

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 Filers)

2 Total pages filed:

34

3 CANDIDATE /
OFFICEHOLDER
NAME

MS/MRS/MR

FIRST

Laura

MI

NICKNAME

LAST

Pressley

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT/SUITE #;

CITY;

STATE;

ZIP CODE

2210 White Horse Trail

Austin, TX 78757

☐ change of address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

762-3825

6 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

Suzanne

MI

NICKNAME

LAST

Corbo

SUFFIX

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

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(officeholder only)

☐ July 15

☒ 6th day before election

☐ Exceeded \$500
limit

☐ Final report (Attach C/OH-IFR)

10 PERIOD
COVERED

Month Day Year

4/3/12/

Month Day Year

5/2/12/

THROUGH

11 ELECTION

Month ELECTION DATE Day Year

5/12/12/

ELECTION TYPE

☐

☐

☒

☐

Primary

Runoff

General

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 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

Better Austin Today PAC

Better Austin Today, PAC

COMMITTEE ADDRESS

3203 Cupid, Austin, TX 78735

COMMITTEE CAMPAIGN TREASURER NAME

Sandy McMillan

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. BOX 140944, AUSTIN, TX 78714

☐ additional pages17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,525.00

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

\$ 14,220.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 13,167.86

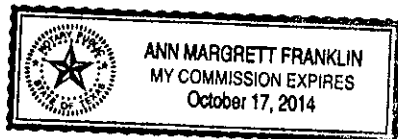
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,052.39

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 500.00

18 AFFIDAVIT



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the
4th day of May, 20 12, to certify which, witness my hand and seal of office.

Ann Margaret Franklin
Signature of officer administering oath

Ann Margaret Franklin
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/15/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Baines, Dr. Harnek 6 Contributor address; City; State; Zip Code 5104 Avispa Way Austin TX 78738 (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Austin Gurdwara Sahib	
Date 4/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Baines, Dr. Harnek Contributor address; City; State; Zip Code 5104 Avispa Way Austin TX 78731 (If travel outside of Texas, complete Schedule T) Employer (See Instructions)	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Austin Gurdwara Sahib	
Date 4/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ballard, Scott Contributor address; City; State; Zip Code 3311 SW HK Dodgen Loop Temple TX 76502 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VA Disabled		Employer (See Instructions) Retired	
Date 1/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beam, Jim Contributor address; City; State; Zip Code 2015 Ploverville Austin TX 78728 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Move Corp	
Date 4/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Better Austin Today PAC, Contributor address; City; State; Zip Code 3203 Cupid Austin TX 78735 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
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 Filers)

4 Date

4/16/12

5 Full name of contributor

☐ out-of-state PAC (ID#:

Bovik, Erick

7 Amount of
contribution (\$)

100

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

10105 Lindshire Austin TX 78748

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Bovik & Meredith

Date

4/12/12

Full name of contributor

☐ out-of-state PAC (ID#:

Brewer, Jimmy

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1040 Kensington Castle Pflugerville TX 78660

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Technician

Employer (See Instructions)

Freescall

Date

4/12/12

Full name of contributor

☐ out-of-state PAC (ID#:

Brewer, Katie

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1040 Kensington Castle Pflugerville TX 78660

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Date

4/12/12

Full name of contributor

☐ out-of-state PAC (ID#:

Brewer, Lily

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1040 Kensington Castle Pflugerville TX 78660

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

4/12/12

Full name of contributor

☐ out-of-state PAC (ID#:

Brewer, Savannah

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1581 7 Double Eagle Dr Austin TX 78717

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/26/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Bunch 6 Contributor address; City; State; Zip Code 1307 Oxford Austin TX 78704 (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) 75	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) SOS Alliance	
Date 4/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carnes, Keith Contributor address; City; State; Zip Code 600 W. O Dell Austin TX 78752 Principal occupation / Job title (See Instructions) Manager	Amount of contribution (\$) 75 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
		Employer (See Instructions) TC Subs	
Date 4/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cole DDS, Griffin Contributor address; City; State; Zip Code 1301 W. 25th St. #402 Austin TX 78705 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Griffin Cole DDS	
Date 4/30/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Collings, Chris Contributor address; City; State; Zip Code 3204 Amber Oak Austin TX 78748 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SIMCO Electronics	
Date 4/5/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cooper, Don Contributor address; City; State; Zip Code 3007 Silverleaf Dr Austin TX 78757 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 350	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 4/15/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Corbo, Lucy		7 Amount of contribution (\$) 80	8 In-kind contribution description (if applicable) Advertising Supplies
6 Contributor address; City; State; Zip Code 34 Lovegrass Ln Austin TX 78745			(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 4/30/12	name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doyle, William		Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3431 N. Hills Dr Austin TX 78731			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate			Employer (See Instructions) CGR	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor 360 North St, Ste 2701 Austin TX 78701		Amount of contribution (\$) 350	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) President			Employer (See Instructions) Duncan Associates	
Date 5/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dun Contributor address; City; State; Zip Code 360 North St, Ste 2701 Austin TX 78701		Amount of contribution (\$) 350	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) n/a			Employer (See Instructions) n/a	
Date 4/14/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Epstein, Pat		Amount of contribution (\$) 150	In-kind contribution description (if applicable) Recording Supplies
Contributor address; City; State; Zip Code 4813 Trail Crest Austin TX 78735			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Education Liason			Employer (See Instructions) JCRC of Greater Dallas	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirement</p>				

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 4/12/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Farris, Andrew 6 Contributor address; City; State; Zip Code 13418 Wisterwood Austin TX 78729 (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Trucker		10 Employer (See Instructions) RUAN	
Date 4/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fielding, George Contributor address; City; State; Zip Code 324 Pedigree Austin TX 78748 Principal occupation / Job title (See Instructions) Self	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Self		Self Employed	
Date 4/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greene, Greg Contributor address; City; State; Zip Code 1003 Bouldin Ave Austin TX 78704 Principal occupation / Job title (See Instructions) Massage Therapist	Amount of contribution (\$) 250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Self Employed		Self Employed	
Date 4/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greene, Linda Contributor address; City; State; Zip Code 2239 Cromwell Cir Austin TX 78741 Principal occupation / Job title (See Instructions) Agent	Amount of contribution (\$) 225 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Continental Airlines		Continental Airlines	
Date 4/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greene, Philip Contributor address; City; State; Zip Code 1003 Bouldin Ave Austin TX 78704 Principal occupation / Job title (See Instructions) Massage Therapist	Amount of contribution (\$) 215 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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

4/27/12

5 Full name of contributor

☐ out-of-state PAC (ID#:

Griffin, Katherine Travers

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1605 Poquonock Austin TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Tobin and Travers, LLC

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID#:

Grimes, Thomas

Contributor address; City; State; Zip Code

11606 Fruitwood Place Austin TX 78758

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SW Engineer

Employer (See Instructions)

High End Systems

Date

5/1/12

Full name of contributor

☐ out-of-state PAC (ID#:

Groeschel, Edward

Contributor address; City; State; Zip Code

Jeremy Rd NE #913 Albuquerque NM 87111

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

EMT

Employer (See Instructions)

Albuquerque EMS

Date

5/2/12

Full name of contributor

☐ out-of-state PAC (ID#:

Hartnett, Tommy

Contributor address; City; State; Zip Code

8404 La Tosca Dr. Austin, TX 78737

Amount of contribution (\$)

340.25

In-kind contribution description (if applicable)

Advertising Supplies

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Jiffy Lube

Date

5/2/12

Full name of contributor

☐ out-of-state PAC (ID#:

Hinshaw, Jason

Contributor address; City; State; Zip Code

9300 W. IH35, A500 Austin TX 78748

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineering Technician

Employer (See Instructions)

Applied Materials

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

4/6/12

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jordan, Greg

7 Amount of
contribution (\$)

100

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

4011 Sierra Dr Austin TX 78731

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self

Date

5/1/12

Full name of contributor

☐ out-of-state PAC (ID#:

Knapp, Linda

Contributor address; City; State; Zip Code

112 Bluff Park Cir Austin TX 78746

Amount of
contribution (\$)

250

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

4/26/12

Full name of contributor

☐ out-of-state PAC (ID#:

Lee, Kenneth

Contributor address; City; State; Zip Code

9700 Mecca Austin TX 78733

Amount of
contribution (\$)

150

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Central TX Legal Video

Date

5/15/12

Full name of contributor

☐ out-of-state PAC (ID#:

Lin, Daniel

Contributor address; City; State; Zip Code

2404 Never Bend Austin TX 78746

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Morgan Stanley

Date

4/26/12

Full name of contributor

☐ out-of-state PAC (ID#:

Lodwick, Jim

Contributor address; City; State; Zip Code

7710 Shadyrock Austin TX 78731

Amount of
contribution (\$)

250

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

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 4/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Love, Robert 5612 E. MoteAustinTX7872 6 Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)		7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable) Advertising
9 Principal occupation / Job title (See Instructions) Graduate Student			10 Employer (See Instructions) UT Austin	
Date 4/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Manzanero, Ron Contributor address; City; State; Zip Code 3456 N. Hills DrAustinTX78731 Principal occupation / Job title (See Instructions) Physician		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
			Employer (See Instructions) Self Employed	
Date 4/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martinez, Claire Contributor address; City; State; Zip Code 3005 S. LamarAustinTX78704 Principal occupation / Job title (See Instructions) Manager		Amount of contribution (\$) 200	In-kind contribution description (if applicable)
			Employer (See Instructions) GDS&M	
Date 4/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martinez, Clifford Contributor address; City; State; Zip Code 3200 S. CongressAustinTX78704 Principal occupation / Job title (See Instructions) Florist		Amount of contribution (\$) 75	In-kind contribution description (if applicable)
			Employer (See Instructions) self	
Date 4/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martinez, Michael Contributor address; City; State; Zip Code 3208 CherryWood Rd Austin TX 78722 Principal occupation / Job title (See Instructions) Florist		Amount of contribution (\$) 75	In-kind contribution description (if applicable)
			Employer (See Instructions) Self	

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 4/15/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McAfee, Melanie 6 Contributor address; City; State; Zip Code 10463 SprinkleAustinTX78754 (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Barr Mansion	
Date 4/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McQuade, Jonathan Contributor address; City; State; Zip Code 716 W. Argand StSeattleWA98119 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Financial Specialist		Employer (See Instructions) Fusion	
Date 5/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McQuade, Sydney Contributor address; City; State; Zip Code 716 W. Argand StSeattleWA98119 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 195	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Community Psychiatrist Clinic	
Date 4/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mercado, Monica Contributor address; City; State; Zip Code Austin TX 78741 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) HR Coordinator		Employer (See Instructions) UT Austin	
Date 4/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Metting, Taylor Contributor address; City; State; Zip Code 24 th Street Austin TX 78741 (If travel outside of Texas, complete Schedule T)	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/12/12

5 Full name of contributor

☐ out-of-state PAC (ID#:

Olsen, Chantelle

6 Contributor address; City; State; Zip Code

Las Vegas Nevada

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)

Student

10 Employer (See Instructions)

Date

4/12/12

Full name of contributor

☐ out-of-state PAC (ID#:

Olsen, Dylan

Contributor address; City; State; Zip Code

Las Vegas Nevada

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

4/12/12

Full name of contributor

☐ out-of-state PAC (ID#:

Olsen, Kimberlin

Contributor address; City; State; Zip Code

Las Vegas, NV

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

4/12/12

Full name of contributor

☐ out-of-state PAC (ID#:

Olsen, Kimberlin

Contributor address; City; State; Zip Code

Las Vegas, NV

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

4/12/12

Full name of contributor

☐ out-of-state PAC (ID#:

Olsen, Kimen

Contributor address; City; State; Zip Code

2615 Maria Anna Austin TX 78703

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Self

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 4/12/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Olsen, Lani 6 Contributor address; City; State; Zip Code Las Vegas, NV (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Home maker		10 Employer (See Instructions)	
Date 4/30/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Osella, Stephen Contributor address; City; State; Zip Code 7305 Waterline Rd Austin TX 78731 Principal occupation / Job title (See Instructions)	Amount of contribution (\$) 250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Software Eng		National Instruments	
Date 5/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Parsons, Carolyn Contributor address; City; State; Zip Code 3706 Graystone Austin TX 78731 Principal occupation / Job title (See Instructions)	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Parsons, Donald Contributor address; City; State; Zip Code 3706 Graystone Austin TX 78731 Principal occupation / Job title (See Instructions)	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Retired			
Date 4/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ramsey, Carol Contributor address; City; State; Zip Code 1900 Vallejo Austin 78757 Principal occupation / Job title (See Instructions)	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Self.	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renick, Karen		7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2500 Tower Dr Austin TX 78703 (If travel outside of Texas, complete Schedule T)				
9 Principal occupation / Job title (See Instructions) Architect			10 Employer (See Instructions)	
Date 5/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Sonny		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6506 Mesa Rd Austin TX 78731 (If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Real Estate			Employer (See Instructions)	
Date 4/19/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schloz, Jeneen		Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2805 Rock Terrace Dr Austin TX 78704 (If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Director			Employer (See Instructions) Peoples Pharmacy	
Date 4/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scholz, Hayden		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2805 Rock Terrace Dr Austin TX 78704 (If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Student			Employer (See Instructions)	
Date 4/8/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skowbo, James		Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15301 Mallard Green Austin TX 78728 (If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Consultant			Employer (See Instructions) Retired	

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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 5/1/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Speir, Stephen 6 Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723 (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 4/5/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sterzing, Philip Contributor address; City; State; Zip Code 1407 W 51ST STAustinTX78756 Principal occupation / Job title (See Instructions) Self	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 4/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stewart, Marissa Contributor address; City; State; Zip Code Austin TX 78704 Principal occupation / Job title (See Instructions) Student	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 4/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Su, Lisa Contributor address; City; State; Zip Code 2404 Never Bend AustinTX78746 Principal occupation / Job title (See Instructions) Engineering	Amount of contribution (\$) 350 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 4/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Swail, Bill Contributor address; City; State; Zip Code 2402 Kathy CoveAustinTX78704 Principal occupation / Job title (See Instructions) Owner	Amount of contribution (\$) 350 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)

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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

4/19/12

5 Full name of contributor

☐ out-of-state PAC (ID#:

Svail, Charles

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

AusitnTX78704

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Manager

10 Employer (See Instructions)

Peoples

Date

5/1/12

Full name of contributor

☐ out-of-state PAC (ID#:

Taylor, N

Contributor address; City; State; Zip Code

6705 Hwy 290 W, Ste 502 AustinTX78735

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

IT

Employer (See Instructions)

Home Depot

Date

4/19/12

Full name of contributor

☐ out-of-state PAC (ID#:

Tsui, Paul

Contributor address; City; State; Zip Code

11216 Matisse Trl Austin 78726

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Natural Wellness

Date

5/1/12

Full name of contributor

☐ out-of-state PAC (ID#:

Walton, Gordon

Contributor address; City; State; Zip Code

8207 Gantcrest AustinTX78749

Amount of contribution (\$)

80

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Florist

Employer (See Instructions)

Self Employed

Date

4/15/12

Full name of contributor

☐ out-of-state PAC (ID#:

Watson, Kenneth

Contributor address; City; State; Zip Code

Austin TX

Amount of contribution (\$)

60

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self

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 4/5/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wenger, Doug 6 Contributor address; City; State; Zip Code Clear Lake, Texas (If travel outside of Texas, complete Schedule T)	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) VP		10 Employer (See Instructions) Morgan Stanley	
Date 5/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Witowski, Joyce C 3201 Barton Place Cir Austin TX 78733 Principal occupation / Job title (See Instructions) Engineering Manager	Amount of contribution (\$) 250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising Supplies
Date 4/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Worsham, William Contributor address; City; State; Zip Code 1105 Norwalk Ln Austin TX 78703 Principal occupation / Job title (See Instructions) Engineer	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) LJA Engineering	
Date 4/5/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Zhu, Xiaoyang Contributor address; City; State; Zip Code 2615 Maria Anna Austin TX 78703 Principal occupation / Job title (See Instructions) Chemistry Professor	Amount of contribution (\$) 200 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising Supplies
Principal occupation / Job title (See Instructions) Chemistry Professor		Employer (See Instructions) UT Austin	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions)	Amount of contribution (\$) (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)

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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

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 travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**2** FILER NAME**3** ACCOUNT # (Ethics Commission/Filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID# _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor 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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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 4/5/12		5 Payee name American Printing			
6 Amount (\$) 1389.44		7 Payee address; City; State; Zip Code 1606 Headway Circle Austin TX 78754			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) pushcards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
PDate 4/16/12		Payee name AMPCO			
Amount (\$) 10.00		Payee address; City; State; Zip Code Austin TX			
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	
Date 3/7/12		Payee name City of Austin			
Amount (\$) 1.75		Payee address; City; State; Zip Code Austin TX			
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	
Date 4/5/12		Payee name Ambs			
Amount (\$) 212.00		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) Event Expense		Description (If travel outside of Texas, complete Schedule T) Lights	
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 Dirt Cheap Signs			
6 Amount (\$) 425.42		7 Payee address; City; State; Zip Code 7301 Bar K Ranch RdLago VistaTX78645			
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) Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/24/12		Payee name Emmis Communications			
Amount (\$) 4,575.00		Payee address; City; State; Zip Code 8309 North IH-35AustinTX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Radio	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/9/12		Payee name Guidry, Stacy			
Amount (\$) 1,250		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		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 4/23/12		Payee name Guidry, Stacy			
Amount (\$) 1,316.00		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		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 5/1/12		5 Payee name Guidry, Stacy			
6 Amount (\$) 100.00		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) Reimbursement		(f) Description (if travel outside of Texas, complete Schedule T) Printing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/25/12		Payee name Hopp, Stacey			
Amount (\$) 890		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) Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/16/12		Payee name Joe's Bakery			
Amount (\$) 8.00		Payee address; City; State; Zip Code E. 7 th Street, 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	
Date 4/23/12		Payee name Joe's Bakery			
Amount (\$) 10.00		Payee address; City; State; Zip Code E. 7 th Street, 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	

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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 4/20/12		5 Payee name Robert Love			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 5612 E. Mote, Austin TX 78721			
8 <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) IKD: Video Production	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/18/12		Payee name Move Corp, Mike Loughrey			
Amount (\$) 350.00		Payee address; City; State; Zip Code 9230 Neils Thompson, Austin TX 78758			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/3/12		Payee name NWARW			
Amount (\$) 16.00		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) Food Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/18/12		Payee name Peoples Pharmacy—Jeneen Scholz			
Amount (\$) 350.00		Payee address; City; State; Zip Code 3801 South Lamar Austin TX 78704			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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 4/18/12		5 Payee name Peoples Pharmacy—Bill Swail			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code 3801 South Lamar Austin TX 78704			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(i) Category (See categories listed at the top of this schedule) Reimbursement		(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 4/18/12		Payee name Peoples Pharmacy			
Amount (\$) 350.00		Payee address; City; State; Zip Code 3801 South Lamar Austin TX 78704			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		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 4/5/12		Payee name The Pump Project			
Amount (\$) 350.00		Payee address; City; State; Zip Code 702 Shady Lane, Austin, TX 78702			
<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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/5/12		Payee name Joe Quintero			
Amount (\$) 100		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)				
4 Date 4/20/12		5 Payee name Joe Quintero						
6 Amount (\$) 50.00		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) Contract Labor		(l) Description (If travel outside of Texas, complete Schedule T) Consulting				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 1/6/12		Payee name Joe Quintero						
Amount (\$) 50		Payee address; City; State; Zip Code Austin TX						
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 4/16/12		Payee name Snack Bar						
Amount (\$) 24.00		Payee address; City; State; Zip Code 1224 South Congress, Austin, TX 78702						
<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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 3/19/12		Payee name Witowski, Joyce						
Amount (\$) 250.00		Payee address; City; State; Zip Code 3201 Barton Place Cir Austin TX 78733						
<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) IKD: Advertising				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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 Filers)	
4 Date 3/16/12		5 Payee name Tommy Hartlett			
6 Amount (\$) 340.25		7 Payee address; City; State; Zip Code Austin, TX			
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) IKD: t-Shirts	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name N/A			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
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)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/5/12		Payee name Event Brite			
Amount (\$) 30.00		Payee address; City; State; Zip Code 651 Brannan Street San Francisco CA 94107			
<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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/1/12		Payee name Fazio			
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 3/31/12		Payee name Salinas			
Amount (\$) 350.00		Payee address; City; State; Zip Code 6804 Meadow Run, Austin, TX 78745			
<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission/Filers)

4 Date 5 Payee name

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

☐ 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 (f))

Date Payee name

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

☐ 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 (f))

Date Payee name

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

☐ 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 (f))

Date Payee name

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

☐ 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 (f))

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 Files)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 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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9 Complete ONLY 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 ONLY 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 ONLY 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 ONLY 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 I
EXPENDITURE CATEGORIES FOR BOX 8(a)

 Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

 Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

 Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

 Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: **2** FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

4 Date **5** Payee name

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

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.)

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 File #)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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)

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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 Filters)

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

EXEMPTION STATEMENT PER 2-2-26
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

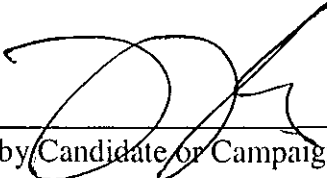
Pressley Laura Ann
(Last) (First) (Middle)

ADDRESS: 2210 White Horse Trl

DATE OF FILING: 5/4/12

STATEMENT

I/we, Laura Pressley (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of 4/3/12, 20__ through 5/3/12, 20__. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.


Signed by Candidate or Campaign Committee

8/4/12
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.