

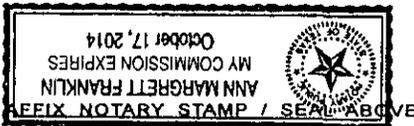
FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 2 Total pages filed: 10 OFFICE USE ONLY 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST Laura M LAST Pressley NICKNAME SUFFIX Date Received Date Hand-delivered Receipt # Date Processed Date Imaged

6 EXPLANATION OF CORRECTION On page 29 of the original document (page 3 of this one) an in-kind donation (\$200) from US Foods should not have been reported. This donation was not made to the campaign. The correction is to remove the donation. (See page 5). On page 30 of the original document (page 4 of this one) an in-kind donation from The Boutique (\$350) should not have been reported. This donation was not made to the campaign. The correction is to remove the donation. (See page 6).

7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: [] Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. [X] Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Laura Pressley, this the 4th day of May 2012, to certify which, witness my hand and seal of office. Ann Margaret Franklin Notary

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

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

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

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

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

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

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

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

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 Filed)

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 Capital 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 Cypress Pl. 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 Gantcrest Austin TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Manager

Employer (See instructions)

Playdom

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

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)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

3801 S. Lamar Austin TX 78704

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

Peoples Pharmacy

Date

3/3/12

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)

Employer (See Instructions)

Trainer

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)

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

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 Capital 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 Cypress 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 Gantcrest Austin TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Playdom

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

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)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

3801 S. Lamar Austin TX 78704

9 Principal occupation / Job title (See instructions)

Owner

10 Employer (See instructions)

Peoples Pharmacy

11 Date

3/31/12

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

Contributor address; City; State; Zip Code

1214 Barton Hills Drive Austin TX 78704

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Marketing Locations

(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

Contributor address; City; State; Zip Code

2908 Overdale Rd Austin TX 78723

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

2/29/12

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

Texans for Accountable Government

Contributor address; City; State; Zip Code

1306 Baronets Trl Austin TX 78753

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(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

Contributor address; City; State; Zip Code

101 Colorado Austin TX 78702

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Rent

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Real Estate

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Filters)
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4 Date 3/31/12	5 Payee name The Boutique Real Estate
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6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 101 Colorado Austin TX 78799
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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 IT)
---	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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 IT)
---	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/12/12	Payee name Ultimate Imaging
-----------------	--------------------------------

Amount (\$) 95.00	Payee address; City; State; Zip Code Austin TX
----------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name US Foods
------	------------------------

Amount (\$) \$200	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 IT)
---	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Files)
----------------------------------	---------------------------------------	--

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
--------------------------------	---

<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 F)
--	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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 F)
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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 3/12/12	Payee name Ultimate Imaging
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Amount (\$) 95.00	Payee address; City; State; Zip Code Austin TX
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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 US Foods
------	------------------------

Amount (\$) \$200	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 F)
--	--	---

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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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)

\$ 29,988.33 ✓

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 26,430.79 ✓

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this (the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath