CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM: C/OH COVER SHEET RG 1

The C/OH Instruction	Guide explains how	to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages file	4
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST Laura	MI	OFFICE	USÆ Ø WLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	AUSTIN RE 012 MAY
		Pressley			STIN RE
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT/SUITE#; CITY,	STATE; ZIP CODE		TIN CITY RECEIV
MAILING ADDRESS	2210 White Ho	orse Trail Aust	in, TX 78757	Date Hand-delivered o	Postmiliked III C
change of address				Receipt #	Almodat R
5 CANDIDATE! OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	
PHONE	(512)	762-3825			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	^{FIRST} Suzanne	. БДІ	Date imaged	
	NICKNAME	LAST	SUFFIX		
		Corbo			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO P	PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
ADDRESS (residence or business)	34 Love	grass Lane	Austin TX	78745	
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 791-9994	EXTENSION		
9 REPORT TYPE	January 15	30th day before election	Runoif	15th day after treasurer appoi	
	July 15	8th day before election	Exceeded \$500 limit	Final report (Atta	ich CX®H-研究)
10 PERIOD COVERED	Month Day /4/3/12/	Year	Month Day 5/2/12	Year	
11 ELECTION	Month ELECTION DATE Day	Year ELECTION TYPE Printary	Founds] General	:Gpecial
12 OFFICE	OFFICE HELD (if any)	•	13 OFFICE SOUGHT (# known)	
			City Council	Place 2	
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	a IOIAL			
14 C/OH NAME		1	5 ACCOUNT	# (Ethicas Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	DIDATE'S OR OF	FICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME Detter Austin Today PAC Beffer Austin Today, 1	PAC	
	GENERAL	COMMITTEE ADDRESS 3203 Cupid, Austin, TX 78735		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		Sandy McMillan committee campaign treasurer address		;
		P.U. BOX 140944, AUSUII, T.A. 70714		ý de V k
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,525.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,220.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$	0
	4. TOTAL I	POLITICAL EXPENDITURES	\$	13,,167.86
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	Y \$	1,0052.39
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$	500.00
MY COI	RGRETT FRANKLIN MMISSION EXPIRES tober 17, 2014	i swear, or affirm, under penalty of points and correct and includes all in the includes all inc	Romation req	uired to be reported by
AFFIX NOTARY STAMP / Sworn to and subscr	ibed before me	by the said Lawa Ressley to certify which, witness my	hand and	, thiis ithe seal of office.
Am Ways		And Margreft Franklin A Printed name of officer administering cath	Votacy	er admimistating watth

SCHEDULE A

		<u> </u>	·	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	-	***	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
4/15/12	Baines, Dr. Harnek		contribution (\$) \$200	description (if applicable)
	6 Contributor address; City; State; Zip.Code			
	5104 Avispa WayAustinTX78738	(If t	ravel outside of Texas, cor	plete Schedule T)
9 Principal occup President	oation / Job_title_(See Instructions)	10 Employer (See I A	nstruction ustin Gurdwara	Sahib
Date	Full_name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
4/15/12	Baines, Dr. Harnek		contribution (\$)	description (if applicable)
4/15/12	Contributor address; City; State; Zip Code		200	-
	5104 Avispa Way Austin TX 78731	if Employer (Seins	Texas, complete Screettructions)	dule T)
Principal occupation	on / Job title (See Instructions)			
President	REAL PROPERTY.	Α	ustin Gurdwara	Sahih
Date	Full name of contributor Out-of-state PAC (ID#_	······································	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/27/12	Ballard, Scott Contributor address; City; State; Zip Code		200	
, , , , , , , , , , , , , , , , , , , ,	3311 SW HK Dodgen Loop Temple TX 76502		(If travel outside	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
VA Disabled			Retired	
Date	Full name of contributor Out-of-state PAC (ID):		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/26/12	Beam, Jim Contributor address; City; State; Zip Code	-	300	
	2015 Ploverville AustinTX78728			
			(If travel outside o	of Texas, complete Schedule T)
COO Principal occup	pation / Job title (See Instructions)	Employer (See In Move Corp		i i
Date	Full_name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
4/7/12	Better Austin Today PAC,		contribution (\$)	description (if applicable)
7///**	Contributor address; City; State; Zip Code	1	350	
	3203 CupidAustinTX78735			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup Political Action	ation / Job tille (See Instructions) Committee	Employer (See II	nstructions)	PAC

P.O. Box 12070

SCHEDULE A

The	The Instruction Guide explains how to complete this form.		1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4/16/12	Bovik, Erick		100		
	6 Contributor address; City; State; Zip Code	•			
	10105 LindshireAustinTX78748	(If t	avel outside of Texas, con	plete Schedule T)	
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See Bovik & Meredit	· · · · · · · · · · · · · · · · · · ·		
Date	Full_name of contributor)	Amountas	In kind centribution	
Date	Brewer, Jimmy		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/12/12	Contributor address; City; State; Zip Code		100		
	1040 Kensington CastlePflugervilleTX7	78660 _{if}	Texas, complete Schel	 dule T)	
Principal occupat	lion / Job title (See Instructions)	Employer (Seins			
Technician		Freesca	le		
Date	Fulf name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/12/12	Brewer, Katie		100	ļ	
i.	Contributor address; City; State; Zip Code	/70660			
	1040 Kensington CastlePflugervilleTX	(70 0 00	(If travel outside	of Texas, complete Schedule T)	
Principal occupa Homemaker	ation / Job title (See Instructions)	Employer (See I	Instructions)		
Date	Full_name of contributor out-of-state PAC(ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/12/12	Brewer, Lily		100	 	
	Contributor address; City; State; Zip Code	20		 	
	1040 Kensington CastlePflugervilleTX7866	50	: :	! 	
Principal occur	pation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)	
Student	,				
Date	Full name of contributor		Amount of	In-kind contribution	
4/12/12	Brewer, Savannah		contribution (\$)	description (if applicable)	
1, 12, 12	Contributor address; City; State; Zip Code		100		
	1581 7 Double Eagle Dr Austin TX 787	17			
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup Student	pation / Job title (See Instructions)	Employer (See I	nstructions)		
				Water Committee	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/26/12	Bill Bunch	-	75	
	6 Contributor address; City; State; Zip Code			
	1307 OxfordAustinTX78704	(If travel outside	of Texas, complete Sched	lie T)
9 Principal occur Attorney	pation / Job title (See Instructions)	10 Employer (See I SOS Alliance	instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/27/12	Carnes, Keith		75	
	Contributor address; City; State; Zip Code 600 W. O DellAustinTX78752			
Principal occupat	ion / Job title (See Instructions)	र्ग	Texas, complete Sched	₿ule T)
, ,	ion 7 300 tille (See Mandonolls)	Employer (Seins		
Manager			C Subs	1 0 1200
Date	Full_name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
4/10/12	Cole DDS, Griffin		contribution (\$)	description (if applicable)
4/10/12	Contributor address; City; State; Zip Code		150	f [
j	1301 W. 25th St. #402AustinTX78705			
Principal occups	ation / Joh title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)
Dentist Decupa	ation / Job tille (See Instructions)	Employer (See I Griffin Cole.	DDS	
Date	Full_name of contributor Uut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30/12	Collings, Chris		100	
	Contributor address; City; State; Zip Code		100	
	3204 Amber OakAustinTX78748			
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)
Sales		Employer (See II SIMC	O Electrónics	
Date	Full_name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/5/12	Cooper, Don		350	
	Contributor address; City; State; Zip Code			
	3007 Silverleaf DrAustinTX78757		,	
Principal occurs	ation / Job title (See Instructions)	Employer (See I	(If travel outside o	of-Texas, complete Schedule-T)
Engineer	anon, soo me (eco mandonona)	Employer (See Jr S	elf Employed	

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/15/12	Corbo, Lucy		80	Advertising
	6 Contributor address; City; State; Zip Code			Supplies
	34 Lovegrass LnAustinTX78745	(If	travel outside of Texas, con	nplete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Doyle, William		contribution (\$)	description (if applicable)
4/30/12	Contributor address; City; State; Zip Code		150	
	3431 N. Hills DrAustinTX78731	.,	Texas, complete Sche	huta T\
Principal occupat	ion / Job little (See Instructions)	Employer (Sein	· '	pute 1)
Real Estate	,	CGR		
	· 1 game of contributor Out-of-state PAC (ID#:_)		
Date	் ' name of contributor பி out-ot-state PAC (ப#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Cc multur . Zip Code		350	<u> </u>
	360 North St,∠/01AustinTX7870	1		
			(If travel outside	of Toxas, complete Schedule T)
Principal occupa President	ation / Job title (See Instructions)	Employer (See Duncan Associa	Instructions)	
D.	Full_name ofitor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	Dun		contribution (\$)	description (if applicable)
5/ ₄ , 12 	1 65 Unaddi in Code		350	
	.60 North St, Ste 2701AustinTX78701			
			(If travel outside d	of Texas, complete Schedule T)
Principal occup n/a	ation / Job title (See Instructions)	n/a Employer (See	instructions)	
Date	Full_name of contributor out-of-state PAC{ID#:_		Amount of	In-kind contribution
4/14/12	Epstein, Pat		contribution (\$)	description (if applicable)
1,21,22	Contributor address; City; State; Zip Code		150	Recording Supplies
	4813 Trail Crest AustinTX78735			
Principal occup Education Liaso	ation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	NE THIS SCHEDI II E	AS NEEDED	
If o	contributor is out-of-state PAC, please see inst			requirement

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/12/12	Farris, Andrew		100	
	6 Contributor address; City; State; Zip Code			
	13418 WisterwoodAustinTX78729	(if t	avel outside of Texas, con	 nplete Schedule T)
9 Principal occup Trucker	pation / Job title (See Instructions)	10 Employer (See I RUAN	nstructions)	
Date	Full_name of contributorout-of-state PAC (ID#:	<u> </u>	Amount of	In-kind contribution
	Fielding, George		contribution (\$)	description (if applicable)
4/15/12	Contributor address; City; State; Zip Code		100	!
	•			1
	324 PedigreeAustinTX78748		Texas, complete Sched	trule T)
Principal occupati	on / Job title (See Instructions)	Employer (Seins	tructions)	
 Se	ı If	S	elf Employed	delination and the second seco
	The state of the s			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/6/12	Greene, Greg			
4/6/12	Contributor address; City; State; Zip Code		250	!
ļ	1003 Bouldin AveAustinTX78704	•		
			(If travel outside	of Texas, complete Schedule T)
—Principal occup	ation /-Job-title (See Instructions)	Employer-(See-I	nstructions)	
Massage The		Self Employed		
Date	Full_name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Greene, Linda	:	(Φ)	description (in applicable)
4/6/12	Contributor address; City; State; Zip Code		225	
,, =, ==	2239 Cromwell CirAustinTX78741			
	2200 Oldiffwell Oll Addition NOT 41			
Principal occur	pation /-Job_title_(See Instructions)	Employer (See I	•	f Texas, complete Schedule T)
- I III Opai occop	anom-vao ine (355 menuenone)			
Agent	Qui-of-state PAC (ID#	Continental A		In-kind-contribution
Date			Amount of contribution (\$)	description (if applicable)
4/6/12	Greene, Philip		215	
	Contributor address; City; State; Zip Code		123	
	1003 Bouldin AveAustinTX78704		ĺ	
			(16 400,000 0	S Tayon annual of Color of Co. Th
Principal occur	nation / Job title (See Instructions)	Employer (See le	•	of Texas, complete Schedule T)
Massage Thera		Self Employe		
				-

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SCHEDULE A

J				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full_name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/27/12	Griffin, Katherine Travers		350	
	6 Contributor address; City; State; Zip Code		330	
	1605 PoquonockAustinTX78703	(If t	avel outside of Texas, con	nplete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full_name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
3/16/12	Grimes, Thomas		contribution (\$)	description (if applicable)
3/10/12	Contributor address; City; State; Zip Code		100	
	11606 Fruitwood PlaceAustinTX78758	, st	Texas, complete Sched	dule T)
Principal occupat	ion / Job title (See Instructions)	Employer (Seins	tructions)	, i
SW Fngineer	' !	Hiah	Fnd Svstems	
Date	Full name of contributor		Amount of	In-kind contribution
	Groeschel, Edward	•	contribution (\$)	description (if applicable)
5/1/12	Contributor address; City; State; Zip Code		300	!
	Jeremy Rd NE #913AlbuquerqueM87	111		! . [
			All bound and de	/ Town and the October 1 to The
Principal occupa	ation / Job title (See Instructions)	Emolover (See I	l '	of Texas, complete Schedule T)
EMT	}	Employer (See 1 Alburquerqi	ue EMS	
Date	Full_name of contributor out of state PAC (ID#)_		Amount of contribution (\$)	In-kind contribution
r /2/12	Hartnett, Tommy		Contribution (\$)	description (if applicable)
5/2/12	Contributor address; City; State; Zip Code		340.25	Advertising Supplies
,	8404 La Tosca Dr. Austin, TX 78737			зиррнез
:	·		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	nstructions)	7 rexas, complete ocaledule 1)
Owner	1	Jilly Lube		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution
5/2/12	Hinshaw, Jason		.,,	1 description (if applicable) =
-,-,- <u>-</u>	Contributor address; City; State; Zip Code		100	·
	9300 W. IH35, A500AustinTX78748			- [
			(If trave) outside	of Texas, complete Schedule T)
Principal occur Engineering To	pation / Jub title (See Instructions)	Employer (See 1 Applied	· `	or results complete combattle 1)
Engineering Te	ion notal)		i ivialciidis	· · · · · · · · · · · · · · · · · · ·

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/6/12	Jordan, Greg		100	į
	6 Contributor address; City; State; Zip Code			*
	4011 Sierra DrAustinTX78731	(lf t	tavel outside of Texas, cor	hplete Schedule T)
Principal occur Attorney	pation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/12	Knapp, Linda			accomplication (iii applicable)
5, 4, 55	Contributor address; City; State; Zip Code		250	
	112 Bluff Park CirAustinTX78746	of	Texas, complete Sche	j dule T)
Principal occupat	ion / Job title (See Instructions)	Employer (Seins	tructions)	
Self		Self		_
	Full name of contributor out of state PAC(ID):		r Amount of	rIn-kind-contribution
Date	Ü		contribution (\$)	
4/26/12	Lee, Kenneth Contributor address; City; State; Zip Code		150	
	9700 Mecca AustinTX78733	•		
			•	of Texas, complete Schedule T)
	ation / Job_title_(See Instructions)	Employer-(Soc-II	•	
Owner	Full name of contributor out-of-state PAC (IDs.		entral TX Legal \	/IGEO
Date			contribution (\$)	description (if applicable)
5/15/12	Lin, Daniel Contributor address; City; State; Zip Code		350	
	Contributor address, City, Citate, Ep Code			
	2404 Never Bend AustinTX78746			
	·	F	•	f Texas, complete Schedule T)
— ⊬rincipai occup	eation / Job title (See-Instructions)	——Employer (See il	nstructions)	
Engineer Pate	Full name of contributor out-ot-state PAC (ID#.	Morgan Stanley	- Amount of	In-kind contribution
Date	Lodwick, Jim		contribution (\$)	description (if applicable)
4/26/12	Contributor address; City; State; Zip Code		250	
į	7710 ShadyrockAustinTX78731			
	, , to olicaji olividoli (1710)			
Principal occur	vation / Job-title-(See-Instructions)		="	f Texas, complete Schedule T)
Investor	The state of the s	Self		
HIVESIUI		9011		

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date 4/20/12	5 Full name of contributor out-of-state PAC(ID#:		7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable) Advertising
	pation / Job title (See Instructions) ate Student	10 Employer (See UT Austin	l instructions)	
Date 4/6/12	Full name of contributor out-of-state PAC(fD#:_ Manzanero, Ron Contributor address; City; State; Zip Code 3456 N. Hills DrAustinTX78731		Amount of contribution (\$) 100 Texas, complete schedurolish	In-kind contribution description (if applicable) dule T)
Physician	ton / Job title (See Instructions)	Self Employed	1	
Date 4/16/12	Full name of contributor Out-or-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup Manager	ation / Job title (See Instructions)	Employer (See	l '	of Texas, complete Schedule T)
Date 4/6/12	Full name of contributor Martinez, Clifford Contributor address: City; State; Zip Code 3200 S. CongressAustinTX78704		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu Florist	pation / Job title (See Instructions)	Employer (See I Sel	nstructions)	of Texas, complete Schedule T)
Date 4/6/12	Full name of contributor out-of-state PAC(ID#:	2	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDIN F	AS NEFDED	

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

www.ethics.state.tx.us

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	ithics Commission Filers)
4 Date 4/15/12	5 Full name of contributorout-of-state PAC(ID#: McAfee, Melanie		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/13/12	6 Contributor address; City; State; Zip Code 10463 SprinkleAustinTX78754		200	
	(If travel outside of Texas, complete Schedule T) pation / Job title (See Instructions)	10 Employer (See	•	
Owner_			Barr Mansion	
Date	Full name of contributor out-of-state PAC(ID#:_ McQuade, Jonathan)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12/12	Contributor address; City; State; Zip Code		100	
Principal occupa	716 W. Argand StSeattleWA98119	ıf ⊨mployer (≲eins	Texas, complete Scheen	dule T)
Financial Spec	•	Fusion	T	
Date	Full_name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/12	McQuade, Sydney Contributor address; City; State; Zip Code		195	1 1
	716 W. Argand StSeattleWA98119			
Principal occupa Theranist	ation / Job title (See Instructions)	Employer (See I	(If travel outside nstructions) Community Ps	of Texas, complete Schedule T) vchiatrist Clinic
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12/12	Mercado, Monica Contributor address; City; State; Zip Code		100	
	Austin TX 78741			
Principal occur HR Corrdinator	pation / Job title (See Instructions)	Employer (See I UT Austin		of Texas, complete Schedule T)
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12/12	Metting, Taylor Contributor address; City; State; Zip Code		100	
i.	24 th Street Austin TX 78741			
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)
The state of the s	ATTACH ADDITIONAL CONTROL	F 7110 0011F311 -	AGNEERER	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date 4/12/12	 Full name of contributorout-of-state PAC(ID#: Olsen, Chantelle Contributor address; City; State; Zip Code Las Vegas Nevada 		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occur Student	eation / Job title (See Instructions)	10 Employer (See	avel outside of Texas, cor	iplete Scriedule 17
Date 4/12.12	Full name of contributor out-of-state PAG(ID#_ Olsen, Dylan Contributor address; City; State; Zip Code Las Vegas Nevada	·	Amount of contribution (\$) 100 Texas, complete screen	In-kind contribution description (if applicable) dule T)
Principal occupat Student	ion / Job title (See Instructions)	Employer (Seins	tructions)	-
- Dele ,	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
4/12/12	Olsen, Kimberlin Contributor address; City; State; Zip Code Las Vegas, NV		contribution (\$)	description (if applicable)
Principal occupa STudent	ation / Job_title_(See Instructions)	Employer (See I	i '	pf Texas, complete Schedule T)
- Date - T	Full name of contributor out of state PAC (ID#: 1		Amount of	In-kind contribution
4/12/12	Olsen, Kimberlin Contributor address; City; State; Zip Code Las Vegas, NV		contribution (\$)	description (if applicable)
Principal occur Student	nation / Job title (See Instructions)	Employer (See I	· '	f Texas, complete Schedule T)
	Olsen, Kimen Contributor address; City; State; Zip Code 2615 Maria AnnaAustinTX78703		Amount of contribution (\$)	In kind contribution description (if applicable)
Principal occup	vation / .lob_title_(See Instructions)	Fmployet (See I	· ·	of Texas, complete Schedule T)
Real Estate Broke	r	Self		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/12/12	Olsen, Lani		100	
	6 Contributor address; City; State; Zip Code			
	Las Vegas, NV (II	travel outside of Texas, comp	ete Schedule T)	
9 Principal occup Home maker	patio/ Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Dut-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30/12	Osella, Stephen Contributor address; City; State; Zip Code		250	<u>}</u>
	7305 Waterline RdAustinTX78731			
Principal occupat	ion / Job title (See Instructions)	⊨mployer (Seins	,	of Texas, complete Schedule T)
	÷			
 Software Fnd 			National Ins	
Date	Parsons, Carolyn		contribution (\$)	description (if applicable)
5/1/12	Contributor address; City; State; Zip Code		100	<u> </u>
	3706 GraystoneAustinTX78731			[
			(If travel outside	of Texas, complete Schedule T)
— Principal occupe	ation / Jeb title (See Instructions)	— Employer (See I	nstructions)	
Date 7	Full_name of contributorout-of-state PAC (ID#		Amount of	- In-kind contribution
Daio	Parsons, Donald		contribution (\$)	description (if applicable)
5/1/12	Contributor address; City; State; Zip Code		100	
	3706 GraystoneAustinTX78731			
Dringing aggre	otion / lok title (Con Leatwestings)	Employer (Coo. I		f Texas, complete Schedule T)
Retired	ation / Job title (See-Instructions)		nstructions) ——	
	-Full name of contributor OUE of State PAC (ID#		Amount of	In-kind contribution
Date	Ramsey, Carol		contribution (\$)	description (if applicable)
4/29/12	Contributor address; City; State; Zip Code		100	
	1900 Vallejo Austin 78757			!
:				of Texas, complete Schedule T)
Principal occup Project Manage	ation-/-Job-title-(See Instructions)	Employer (See-I	nstrucțions) Self.	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

P.O. Box 12070

SCHEDULE A

			-	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/22/12	Renick, Karen		100	
	6 Contributor address; City; State; Zip Code		=	
	2500 Tower DrAustinTX78703	(If travel outs	ide of Texas, complete Sch	ledule T)
9 Principal occup Aarchitec	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full_name of contributor Out-of-state PAC (ID#:_)	Amount of	In-kind contribution
5/1/12	Rhodes, Sonny		contribution (\$)	description (if applicable)
2/1/17	Contributor address; City; State; Zip Code		100	,
	6506 Mesa RdAustinTX78731		Texas, complete Sche	fule T)
Principal occupat Real Estate	tion / Job title (See Instructions)	±mployer (Seins	gtructions)	
Date	Full_name of contributor)	Amount of	In-kind contribution
4/19/12	Schloz, Jeneen		contribution (\$)	description (if applicable)
,,,	Contributor address; City; State; Zip Code		350]
	2805 Rock TerraceDrAustinTX78704			
Principal occupa Director	ation / Job title (See Instructions)	Employer (See I Peoples Ph	,	of Toxac, complete Schedule T)
Date	Full_name of contributor)	Amount of	In-kind contribution
4/18/12	Scholz, Hayden		contribution (\$)	description (if applicable)
1, 20, 22	Contributor address; City; State; Zip Code		100	1 [
:	2805 Rock TerraceDrAustinTX78704			
Principal occur Student	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)
Date	Full_name of contributor		Amount of	In-kind contribution
4/8/12	Skowbo, James		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		350	(
	15301 Mallard GreenAustinTX78728			
Principal occur	pation / Job title (See Instructions)	Employer (See I Retired		of Texas, complete Schedule T)
Consultant		Heurea		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirement

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A;
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
5/1/12	Speir, Stephen 6 Contributor address; City; State; Zip Code	100	contribution (\$)	description (if applicable)
	1225 Corona Dr. Austin, TX 78723	(If trav	el outside of Texas, comple	ete Schedule T)
9 Principal occup	ation / Job_title_(See Instructions)	10 Employer (See I	nstructions)	
Retired				
Date	Full name of contributor)	Amount of	In-kind contribution
4/5/12	Sterzing, Philip		contribution (\$)	description (if applicable)
4/5/12	Contributor address; City; State; Zip Code		100	
Principal occupat	1407 W 51ST STAustinTX78756	ıf ⊑mployer (Seins	Texas, complete Sched tructions)	lule T)
Self	, , , , , , , , , , , , , , , , , , , ,		'	-
	Cult game of appreishing out-of-state PAC (ID#:			
Date	roil Harrie or Contribution — —		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12/12	Stewart, Marissa Contributor address; City; State; Zip Code		100	
	Austin TX 78704		 	
	Addill PA 70701		/lf traval outside	of Texas, complete Schedule T)
- Principal occup	ation / Job_title_(See Instructions)	Employer (See I	,	or lexas, complete Schedule 17
Silideni				
- Date	Full name of contributor out of state PAC (ID#_1		Amount of contribution (\$)	In-kind-contribution description (if applicable)
4/15/12	Su , Lisa		350	
	Contributor address; City; State; Zip Code		330	
	2404 Never Bend AustinTX78746			
Dringing Lago	ention (Joh title (Coe Instructions)	Employer (See		f Texas, complete Schedule T)
Engineering	nation / Job title (See Instructions)	Employer (See l	AMD	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of-	In kind contribution description (if applicable)
4/18/12	Swail, Bill		350	(
	Contributor address; City; State; Zip Code			
	2402 Kathy CoveAustinTX78704	19 P	ĺ	
		<u> </u>		f Texas, complete Schedule T)
Owner Owner	ation_/_lob_title_(See_Instructions)	Peoples Peoples	nstructions)	
,	ATTACH ADDITIONAL CODIES O	F 71110 000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40 METEE	

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	Laura Pressley 5 Full name of contributor		7 Amount of	8 In-kind contribution
4/19/12	Swail, Charles		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		350	,
	AusitnTX78704 (If travel	outside of Texas, complete S	chedule T)	
9 Principal occup Manager	pation / Job title (See Instructions)	10 Employer (See	Instructions) Peoples	
Date	Full_name ofout-of-state PAC(ID#: contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/12	Tavlor, N Contributor address; City; State; Zip Code		350	
Principal occupat	6705 Hwy 290 W, Ste 502AustinTX78	735 	Texas, complete Scheen	dule T)
IT			Home Depot	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19/12	Tsui, Paul Contributor address; City; State; Zip Code		100	
	11216 Matisse Trl Austin 78726			
Principal occupa Owner	ation / Job title (See Instructions)	Employer (See I	,	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/12	Contributor address; City; State; Zip Code		80	
	8207 GantcrestAustinTX78749	<u></u>		1
Principal occup	pation / Job title (See Instructions)	Employer (See Sell	•	of Texas, complete Schedule T)
Date	Full_name of contributor Out-of-state PAC(ID#: Watson, Kenneth		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/15/12	Contributor address; City; State; Zip Code Austin TX		60	
	7100111 174		(If traval outside	of Texas, complete Schedule T)
Principal occup Selt	pation / Job_title (See Instructions)	Employer (See I Self Er	•	or revas, complete scriedule 1)
•				

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P.O. Box 12070

SCHEDULE A

		·		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	E Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/5/12	Wenger, Doug			
	6 Contributor address; City; State; Zip Code		200	
	Clear Lake, Texas	(If travel outside of Texas, cor	mplete Schedule T)	
9 Principal occu		10 Employer (See an Stanley	Instructions)	
Date	Full name of contributor out of state PAC(ID):_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/12	Witowski, Joyce		350	Advertising
	C		250	Supplies
Principal occupa	3201 Barton Place CirAustinTX78733		Texas, complete Screetructions)	dule T)
Engineering Manager		Freesca	le	-
_	Gut-oi-state PAC (ID#:			
Date	Full name of contributor Culturestata Pattiller		contribution (\$)	in-kind contribution description (if applicable)
4/15/12	Worsham, William		100	
	Communior address, Only, State, Alp Code		100	
	1105 Norwalk LnAustinTX78703			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job_title (See_Instructions)	Employer (See	1	· · · · · · · · · · · · · · · · · · ·
Engineer		LJA Engine	ering	
Dăte	Euli name of contributor Out-of-state PAC (ID#:	<u> </u>	contribution (\$)	description (if applicable)
4/5/12	Zhu, Xiaoyang		200	Advertising
	Contributor address; City; State; Zip Code		200	Supplies
	2615 Maria AnnaAustinTX78703			-
			(If travel outside	f Texas, complete Schedule T)
<u> </u>	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Chemistry Pro		UT Austin		
Date	Full name of contributor out-of-state PAC (IDs:		Amount of contribution (\$)	in-kind contribution description (if applicable)
			(47)	(, p,
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
,				
	ATTACH ADDITIONAL COPIES O	ETHIS SCHEDULE	AS NEEDED	
If	contributor is out-of-state PAC, please see inst			requirement

P.O. Box 12070

PLEC	GED CONTRIBUTIONS			SCHEDULE В
	The instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule 8:
2 FILER NA	ME .		3 ACCOUNT # (E	Ethics Commissiom(fillers)
4 TO	OTAL OF UNITEMIZED PLEDGES:	\$ \$ \$	\$ \$	\$
5 Date	6 Full name of pledgor Out-of-state PAC(IDIF:)	8 Amount of pledge (\$)	9 In-kind diesoription (if applicable)
	7 Pledgor address; City; State; Zip Code	Đ		<u> </u> -
10 Principal o	ccupation / Job title (See Instructions)	11 Employer (See I		l of Texas, complette Statheatule ॥)
10	,,		•	
Date	Full name of pledgorout-of-state PAC(ID#:)	Amount of pledge (\$)	In-kind dissorption (if applicable)
	Pledgor address; City; State; Zip Code	1		
Bringing!	occupation / Job title (See Instructions)	Employer (See I	<u>`</u>	of Texas, complette (Schedule II)
rinciparo	ecopation radio the (See matricitoria)	zimpioyer (See I	mstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgoraddress; City; State; Zip Code	•		
				of Towns manufacts Subadida 70
Principat o	Ccupation / Job title (See Instructions)	Employer (See N	1	of Texas, complete Schedule (I)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind diesorjation (if applicable)
	Pledgor address; City; State; Zip Code	•		
			(If travel outside	of Texas, complette & chedule Ti)
Principal o	ccupation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of pledgor out-of-state PAC (IDIF)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	,		
			(If travel outside o	of Texas, complette Sichedule II))
Principal od	ccupation / Job title (See Instructions)	Employer (See In	nstructions)	
	ATTACH ADDITIONAL COPIES			regulrements.

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

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.	
Total pages Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission File
Date 4/5/12	5 Payee name American Printing		
Amount (\$) 1389.44	7 Payee address; City; State; Zip Code 1606 Headway CircleAustinTX78754		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(h) Description (literal pushcards	aval nuterida of Tavas - complete Scharlufa Th
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 tra	ivel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	L Candidate / Officeholder name DH	Office sought	Office held
Date 3/7/12	Payee name City of Austin		
Amount (\$) 1.75	Payee address; City; State; Zip Code Austin TX	11 11 11 11 11 11 11 11 11 11 11 11 11	
PURPOSE OF EXPENDITURE	Category (See categories listed at the too of this schedule) Parking	Description (If tra	vel outside of Texas. complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date 4/5/12	Payee name Ambs		
Amount (\$)	Payee address; City; State; Zip Code		
212.00	3208 CherryWood Rd Austin TX 78722		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If trad	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	0011501115401155	'DED

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	• •	Loan Repayment/Reim	hursement
Accounting/Banking	Legal Services	Solicitation/Fundra		Transportation Equipme	
Consulting Expense	Food/Beverage Expense Travel In District Con			Contributions/Donation	
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officehol	der/Political Committee
Fees	Printing Expense	Office Overhead/P	lental Expense	OTHER (enter a catego	ory not listed above)
	The Instruction Guide	e explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME		******	3 ACCOUNT # /F	thics Commission Filers)
. Total pages and total and to	Laura Pressley			3 7,0000 7,11 (2	
4.5					
4 Date 3/30/12	⁵ Payee name Dirt Cheap Sign	ıs			
(0)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7: C-1-			
6 Amount (\$)	1 1	ate; Zip Code			
425.42	7301 Bar K Ranch RdLago Vi	Sta 1 X / 0045			!
	1		I		
8 PURPOSE	(c) Category (See categories listed at the t	top of this schedule)	1	(If traval nuteirla of Tayae or	nmolete Schodule T)
OF EXPENDITURE	Printing		Signs		
	<u> </u>		l		
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	ıt	Office held
expenditure to benefit C/C	DH				
Data	Payee name				
Date 4/24/12	Payee name Emmis Commi	unications			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
4 575 00	8309 North IH-35AustinT	v			
4,575.00	6309 North In-35Austill A	^			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
EXPENDITURE			Radio		
	Advertising	r	Raulu		
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/C					
Date 4/9/12	Payee name Guidry, Stacy				
4/5/12	duldry, Stacy				
Amount (ft)	Payee address; City; Sta	ate; Zip Code			
Amount (\$)	rayee address, City, Sta	ite, zip Code			
1,250	Austin TX				
	[
			r		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	molete Schedule T)
EXPENDITURE	Contract Labor				
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/C	ЭН				
Date 4/23/12	Payee name Guidry, Stacy				
1,20,12	Laurary, Clary				į
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
• ,	,				
1,316.00	Austin TX				I
DUDDOOF CE	Category (See extensive listed at the te-	of this schodules	Docoriotico	// Irausi autoida of Taura	motete Schodula T\
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	or ans screaule)	Description	(If travel outside of Texas, co	impiete acrieogie r)
EVI FUDITOUF	Contract Labor				
	On a distant / Office leaders are		066		Office held
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ι	Office held
expenditure to benefit C/	О П				·····
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) morials Expense Salaries/Wages/Contract Labor

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense
Polling Expense
Printing 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} 5/1/12	5 Payee name Guidry, Stacy		
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code Austin TX		
8 PURPOSE OF	(e) Category (See categories listed at the top of this schedule) Reimbursement	(f) Description (Here	aval outside of Tayos, complete Schodule T1
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
Date 4/25/12	Payee name Hopp, Stacey		
Amount (\$)	Payee address; City; State; Zip Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
890	Austin TX		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (#tra	avel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Design	
Complete ONLY if direct expenditure to benefit C/C	L Candidate / Officeholder name DH	Office sought	Office held
Date 4/16/12	Payee name Joe's Bakery		
Amount (\$)	Payee address; City; State; Zip Code		
8.00	E. 7 th Street, Austin, TX		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)
EXPENDITURE	Food		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 4/23/12	Payee name Joe's Bakery		
Amount (\$)	Payee address; City; State; Zip Code	<u></u>	AND THE PERSON OF THE PERSON O
10.00	E. 7 th Street, Austin, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If tra-	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Function Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	s/Contract Labor L draising Expense T ct C District td/Rental Expense C	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
· · · · · · · · · · · · · · · · · · ·	Laura Pressley		
^{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 PURPOSE	(g) Category (See categories listed at the top of this schedule)	(h) Description	(If travel nutelide of Tayas, complete Schedule T)
OF EXPENDITURE	Marketing	IKD: Video P	Production
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 4/18/12	Payee name Move Corp, Mike Loughrey		
Amount (\$)	Payee address; City; State; Zip Code		
350.00	9230 Neils Thompson, Austin TX 78758	8	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Reimbursement		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	L Candidate / Officeholder name DH	Office sought	Office held
Date 4/3/12	Payee name NWARW		
Amount (\$)	Payee address; City; State; Zip Code		
16.00	Austin TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description ()	If travel outside of Texas, complete Schedule T)
EAPENDITORL	Food Expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date 4/18/12	Payee name Peoples Pharmacy—Jeneen	Scholz	The second state of the se
Amount (\$)	Payee address; City; State; Zip Code		
350.00	3801 South Lamar Austin TX 78704		
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/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED

P.O. Box 12070

	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 The Instruction Guide	Safarles/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F explains how to	tising Expense trict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) erm.
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/18/12	5 Payee name Peoples Pharm	acy—Bill Swail		A STATE OF THE STA
6 Amount (\$) 350.00	7 Payee address; City; Sta 3801 South Lamar Austin TX 787	ite; Zip Code 04		
8 PURPOSE OF EXPENDITURE	(i) Category (See categories listed at the t Reimbursement	op of this schedule)	(i) Description	of the travel outside of Tayes complete Schedule TV
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt Office held
Date 4/18/12	Payee name Peoples Pharm	nacy		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
350.00	3801 South Lamar Austin TX	78704		
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Reimbursement			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH .		Office sough	nt Office held
Date 4/5/12	Payee name The Pump Proje	ect		
Amount (\$)	Payee address; City; Sta	te; Zip Code		
350.00	702 Shady Lane, Austin, T	X 78702		
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/O	Candidate / Officeholder name H		Office sough	t Office held
Date 4/5/12	Payee name Joe Quintero			484
Amount (\$)	Payee address; City; Sta	te; Zip Code		444
100	Austin TX			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Contract Labor		Consultin	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS	NEEDED

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wag Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Or	es/Contract Labor Loan Repayment/Reimburse undraising Expense Transportation Equipment & Contributions/Donations Made	Related Expense de By olitical Committee		
	The Instruction Guide explains how	w to complete this form.	i		
1 Total pages Schedule F:	2 FILER NAME Laura Pressiey	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 PURPOSE OF EXPENDITURE	(k) Category (See categories listed at the top of this schedule Contract Labor	(I) Description (H traval outside of Taxas complain Consulting	a Schadida T\		
Cg Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Off	ice held		
Date 1/6/12	Payee name Joe Quintero				
Amount (\$)	Payee address; City; State; Zip Code	9			
50	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/C	Candidate / Officeholder name	Office sought Off	ice held		
Date 4/16/12	Payee name Snack Bar				
Amount (\$)	Payee address; City; State; Zip Code				
24.00	1224 South Congress, Austin, TX 787	702			
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/C	Candidate / Officeholder name DH	Office sought Off	ice held		
Date 3/19/12	Payee name Witowski, Joyce		-		
Amount (\$)	Payee address; City; State; Zip Code	}			
250.00	3201 Barton Place CirAustinTX7873	3			
PURPOSECE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete	Schedule T\		
PURPOSE OF EXPENDITURE	Advertising	IKD: Advertising			
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought Off	ce held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

POLITICAL	EXPENDITURES				SCHEDULE F
	EXPENDITURE	CATEGORIES	EOD BOY 8/a	\	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/I	ontract Labor alsing Expense strict Rental Expense	Loan Repayment/Re Transportation Equip Contributions/Donat Candidate/Office OTHER (enter a cat	oment & Related Expense
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT	# (Ethics Commission Filers)
^{4 Date} 3/16/12	5 Payee name Tommy Hartett		<u>,</u>		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
340.25	Austin, TX				
8 PURPOSE . OF EXPENDITURE	(m) Category (See categories listed at the tr Advertising	op of this schedule)	(n) Description IKD: t-Shir	ts	complete Schedule TI
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	11	Office held
Date	Payee name				to " " " " " " " " " " " " " " " " " " "
Amount (\$)	Payee address; City; Sta	ite; 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/O	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name				VE 44-1
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T1
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code		11.	,
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/C	Candidate / Officeholder name		Office sough	ıt	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

					
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	• •	_oan Repayment/Reimb	ursement
Accounting/Banking	and the second of the second o			Transportation Equipme	
Consulting Expense	Food/Beverage Expense	Travel In District	• .	Contributions/Donations	•
Event Expense	Polling Expense	Travel Out Of Dis			er/Political Committee
Fees	Printing Expense	Office Overhead/f		OTHER (enter a catego:	y not listed above)
	The Instruction Guide	e explains how to	•	,	, ,
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (E	hics Commission Filers)
	Laura Pressley			İ	
4 Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·		
	N/A				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE	(o) Category (See categories listed at the	top of this schedule)	(n) Description	Ill travel Auteida of Taxas Inni	nnlete Schedule T)
8 PURPOSE OF	(c) caregory (cost saring most armin	,	'		
EXPENDITURE					
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	DH				
Date <u>1/5/12</u>	Payee name Event Brite				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
- 30.00 -	651 Brannan Stroet San E	rancisco CA 94	107		
	}				
_[-]			T		
L-PURPOSE OF	Category (See categories listed at the top	o of this schedule)	Description (If travel outside of Texas, con	plete Schedule T)
EXPENDITURE	-Events				
	<u> </u>				
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	OH .				
Date	Payee name Fazio				
	Fazio				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
Amount (4)	l ayee address, City, Giz	ate, Zip Code			
350.00	1904 Guadalupe St. Austir	1 TX 78705 🚅	•		
	·				
PURPOSE OF	Category (See categories listed at the too	o of this schedule)	Description (If travel outside of Texas, con	rolete Schedule T)
EXPENDITURE	Advertising				
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C			5		
Date	Payee name				
3/31/12	- Salinas				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
050.00	COOA Manada	TV 70745			
350.00	6804 Meadow Run, Austin	, IX /8/45			
DI IDROCE OF	Category (See categories listed at the top	of this schedule)	Description //	If travel outside of Texas, con	plete Schedule T)
PURPOSE OF EXPENDITURE		J. and denouncy	Description (outling of texas, coll	prote correctors ()
EAR CHUITORE	Advertising				
	L		L		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/	он				
	ATTACH ADDITIONAL C	ODIEC OF THIC	CCHEDIII E AC N	EEDED	
	ATTACH ADDITIONAL C	OFIES OF THIS	SUNEDULE AS N	CEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Politing Expense Printing Expense	CATEGORIES FOR BC Salaries/Wages/Contract Lat Solicitation/Fundratising Expe Travel In District Travel Out Of District Office Overhead/Rental Expe explains how to complete	toan Repayment/Reimbursement Transportation Equipment & Rehated Expense Contributions/Donations Made: By Candidate/Officeholder/Political(Committee ense OTHER (enter a category not listed above)	i
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Ciommission File	ecs)
4 Date	5 Payee name			
6. Acqunt: (S);	7 Payee address; City; Stat	e; Zip: Gode:		
Reimbursement from political contributions intended				
8 PURPOSE OF Expenditure	(a) Category (See categories tisted at the top-	of this schedule) (b) Des	scription (If travel outside of Texas, complete Stothedule (ரி)	
Date	Payee name			
Amount (\$)	Payee address; City; Stat	e; Zip Code	,	
Asimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) Des	scription (If travel outside of Texas, complete Schedute(f))	
Date	Payee name			
Amount (\$)	Payee address; City; Stat	e; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	f this schedule) Des	icription (If travel outside of Texas, complete Statedbuteff)	
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
Reinforment from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) Des	Cription (If travel outside of Texas, complete Stohedoleff)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDUL	LE AS NEEDED	\exists

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	GittAwards/Idemorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense to explains how to complete this		Loan Repayment/Reimbursement Transportation Equipment & Reliated/Expan Contributions/Donations Made:(By Candidate/Officeholder/Polittical/Commit OTHER (enter a category not tilisted above)	
1 Total pages Schedule H:	2 FILER NAME			,,,,,,	# (Ethics Chammissium Filens)
4 Date	5 Business name	And the second of the second o		<u>L</u>	
y Date	3 DASIMGOS MAMO				
6 Amount (\$)	7 Business address; City; Sta	tate; Zip Code		many survey of everyone to the survey of the	news among programme decreases the state of
8 PURPOSE OF Expenditure	(d) Calegory (See categories total at the to	up of this schedule)	(1) Description	n (d tavelocation of Texa	ns, comprises Scatterdules (1)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough	ht	OfficeIheld
Date	Business name				
Amount (\$)	Business address; City; Sta	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the ra	्र को विचंड अध्यानवंश्रीक)	Description	1 (Witness outside of Fexas	s, complete Schedule (T;)
Complete ONLY if direct expenditure to benefit CFO	Candidate / Officeholder name		Office sough	ht .	Office: held
Date	Business name				
Amount (\$)	Business address; City: Sta	ate; Zop Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	i, complete Scattedute (Tj.)
Complete ONLY if direct expenditure to benefit CFO	Candidate / Officeholder name		Office sough	ht	Office held
Date	Business name				
Amount (\$)	Business address; City; Stat	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas,	, complete Sciftedule(र)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	endedd en en eil ei y y y y y y y y y y y y y y y y y y	Office sought	.t	Office:thetid

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Git/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

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholden/Political Committee

OTHER (enter a category not listed above)

Fees	Printing Expense Office Overh	radificental Expense OTHER (enter a category not tissted above)
	The instruction Guide explains ho	w to complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Chammissian Filless):
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)	(4) 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 (S)	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 TH	S SCHEDULE AS NEEDED

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

schedule **K**

The	e Instruction Guide explains how to complete this form.	1 Total pages Sch	edule K:
2 FILER NAME		3 ACCOUNT# (E	thics Commission(Fillers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$5)
	6 Address of person from whom amount is received; City; State; Zip Code	B	
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		A तानकाश्याः (१५)
	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		Amaunt (\$)
	Address of person from whom amount is received; City; State; Zip Code	,	
	Purpose for which amount is received	ľ	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

P.O. Box 12070

IN-KIND CO FOR TRAVE				EXPEND	ITURE	SCHEDULE T
The Instruction Guide explains how to complete this form.) T :	
2 FULER MARKE					3 ACCOUNTS (Ellies)	Cenunission Files)
4 Name of Contributor	/ Corporation	n or Labor Organizat	ion / Pledgor / Payes)	1	territorio de la compansión de la compan
5 Contribution / Expend	diture reporte	ed on:	The state of the s	<u> </u>		
☐ Sc	Schedule A Schedule B Schedule C Schedule D Schedule F Schedule 6					
Sc	hedule H	Schedule N	Сон-пс	Сон-т	PAC-C	PACE
6 Dates of travel	7 Name	of person(s) traveling	9			
	8 Depart	ure city or name of d	eparture location			
	9 Destina	ation city or name of	destination location			
10 Means of transportal	lion	11 Purpose of tra	vel (including name (of conference, se	minar, or other event)	entre due hat Anguage communication and a second contract that are second contract to the cont
Name of Contributor /	Corporation	or Labor Organizatio	n / Pledgor / Payee			
Contribution / Expendit	ture reported	on:				
Sci	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
sc	hedul e H	Schedule N	□ сон-ис	□ сон-т	PAC-C	PACE
Dates of travel	Name of	person(s) traveling				
	Departure	city or name of depo	arture location			
	Destinatio	n city or name of de	stination location			
Means of transportation		Purpose of travel	(including name of c	conference, semir	ner, or other event)	
Name of Contributor / (Corporation	r Labor Organization	n / Pledgor / Payee			
Contribution / Expendit	ture reported	on:				
☐ Sct	edule A	Schedule B	Schedule C	Schedule I	Schedule F	Schedule G
Sct	redule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	city or name of depa	rture location		www.defe.co.co.co.co.co.co.co.co.co.co.co.co.co.	
	Destinatio	n city or name of des	tination location		· · · · · · · · · · · · · · · · · · ·	
Means of transportation	<u> </u>	Purpose of travel	(including name of o	conference, semi	nar, or other event)	
	Α	TTACH ADDITION	AL COPIES OF TH	IS SCHEDULE?	AS NEEDED	<u> </u>

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

C	DESIGNATION OF FINAL REPORT	
	The Instruction Guide explains how to complete Complete only if "Report Type" on page 1 is marked	
1 C	C/OH NAME	2 ACCOUNT # (Ethics: Commission 肝ilers)
3 S	SIGNATURE	
re	do not expect any further political contributions or political expenditures in connection with resport as a final report terminates my campaign treasurer appointment. I also understand that it make any campaign expenditures without a campaign treasurer appointment on file.	•
	Sign	nature of Candidate / Official holiter
	ILER 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	om political contributions.
	I have unexpended contributions or unexpended interest or income earned from politic not convert unexpended political contributions or unexpended interest or income earnuse. I also understand that I must file an annual report of unexpended contributions contributions or unexpended interest or income earned on political contributions to report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of Election Code,	med on political contributions to personal is and that I may not retain unexpended in order than six years after filling this final one and unexpended interest or immore
B .	ASSETS	
С	heck only one:	
[I do not retain assets purchased with political contributions or interest or other income	from political contributions
כ	1 do retain assets purchased with political contributions or interest or other income from planay not convert assets purchased with political contributions or interest or other income use. I also understand that Il must dispose of assets purchased with political contribution of Election Code, § 254.204.	e from political contributions to personal
	Walking Principles and the Control of the Control o	Signature of Candidate
	FICEHOLDER omplete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe I am also aware that I will be required to file reports of unexpended contributions if, af officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ter filing the last required report as an
	**************************************	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:
(Last) (First) (Middle)
(Last) (First) (Middle)
ADDRESS: 2210 White HorseTr
DATE OF FILING: 5 U (}
STATEMENT
I/we, Laura ressler (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 3 (18, 20 through 5 2 118, 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
874/12
Date

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