Tree Austin TX 7870</p>		<small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">Technician</p>		10 Employer (See Instructions) <p style="text-align: center;">P&C Communications</p>	
Date <p style="text-align: center;">2/27/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Laura Pressley</p>	Amount of contribution (\$) <p style="text-align: center;">25</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2210 White Horse Trail Austin TX 78757</p>		<small>(If Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Owner</p>		Employer (See Instructions) <p style="text-align: center;">Pure Rain LLC</p>	
Date <p style="text-align: center;">3/25/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Laura Pressley</p>	Amount of contribution (\$) <p style="text-align: center;">3500</p>	In-kind contribution description (if applicable) <p style="text-align: center;">Web Development</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">2210 White Horse Trail Austin TX 78757</p>		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Owner</p>		Employer (See Instructions) <p style="text-align: center;">Pure Rain, LLC</p>	
Date <p style="text-align: center;">2/28/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">David Price</p>	Amount of contribution (\$) <p style="text-align: center;">50</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3202 Lazada Ln Round Rock TX 78681</p>		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Engineer</p>		Employer (See Instructions) <p style="text-align: center;">KLA Tencor</p>	
Date <p style="text-align: center;">2/29/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Lawrence Prosser</p>	Amount of contribution (\$) <p style="text-align: center;">100</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">5708 Exeter Dr. Austin TX 78723</p>		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Van Operator</p>		Employer (See Instructions) <p style="text-align: center;">Star Tran Inc.</p>	

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:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/16/12

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

Pure Rain

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

Beverages

6 Contributor address; City; State; Zip Code

2210 White Horse Trail Ausitn TX 78757

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Bottled Rain Water

10 Employer (See Instructions)

Date

3/31/12

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

Joe Quintero

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Fundraising/
Advertising
Supplies

Contributor address; City; State; Zip Code

1018 Spence St Austin TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self Employed

Date

2/19/12

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

Lauri Quist

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Chandler AZ

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Counselor

Employer (See Instructions)

CASA

Date

3/15/12

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

David Ring

Amount of contribution (\$)

20

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

3/16/12

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

Jacob Rivera

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8014 A Clydesdale Austin TX 78745

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Worker Bee

Employer (See Instructions)

Self Employed

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date 3/16/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Liberty Radio	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable) Advertising
6 Contributor address; City; State; Zip Code 1516 S. Lamar Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Radio Show		10 Employer (See Instructions)	
Date 2/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosa Santis	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 403 Springdale Austin TX 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pedro SS Services Inc.	
Date 2/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Santori	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7603 Rustling Rd Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) National Instruments	
Date 3/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonathan Savage	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4802 Turnstone Dr Austin TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Apple, Inc.	
Date 2/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rita Schindler-Trachta, M.D.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5721 Misty Hill Cove Austin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin State Hospital	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date 1/3/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sydney Schoenecker	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 716 W. Argand St Seattle WA 98119		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Teaching Assistant		10 Employer (See Instructions) University of Houston	
Date 2/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jeneen Scholz	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3801 S. Lamar Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Pennies Pharmacy	
Date 3/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mark Schruben	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1227 Hillside Ave Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed	
Date 2/21/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Joan Sefcik	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7502 MOWINKLE DR Austin TX 78736		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self Employed	
Date 3/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kyle Sellers	Amount of contribution (\$) 350	In-kind contribution description (if applicable) t-shirts
Contributor address; City; State; Zip Code Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate Sales		Employer (See Instructions) Century 21	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission Files)

4 Date

2/15/12

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

Shady Seven

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

705 Shady Lane Austin TX 78702

9 Principal occupation / Job title (See Instructions)

Johnny

10 Employer (See Instructions)

OWNER

Date

2/11/12

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

Michelle Simpson

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising
Location

Contributor address; City; State; Zip Code

4521 Highland Terrace Austin TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Simpson Stylist

Date

3/21/12

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

James Skaggs

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4700 Treador Dr Austin TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

3/21/12

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

Betty Skaggs

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4700 Treador Dr Austin TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

1/3/12

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

Travis Snavelly

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2006 A Kenneth Ave Austin TX 78744

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Patient Accounts

Employer (See Instructions)

Texas Oncology

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <p style="text-align: center;">Laura Pressley</p>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="text-align: center;">1/9/12</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Stephen Speir</p>	7 Amount of contribution (\$) <p style="text-align: center;">75</p>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <p style="text-align: center;">1225 Corona Dr. Austin TX 7872</p>		<small>(If travel outside of Texas, complete Schedule T)</small>		
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">Analyst</p>		10 Employer (See Instructions) <p style="text-align: center;">Self Employed</p>		
Date <p style="text-align: center;">1/25/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Stephen Speir</p>	Amount of contribution (\$) <p style="text-align: center;">25</p>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <p style="text-align: center;">1225 Corona Dr. Austin TX 78723</p>		<small>(If Texas, complete Schedule T)</small>		
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Analyst</p>		Employer (See Instructions) <p style="text-align: center;">Self Employed</p>		
Date <p style="text-align: center;">3/16/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Kathy Stimets-Vidal</p>	Amount of contribution (\$) <p style="text-align: center;">100</p>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <p style="text-align: center;">500 Wilmes Dr Austin TX 78752</p>		<small>(If travel outside of Texas, complete Schedule T)</small>		
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Sporographer</p>		Employer (See Instructions) <p style="text-align: center;">RWG</p>		
Date <p style="text-align: center;">2/27/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Sarah Stollak</p>	Amount of contribution (\$) <p style="text-align: center;">350</p>	In-kind contribution description (if applicable) <p style="text-align: center;">Advertising</p>	
Contributor address; City; State; Zip Code <p style="text-align: center;">6805 Northview Cove Austin TX 78724</p>		<small>(If travel outside of Texas, complete Schedule T)</small>		
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Artist</p>		Employer (See Instructions) <p style="text-align: center;">Self</p>		
Date <p style="text-align: center;">2/29/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Jason Stoneberg</p>	Amount of contribution (\$) <p style="text-align: center;">50</p>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <p style="text-align: center;">2105 Kenbridge Austin TX 78757</p>		<small>(If travel outside of Texas, complete Schedule T)</small>		
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Staffing</p>		Employer (See Instructions) <p style="text-align: center;">Key Staffing</p>		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1 Total pages Schedule A: _____

The Instruction Guide explains how to complete this form.

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

2/9/12

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

Bill Swail

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3801 S. Lamar Austin TX 78704

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

Peoples Pharmacy

Date

3/31/12

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

Brad Swail

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising Locations

Contributor address; City; State; Zip Code

1214 Barton Hills Drive Austin TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Trainer

Employer (See Instructions)

Tier 3 Fitness

Date

3/31/12

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

Marcelo Tafoya

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising

Contributor address; City; State; Zip Code

2908 Overdale Rd Austin TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/29/12

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

Texans for Accountable Government

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1306 Baronets Trl Austin TX 78753

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

GPAC

Employer (See Instructions)

Date

3/31/12

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

The Boutique Real Estate

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Rent

Contributor address; City; State; Zip Code

101 Colorado Austin TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1 Total pages Schedule A:

The Instruction Guide explains how to complete this form.

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission File#)

4 Date

3/16/12

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

US Foods

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

Food

6 Contributor address; City; State; Zip Code
9399 West Higgins Road Rosemont IL 60018

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Food Supplier

10 Employer (See Instructions)

Date

2/10/12

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

Vik Vad

Amount of contribution (\$)

10

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3331 Grimes Ranch Rd Austin TX 78732

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

OM Canital Management

Date

2/28/12

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

Jim Vasek

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2102 Cypres Pt. E Austin TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Freescale Semiconductor Inc

Date

1/5/12

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

Jason Wahoski

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3715 Bird House Dr Round Rock TX 78665

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Applied Materials

Date

3/19/12

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

Gordon Walton

Amount of contribution (\$)

85

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8207 Ganttcrest Austin TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Playdom

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/31/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Charles Walton	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions) Self Employed		10 Employer (See instructions) Self Employed	
Date 2/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Wenqian Wang	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1046 Liberty St El Cerrito CA 94530		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions) MBA Student		Employer (See instructions) INC Chanel Hill	
Date 1/30/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jerri Ward	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 907 Ranch Road 620 South, 101 Austin TX 78734		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Garlo Ward, PC	
Date 2/19/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Pamela Webb	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Las Vegas NV		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions) Accountant		Employer (See instructions) Self Employed	
Date 2/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Demetra Willimas	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3211 Barksdale Dr. Austin TX 78725		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions) Union Rep		Employer (See instructions) ATU Local 1091	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1 Total pages Schedule A:

The Instruction Guide explains how to complete this form.

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

3/6/12

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

Braden Abshire

7 Amount of

contribution (\$)

100

8 In-kind contribution

description (if applicable)

6 Contributor address; City; State; Zip Code

1105 Norwalk Ln Austin TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Engineer

10 Employer (See Instructions)

LJA Engineerin

Date

2/16/12

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

Joneth Wyatt

Amount of

contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2105 Roundtree Dr. Austin TX 78722

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Union President

Employer (See Instructions)

ATI 1091

Date

2/29/12

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

Xinzheng Yang

Amount of

contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1046 Liberty St El Cerrito CA 94530

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Project Scientist

Employer (See Instructions)

UC Berkeley

Date

1/19/12

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

Cary Yarosh

Amount of

contribution (\$)

60

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

817 Windy Shores Loop spicewood, TX 78669

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Lean Coach

Employer (See Instructions)

Hospira

Date

3/31/12

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

Ira Yates

Amount of

contribution (\$)

200

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5711 SH 45 Austin TX 78739

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Activist

Employer (See Instructions)

Self Employed

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

1 Total pages Schedule A: _____

The instruction Guide explains how to complete this form.

2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date 2/29/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ronald Yokubaitis	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
6 Contributor address; City; State; Zip Code 8403 Critter Canyon Austin TX 78746			
9 Principal occupation / Job title (See Instructions) Co-CEO		10 Employer (See Instructions) Giga News	

Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Don Zimmerman	Amount of contribution (\$) 250	In-kind contribution description (if applicable) Advertising Locations
Contributor address; City; State; Zip Code 10901 Enchanged Rock Cv Austin TX 78726		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Firmware Engineering	

Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Don Zimmerman	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10901 Enchanged Rock Cv Austin TX 78726		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Firmware Engineering	

Date	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)	

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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD) 1-800-735-2989

POLITICAL CONTRIBUTIONS

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission #/ID#)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
<i>(If travel outside of Texas, complete Schedule II)</i>			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
<i>(If travel outside of Texas, complete Schedule II)</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
<i>(If travel outside of Texas, complete Schedule II)</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
<i>(If travel outside of Texas, complete Schedule II)</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
<i>(If travel outside of Texas, complete Schedule II)</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount(\$)

None this period

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

Description of Collateral

Check if personal funds were deposited into political account

none

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount(Guaranteed(\$))

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount(\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

Check if personal funds were deposited into political account

none

GUARANTOR INFORMATION

Name of guarantor

Amount(Guaranteed(\$))

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See instructions)

Employer (See instructions)

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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---------------------------------------	--

4 Date 1/30/12	5 Payee name Vivo
--------------------------	-----------------------------

6 Amount (\$) 26.00	7 Payee address; City; State; Zip Code Austin, TX
-------------------------------	---

8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(ww) Category (See categories listed at the top of this schedule) (xx) Food & Beverage	(ww) Description (If travel outside of Texas, complete Schedule T) Staff Lunch
---	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/5/12	Payee name Wahoski
-----------------------	------------------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code 3715 Bird House Dr Round Rock TX 78665
------------------------------	---

<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting	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
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Date 2/6/12	Payee name Whole Foods
-----------------------	----------------------------------

Amount (\$) 8.49	Payee address; City; State; Zip Code 5th and Lamar Ausitn TX
----------------------------	--

<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	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
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Date 3/31/12	Payee name Zimmerman
------------------------	--------------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 10901 Enchanted Rock Cv Austin TX 78726
------------------------------	--

<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------------------------	--

4 Date 3/31/12	5 Payee name The Boutique Real Estate
-------------------	--

6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 101 Colorado Austin TX 78799
-------------------------	--

8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(tt) Category (See categories listed at the top of this schedule) (uu) Rent	(vv) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/12	Payee name Tiffany Haresq
-----------------	------------------------------

Amount (\$) 20.00	Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/12/12	Payee name Ultimate Imaging
-----------------	--------------------------------

Amount (\$) 95.00	Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/12	Payee name US Foods
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Amount (\$) 200.00	Payee address; City; State; Zip Code 9399 West Higgins Road Rosemont IL 60018
-----------------------	--

<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T)
---	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------------------------	--

4 Date 2/27/12	5 Payee name Stollak
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6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 6805 Northview Cove Austin TX 78724
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	(qq) Category (See categories listed at the top of this schedule) (rr) Advertising	(ee) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/12	Payee name Swail
-----------------	---------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code 1214 Barton Hills Drive Austin TX 78704
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/12	Payee name Tafoya
-----------------	----------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code 2908 Overdale Rd Austin TX 78723
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/7/12	Payee name Texas Women In Business
----------------	---------------------------------------

Amount (\$) 27.37	Payee address; City; State; Zip Code Austin TX
----------------------	---

<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
---	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/27/12	5 Payee name Stacy Guidry
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6 Amount (\$) 1275	7 Payee address; City; State; Zip Code Austin, TX
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8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(nn) Category (See categories listed at the top of this schedule) (oo) Salary	(nn) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/8/12	Payee name Stacy Guidry
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Amount (\$) 1325.00	Payee address; City; State; Zip Code Austin, TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/12	Payee name Stacy Guidry
------------------------	-----------------------------------

Amount (\$) 275.00	Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Supplies	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/25/12	Payee name Stacy Guidry
------------------------	-----------------------------------

Amount (\$) 1250.00	Payee address; City; State; Zip Code Austin, TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T)
---	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/8/12	5 Payee name Russell's Bistro	
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	(kk) Category (See categories listed at the top of this schedule) (ll) Food	(mm) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/5/12	Payee name Russell's Bistro	
Amount (\$) 28.00	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	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
Date 3/25/12	Payee name Sellers	
Amount (\$) 350.00	Payee address; City; State; Zip Code Austin TX 78704	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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
Date 2/11/12	Payee name Simpson	
Amount (\$) 350.00	Payee address; City; State; Zip Code 4521 Highland Terrace Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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

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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/22/12	5 Payee name PunchBowl	
6 Amount (\$) 19.00	7 Payee address; City; State; Zip Code	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(ii) Category (See categories listed at the top of this schedule) Event Supplies	(iii) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/16/12	Payee name Pure Rain	
Amount (\$) 350.00	Payee address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/31/12	Payee name Quintero	
Amount (\$) 350.00	Payee address; City; State; Zip Code 1018 Spence St Austin TX 78702	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/16/12	Payee name Texas Liberty Radio	
Amount (\$) 350.00	Payee address; City; State; Zip Code 1516 S. Lamar Austin TX 78704	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/19/12	5 Payee name PayPal
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code
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8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(ff) Category (See categories listed at the top of this schedule) (gg) Events	(hh) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/8/12	Payee name Piryx
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Amount (\$) 10.00	Payee address; City; State; Zip Code
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Web
---	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/5/12	Payee name Pressley
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Amount (\$) 3500.00	Payee address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Web Development/Maintenance
---	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/12	Payee name Pump Project
------------------------	-----------------------------------

Amount (\$) 300.00	Payee address; City; State; Zip Code Austin TX
------------------------------	--

<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Supplies	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------------------------	---

4 Date 1/19/12	5 Payee name Paypal
--------------------------	-------------------------------

6 Amount (\$) 2.06	7 Payee address; City; State; Zip Code
------------------------------	---

8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(cc) Category (See categories listed at the top of this schedule) (dd) Banking	(ee) Description (If travel outside of Texas, complete Schedule T)
--	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/23/12	Payee name PayPal
-----------------	----------------------

Amount (\$) 0.88	Payee address; City; State; Zip Code
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T)
---	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/26/12	Payee name PayPal
-----------------	----------------------

Amount (\$) 2.06	Payee address; City; State; Zip Code
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/8/12	Payee name Paypal
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Amount (\$) 150.00	Payee address; City; State; Zip Code
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Design
---	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/12/12	5 Payee name Office Depot
--------------------------	-------------------------------------

6 Amount (\$) 196.99	7 Payee address; City; State; Zip Code Austin TX
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8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(aa) Category (See categories listed at the top of this schedule) Other	(hh) Description (If travel outside of Texas, complete Schedule T) Office Supplies
---	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name N/A
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Amount (\$)	Payee address; City; State; Zip Code
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/12	Payee name Paperless Post
------------------------	-------------------------------------

Amount (\$) 70.00	Payee address; City; State; Zip Code
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/12	Payee name Parsons
------------------------	------------------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code 3706 Graystone Austin TX 78731
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/31/12	5 Payee name McGinnis
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 612 W. 34th St. Austin TX 78705
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8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(y) Category (See categories listed at the top of this schedule) Advertising	(z) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/12	Payee name Morales
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Amount (\$) 200.00	Payee address; City; State; Zip Code 325 Angel Oak St Austin TX 78748
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/12	Payee name NAC
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Amount (\$) 50.00	Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/12	Payee name NWARW
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Amount (\$) 16.00	Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/16/12	5 Payee name Joe Quintero
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6 Amount (\$) 105.00	7 Payee address; City; State; Zip Code Austin TX
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8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(w) Category (See categories listed at the top of this schedule) Consulting	(v) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/12	Payee name Martinez
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Amount (\$) 100.00	Payee address; City; State; Zip Code 3200 S. Congress Ave Austin TX 78704
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Flowers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/11/12	Payee name Mason
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Amount (\$) 350.00	Payee address; City; State; Zip Code 4521 Highland Terrace Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/11/12	Payee name McGinnis
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Amount (\$) 150.00	Payee address; City; State; Zip Code 612 W. 34th St. Austin TX 78705
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/8/12		5 Payee name Infact Daily			
6 Amount (\$) 108.25		7 Payee address; City; State; Zip Code Austin TX			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(u) Category (See categories listed at the top of this schedule) Other		(v) Description (If travel outside of Texas, complete Schedule T) Subscription	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/6/12		Payee name IT Copy			
Amount (\$) 29.23		Payee address; City; State; Zip Code Austin,			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/9/12		Payee name IT Copy			
Amount (\$) 50.00		Payee address; City; State; Zip Code Austin, TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/12		Payee name IT Printing			
Amount (\$) 54.13		Payee address; City; State; Zip Code Austin, TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/31/12	5 Payee name Guidry
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6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 4802 Turnstone Dr. Austin TX 78744
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	(s) Category (See categories listed at the top of this schedule) Advertising	(t) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/29/12	Payee name Hanna
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Amount (\$) 100.00	Payee address; City; State; Zip Code 21012 Lakeshore Dr. W Spicewood TX 78669
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Events	Description (If travel outside of Texas, complete Schedule T) Mom
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name n/a
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Amount (\$)	Payee address; City; State; Zip Code
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/27/12	Payee name Hopp
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Amount (\$) 300.00	Payee address; City; State; Zip Code 9801 W. Parmer Ln Austin TX 78717
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/31/12	5 Payee name Fielding	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 324 Pedigree Dr Austin TX 78748	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising / Marketing	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/17/12	Payee name Freddies Place	
Amount (\$) 12.00	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	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
Date 1/6/12	Payee name Frost Bank	
Amount (\$) 1.00	Payee address; City; State; Zip Code P.O. Box 1315 Houston TX 77251	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank Fee	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
Date 2/6/12	Payee name Frost Bank	
Amount (\$) 2.00	Payee address; City; State; Zip Code P.O. Box 1315 Houston TX 77251	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank Fee	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

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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name N/A
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(o) Category (See categories listed at the top of this schedule)	(n) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/5/12	Payee name Event Brite
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Amount (\$) 30.00	Payee address; City; State; Zip Code 651 Brannan Street San Francisco CA 94107
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Events	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/1/12	Payee name Fazio
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Amount (\$) 350.00	Payee address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/12	Payee name Salinas
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Amount (\$) 350.00	Payee address; City; State; Zip Code 6804 Meadow Run, Austin, TX 78745
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/16/12	5 Payee name De Rochemont	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 12501 Tech Ridge Blvd Austin TX 78753	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(m) Category (See categories listed at the top of this schedule) Advertising	(n) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/31/12	Payee name Deitrich	
Amount (\$) 350.00	Payee address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	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
Date 2/13/12	Payee name Dirt Cheap Signs	
Amount (\$) 925.54	Payee address; City; State; Zip Code Liberty Hill TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	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
Date 3/29/12	Payee name Dirt Cheap Signs	
Amount (\$) 925.54	Payee address; City; State; Zip Code Liberty Hill TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	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

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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/30/12	5 Payee name Capitol Visitor	
6 Amount (\$) 2.00	7 Payee address; City; State; Zip Code Austin TX	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(k) Category (See categories listed at the top of this schedule) Parking Fee	(l) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/6/12	Payee name Casa De Luz	
Amount (\$) 24	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	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
Date 1/28/12	Payee name Corey	
Amount (\$) 150.00	Payee address; City; State; Zip Code 3955 Shoal Creek Blvd, #210 Austin TX 78756	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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
Date 3/19/12	Payee name Dana Ambs	
Amount (\$) 212.00	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	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

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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:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/16/12		5 Payee name Brave New Books			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(i) Category (See categories listed at the top of this schedule) Event Supplies		(ii) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/28/12		Payee name Bumpersticker.com			
Amount (\$) 350.00		Payee address; City; State; Zip Code 612 W. 34th St. Austin TX 78705			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		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	
Date 3/31/12		Payee name Bush			
Amount (\$) 350.00		Payee address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		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	
Date 2/10/12		Payee name Capital Area Democratic Women			
Amount (\$) 76.00		Payee address; City; State; Zip Code Ausitn TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		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	

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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/2/12	5 Payee name Austin Tejano Democrats
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	(g) Category (See categories listed at the top of this schedule) Marketing	(h) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/12	Payee name Blankemeyer
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Amount (\$) 350.00	Payee address; City; State; Zip Code 5100 E. 7th St Austin TX 78702
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/1/12	Payee name Blasé
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Amount (\$) 350.00	Payee address; City; State; Zip Code 1017 Milam Place Austin TX 78704
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (if travel outside of Texas, complete Schedule T) Design
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/29/12	Payee name Boutique Real Estate
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Amount (\$) 1500.00	Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Rent	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/23/12		5 Payee name Anami			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code Austin TX			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(e) Category (See categories listed at the top of this schedule) Rent		(f) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/6/12		Payee name Anami			
Amount (\$) 1500.00		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Rent		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/7/12		Payee name Antones			
Amount (\$) 50.00		Payee address; City; State; Zip Code Austin, TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/5/12		Payee name Austin Java			
Amount (\$) 43.97		Payee address; City; State; Zip Code 301 W. 2nd Austin TX 78799			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/30/12	5 Payee name American Printing
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6 Amount (\$) 1389.44	7 Payee address; City; State; Zip Code Austin TX
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(c) Category (See categories listed at the top of this schedule) Printing	(d) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/19/12	Payee name AMPCO
------------------------	----------------------------

Amount (\$) 3.00	Payee address; City; State; Zip Code Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/7/12	Payee name Ampco
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Amount (\$) 4.50	Payee address; City; State; Zip Code Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	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
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Date 3/12/12	Payee name Ampco
------------------------	----------------------------

Amount (\$) 6.00	Payee address; City; State; Zip Code Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	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
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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:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/10/12	5 Payee name Abshire	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 7630 Wood Hollow Dr. Austin TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) IKD: Database
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/24/12	Payee name Act Blue	
Amount (\$) 140.00	Payee address; City; State; Zip Code Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/7/12	Payee name Aimee Blasé	
Amount (\$) 365.34	Payee address; City; State; Zip Code Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/31/12	Payee name Ambs	
Amount (\$) 235.00	Payee address; City; State; Zip Code 3208 CherryWood Rd Austin TX 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

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 I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission filters)
---------------------------	--------------	---

4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
---------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

5 Name of person from whom amount is received

8 Amount
(\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> IPAC-IE		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> IPAC-IE		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> IPAC-IE		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME
2 ACCOUNT # (Ethics Commission Filers)
3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder