# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this form.

# FORM CIOH COVER SHEET PS 1

The C/OH Instruction	Guide explains how to com	uplete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed	21
3 CANDIDATE /	Ц =	erst Laura	MEI,	OFFICE	US E COMULY
OFFICEHOLDER NAME		THE CHILL CH		Date Received	
	NICKNAME	LAST	SUFFIX		2012
		Pressley			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SU	ITE#; CITY,	STATE, ZIP CODE		
MAILING ADDRESS	2210 White Horse Tr	ail Aust	in, TX 78757	Date Hand-delivered or	Positimeriked TY
change of address				Receipt #	
5 CANDIDATE/	AREA CODE PHONE	NUMBER	EXTENSION	Date Processed	<u> </u>
OFFICEHOLDER PHONE	(512) 762-	-3825			59
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Suzanne	MI	Date Imaged	
VEPVIOLE	MEDIAME	LAST	SLEFEX		
		Corbo			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PL	EASE); APT/SUITE#;	CITY, STATE;	ZIP CODE	
TREASURER ADDRESS (residence or business)	34 Lovegras	s Lane	Austin TX	78745	
8 CAMPAIGN TREASURER	AREA CODE PHONE I		EXTENSION		
PHONE	, , , , , , , , , , , , , , , , , , , ,	1-9994			
9 REPORT TYPE	January 15 30	Ith day before election	Runoff	15th day after of treasurer appoint (officerolder only)	aroeni Sapagn
	Judy 15 81	h day before election	Exceeded \$500	Final report (Atta	के द्वाराम-स्तर)
10 PERIOD COVERED	Notoratin Day Year		Month Day	Year.	
COVERED	5 /2 /12	THROUGH	6/30	/ 12	
11 ELECTION	ELECTION	ELECTION TYPE			
	DATE 05 / 12 / 2012	Primary	Runoff	X General	Specel
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if know	m) City Council,	Place 2
					<del></del>

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG. 2

14 C/OH NAME		15 AC	COUNT	# (Ethics Commission (Filters))		
16 NOTICE FROM POLITICAL COMMUTTEE(S)	CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HANDWEEDGE FOR					
	COMMITTEE TYPE	COMMITTEE WASE				
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages	ı	COMMITTEE CAMPAIGN TREASURER NAME	**************************************			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	510.00		
		POLITICAL CONTRIBUTIONS THAN: PLEDGES, LOANS), OR GUARANTEES OF LOANS))	\$	3,335.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	1,145.64		
	4. TOTAL	POLITICAL EXPENDITURES	\$	16,649.29		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$	1,100.00		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE BY OF THE REPORTING PERIOD	\$	4,500.00		
AFFIX NOTARY STAME  Sworn to and subs	cribed before	me under Title 15. Election Code	or Office	equired to the reported by  eholder , this the		
Signature of bfficer admi	Ply	Elinabeth Hunker Philip N	otan	Polic of Telas		

### **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 Scho	(o		
2 FILER MAME			3 account#(3	thics Conniesion Flers)		
4 Date	5 Full name of contributorout-of-state PAC (ID#	}	7 Amount of contribution (\$)	8 In-kind contribution		
5/3/2012	Barkat Ali		\$50	descripticom ((francipticamble))		
	6 Contributor address; City; State: Ap Code			<u> </u>		
	1130 Airport, Austin, TX 78702	(If t	avel outside of Texas, co	aplete Schedula:TI)		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	netouetoa			
Self Emp	•	to employer (see	Store Owne	<b>.</b>		
Date	Full name of contributor Out-of-state PAC (ID#_	)	Amount of	In-kind contribution		
	Edward An		contribution (\$)	description ((if applicable)		
5/3/12	Contributor address; City; State; Zip Code		25	ĺ		
•	2210 132nd Ave SE, Bellevue, WA 98	.005	Texas, complete sone	duto T		
	ZETO TOZNA 740 OZ, BONOVAG, 1771 OG	∟mpioyer (Sein	*	Total I		
Principal occupati	on / Job tide (See Instructions)					
Software Deve		TFK Systems	5	-		
Date	Full name of contributor Oul-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description ((if applicable)		
5/28/12	MM Anderson					
	Contributor address; City; State; Zip Code		20	ļ		
	5019 Placid Pl, Austin, TX 78731					
			(If travel outside	of Texas, complete Schedule Ti)		
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)			
Retired		Retired				
Date	FuS name of contributor Out-of-state PAC (D9_	)	Amount of contribution (\$)	In-kind contribution description ((if applicable)		
5/7/12	Derek Bishop			, , , , , , , , , , , , , , , , , , , ,		
	Contributor address; City; State; Zip Code		25			
	PO Box 1860, Ojai, CA 93024	!				
			(If travel outside o	of Texas, complete (Schedule (T))		
Principal occu Teacher	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor		Amount of	In-kind/contribution		
5/11/12	Erick Bovik		contribution (\$)	description ((if applicable)		
J# 1 1/ 12	Contributor address; City; State; Zip Code	ļ	100			
ļ	10105 Lindshire, Austin, TX 78748		ı			
;		Ì	(If transit contains of	f Texas, cocuplete Schedule 1)		
Principal occup	sation / Job tile (See Instructions)	Employer (See to	(Zorefous)	,		
Lawyer		Bovik & Mered	ith PC			
, ,	ATTACH ADDITIONAL CODIES	e tue couen de	AC MEERED			

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS ME

li contributor is cut-of-citte FAC, please see instruction guide forabilibused aspecting respiratorat

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission/Filens) Laura Pressley 4 Date 5 Full name of contributor 7 Amount of 8 In-kind contribution Out-of-state PAC (ID# contribution (\$) description: ((if applicable)) 5/13/12 Don Brown 50 6 Contributor address; City; State; Zip Code 6200 Cat Mountain Cove, Austin, TX 78731 (If travel outside of Texass, complete Schedule 9 Principal occupation / Jub title (See Instructions) 18 Employer (See Instructions) Consultant Self out-of-state PAC (ID# Date Full name of contributor In-kind contribution Amount of description ((if applicable) contribution (\$) Joe Caputo 5/12/12 50 Contributor address: City: State: Zip Code 1914 Chalk Rock Cove, Austin, TX 78735 if lexas, comprete sonedute T) Employer (Seinstructions) Principal occupation / Job title (See Instructions) Executive HCS out-of-state PAC (ID# Full name of contributor In-kind! contribution Date contribution (\$) description ((if applicable) David Carlson 5/4/12 25 Contributor address; City; State; Zip Code 2450 Wickersham, Austin, TX 78741 (Vi travel outside of Texas, complete Schedule II) Principal occupation / Job title (See Instructions) Employer (See Instructions) **CSA** United Aidines out-of-state PAC (ID# Full name of contributor **Amount of** In-kindi contribution Date contribution (\$) description ((if applicable)) Peter Craig 5/11/12 50 Contributor address; City; State; Zip Code 2106 Homedale Dr., Austin, TX 78704 (If the Contribution of the contribution is a second to the contribution in the contribution is a second to the contribution in the contribution is a second to the contribution in the contribution in the contribution is a second to the contribution in the contributi Principal occupation / July the (See histractions) Sales Manager Employer (See Instructions) Go Local Austra Out-of-state PAC (ED) Full name of contributor Amount of In-kindi contribution Date description ((if applicable)) contribution (\$) Jason Doan 5/5/12 25 Contributor address; City; State; Zip Code 625 Spring Valley, Allen, TX 75002 (If travel outside of Texas, court im Schedule (1) Principal occupation / Job tile (See Instructions) Analyst Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS SCHEDWLE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission/Hiters) 2 FILER NAME Laura Pressley 4 Date Full name of contributor 7 Amount of 8 In-kind contribution Out-of-state PAC (ID# contribution (\$), description (if applicable). 5/12/12 William Doyle 6 Contributor address; City; State; Zip Code 3431 N. Hills Dr., Ausitn, TX 78731 (I travel consider of Texas, complete Schedule II) 9 Principal occupation / Job tile (See Instructions) 10 Employer (See Instructions) **CGR** Real Estate Full name of contributor Amount of In-kind contribution contribution (\$) description ((if applicable) Arsene Dupin 5/11/12 350 Contributor address; City; State; Zp Code 7502 Mowinkle Dr. Austin, TX 78736 difexas, compete somejble T) Principal occupation / Job title (See Instructions) Employer (Seinstructions) Self Magician OUT-OF-State PAC (IDS Full name of contributor In-kindl contribution Amount of Date (2), noitudina description (if applicable) Tre Groeschel 5/3/12 300 Contributor address; City; State: Zo Code 11600 Academy Rd, NE, Alburguerque, NM (5 travel cutside of Tears, complete (Schedute TB) Principal occupation / Job tile (See Instructions) Paramedic Employer (See Instructions) Albuquerque Ambulance out-of-state PAC (ID# Date Full name of contributor Amount of In-kind contribution contribution (\$) description (@applicable) Paul Hershey 5/4/12 100 Contributor address; City; State; Zip Code PO Box 160784, Austin, TX 78716 (If travel outside of Texas, complette Sichedule Ti) Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Cull-cil-state HAL (ILM Full name of contributor Date Amount of In-kind contribution contribution (\$) ರೇಖದ್ದಾರ್ಣಿಯ (೯ ಇಗ್ರುಗಡಮೇ) Justin Hinshaw 5/3/12 100 Contributor address; City; State; Zip Code 9300 S. IH35, A500, #238, Austin, TX 78748 (If travel outside of Texas, complete Schedule 7) Principal occupation / Job tile (See Instructions) Engineering Tech Emptoyer (See Instructions)

#### POLITICAL CONTRIBUTIONS SCHEDWLE A OTHER THAN PLEDGES OR LOANS Total pages Schedule At The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission) Filers) 2 FILER NAME Laura Pressley 4 Date For name of contributor Accorto M-Acod' contribution 8 Out-of-state PAC (IDE contribution (5) description ((I applicable) 5/18/12 Stephen Hunt 100 6 Contributor address; City; State; Zip Code 1207 W. 39th St, Austin, TX 78756 (If travel outside of Texas, complete Schecibile II) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Student Date Cut-of-state PAC (ID# Foll name of contributor an kind contribution Aമായത്ത് ത് description ((if applicable) contribution (\$) Laine Jastram 5/23/12 150 Contributes address: City, State, Zo Code 5501 Balcones Dr., Austin, TX 78731 es comoree sareă Employer (Seinstructions) Principal occupation / Job title (See Instructions) Self Self out-of-state PAC (ID# Full name of contributor Amount of In-kind contribution Date contribution (\$) description: ((if applicable) Linda Knapp 5/4/12 250 Contributor address; City; State; Zip Code 112 Bluff Park Cir, Austin, TX 78746 (If travel consider of Texas, complete Statemate III) Principal occupation / Job title (See Instructions) Employer (See Instructions) OUT-OI-MAND PAIL (MAN Full name of contributor Amount of In-kind contribution Date contribution (\$) description ((if applicable) Jim Ladwick 55/1111/1122 1000 Contributor address: City; State; Zip Code 7710 Shadyrock Dr., Austin, TX 78731 (If travel outside of Texas, complete (Schedule III) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of in kind: wontribution Date description ((if applicable) contribution (\$) Ron Manzanero 5/12/12 100 Contributor address; City; State; Zip Code 3456 N. Hills Dr., Austin, TX 78731 Austin Integrative Medicine (If travel outside of Texas, complete Schembe 11) **Physican** Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission/Filers) 2 FILER NAME Laura Presslev 4 Date 5 Full name of contributor 7 Amount of 8 In-kind/contribution out-of-state PAC (ID#: description ((ff applicable)) contribution (\$) 5/3/12 **Donald Parsons** 100 6 Contributor address; City; State; Zip Code 3706 Greystone Dr. Austin, TX 78731 (II travel cutside of Texas, completes Screenide II) 9 Principal occupation / Job title (See Instructions) 10 Employer (See instructions) Retired Retired Data Full name of contributor Amount of in and contribution description ((if applicable)) contribution (\$) John Phillips 5/11/12 Contributor address; City; State; Zip Code 2104 Peach Tree, Austin, TX 78704 (If travel ourside of Texas, complete Schedule II) Employer (Seinstructions) Principal occupation / Job title (See Instructions) Technician P&C Communications \*\*\*\*\*\*\*\*\*\* mate. CHE HOME OF COMBINED contribution (\$) description ((If applicable) Michael Santori 5/11/12 150 Contributor address; City; State; Zip Code 7603 Rustling, Austin, TX 78731 (If travel outside pl Texas, complete Screditte 🖏 Principal occupation / Job & (See Instructions) Employer (See Instructions) National Instruments Engineer out-of-state PAC (ID# Amount of Date Full name of contributor In-kind montribution contribution (\$) description ((if applicable) Sydney Schoenecker 95 Contributor address; City; State; Zip Code 5/3/12 716 Argand, Seattle WA (if bavel outside of Texas, complete Schedule iii) Principal occupation / Job tile (See instructions) Employer (See Instructions) Counselor Living Social out-of-state PAC (ID#: Date Full name of contributor Amount of In-kind montribution contribution (\$) description ((if applicable) **Neil Taylor** 5/3/12 350 Contributor address: City: State: Zo Code 6705 Hwy 290W, Austin, TX 78735 (III travel outside of Texas, complette Saterible II)) Principal occupation / Job tite (See Instructions) Employer (See instructions Self Employed Self Employed

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

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEIDULE A

011121	THAT LLDGLO ON LOANS	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FOER WAME	Laura Pressley	3 ACCURINT # (Rains Commissions #2225)
4 Date	5 Fedi name of contributor Out-of-state PAC(IDF)	7 Acrount of 8 in-kind contribution contribution (5) description ((if applicable)
5/3/12	Gordon Walton	80
	6 Contributor address; City; State; Zip Code	
	8207 Ganticrest, Austin, TX 78749	(If travel outside of Texas, complete Schedule T)
9 Principal occu Manager	pation / Job title (See Instructions) 10 Employer (See Playdom LLC	Instructions)
Date	Full name of contributor Out-of-state PAC (ID#	Amount of In-kind contribution (\$), description (ff applicable)
5/3/12	Trudie Weatherford	
3#3# 12.	Contributor address; City; State; Zp Code	75
	The state of the s	Texas, complete Schedule T)
Principal occupa	ion / Job title (See Instructions) Employer (Sein	tructions)
Self Employed	Self Percent	
Date	Full name of contributor	Amount of british contribution (5) description (6 applicable)
5/12/12	Otto Wheeler	250
	Contributor address; City; State; Zip Code	
	Austin, TX	
		(If travel outside of Texas, complete Statedule Ti)
Sr. Partner	Ation / Job title (See Instructions) Employer (See   Wheeler, Fairmar	·
Date	Full name of contributorout-or-state PAC (USF)	Amount of thekind contribution
		contribution (\$) description (##applicable)
	Contributor address; City; State; Zip Code	
	;	(Uli traveli cuttaidie eli Texes, complete Schedule (II))
Principal occu	pation / Job tille (See Instructions) Employer (See	,
Date	Full name of contributor Cut-of-state PAC (IDR: )	Amount of the kind contribution (\$) description (####################################
	Contributor address; City; State; Zip Code	
		(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer (See	1
<u>.                                    </u>		

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

	PLEDGED CONTRIBUTIONS	SCHEDULE B
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule Bi.
2	FILER NAME	3 ACCOUNT # (Ethics Commission/filters)
4	TOTAL OF UNITEMIZED PLEDGES: ⇔ ⇔ ⇔ ⇔	\$ \$
5	Date 6 Full name of pledgor out-of-state PAC (ID#:	9 in-kind disamplification (if applicable)
	7 Pledgor address; City; State; Zin Code	
		(If travel outside of Texas, complete Softentiale (II)
10	Principal occupation / Job title (See Instructions)  11 Employer (See	e instructions)
	Date Full name of pledgor Out-of-state PAC (ID#:	Amount of in-kind dissorption pledge (\$) (f applicable)
	Pledgor address; City; State; Zp Code	
		(If travel outside of Texas, complete: Schedule IF)
	Principal occupation // Job title (See Instructions) Employer (See	
	Date Full name of pledgor out-of-state PAC (ID#	Amount of In-kind cteacription (if applicable)
	Pledgor address; City; State; Zip Code	
		(If travel outside of Texas, complete:StateduleT()
	Principal occupation / 10b title (See Instructions) Employer (See	nstructions)
	Date Full name of pledgor Out-of-state PRC(ID#	Amount of In-kind dissertation (if apparation)
	Pledgor address; City; State; Zip Code	
		(If travel outside at Yeses, complete Schedule T)
	Principal occupation / Job tile (See Instructions) Employer (See	: Instructions)
	Date Full name of pledgor Out-of-state PAC (IDIF	Amount of le-kind description pledge (\$) (if applicable)
ì	Pledgor address; City; State; Zip Code	
		(Iff basel ociside of Texas, complete (Schedule II)
	Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU  If contributor is out-of-state PAC, please see instruction guide for	

P.O. Box 12070

	LOANS				SCHEDWLE E
	The	Instruction Guide explains how to com	nplete this form.	1 Total pa	ages Schedule Ei:
2	FILER NAME	Laura Pressley		3 ACCOU	INT # (Ethics CommissionHitens)
4	TOTA	L OF UNITEMIZED LOANS:	* * * * * *	ಧ	\$ n/a
5	Date of loan 5/3/12	7 Name of lender	Out-of-state PAC (ID#	)	9 Loan Amount (\$) \$ 4,000
6	Is lender a financial Institution?	Laura Pressley 8 Lender address; City; State; 2210 White Horse Trail, Austin, TX	•		10 Interest reate  0%  11 Maturity dizte
	Y N				
12		on / Job title (See Instructions)	13 Employer (See Instructions) Self		TBO
	Owner, Pure Rai	•			
14	Description of Coll	N/A Bateral	15 Check if personal funds were	deposited	Cinto political account
	none	ale: II	To Official a possibility territory		HIBO POINTON COMMONTAL
16	GUARANTOR INFORMATION	17 Name of guarantor N/A			19 Amount Gi <del>carasteed (2)</del>
<u> </u>					N/A
	not applicable	18 Guarantor address; City:	State; Zīp Code		
20	Principal Occupati	on (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	out-of-state PAC (ID#		Loan Amountt(கு)
	is lender	Lender address, City; State;	Zip Code		Interest ratte
	a financial Institution?				Maturity date
	YN		<del>/</del>		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	teral	Check if personal funds were	deposited	into political account
	NONE  GUARANTOR  INFORMATION	Name of guarantor			Amount G)ध्यासगारक्यां (為)
	not applicable	Guarantor address; City;	State; Zip Code		
	Principal Occupati	on (See instructions)	Employer (See Instructions)		

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking	Gift/Awards/Memoriats Expense S. Legal Services S.	ATEGORIES FOR BOX 8(a alaries/Wages/Contract Labor olicitation/Fundraising Expense	a)  Loan Repayment/Reimbursement  Transportation Equipment & Related Expense
Consulting Expense		ravel in District	Confidence Describes Marie By Candidate/Officeholder/Political/Committee
Eveni Expense Fees		स्कर्ण Out Of Bistrict Mice Overhead/Rental Expense	OTHER (enter a category nottlisted atmoss)
	•	xplains how to complete this i	• • • • • • • • • • • • • • • • • • • •
Total pages Schedule F:	2 FILER NAME Laura Pressley	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethics:(Commission) #ile
Date 5/3/12	5 Payee name American Printing		
Amount (\$) 1389-44	7 Payee address; City; State; 1606 Headway Circle, Austin, TX		
PURPOSE	(a) Category (See categories listed at the top of	. 1,	1) (If travel nutricina né Torac mornidae Contentido T)
OF Expenditure	Advertising	Pushcard	S
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office delt
PDate 5/9/12	Payee name Anna Anami		
Amount (\$)	Payee address; City; State;	Zip Code	
<b>487</b> 10	Colurado Street, Austin, TX 78	B702	
PURPOSE OF EXPENDITURE	Category (See Categories based at the top of the Renti		(If travel consider of Texas, complete Schedule V)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	tht Office:held
Date 5/10/12	Payee name Austin Chronicle		
Amount (\$)	Payee address; City: State;	Zp Code	
579	DH-35, Austin TX	7	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Advertising		n (If travel outside of Texas complete: StathertikleTE) nentalists for Pressley Ad
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held
Date 5/10/12	Payee name Cox Statesman		
Amount (\$)	Payee address; City; State;	Zip Code	
882	S. Congress, Austin TX		
PURPOSE OF	Category (See categories listed at the top of t	his schedule) Descrintin	n (If travel outside of Texas, complete Schedule II)
EXPENDITURE	Advertising	•	entalists for Pressley Ad
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Officee ineitof

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# **POLITICAL EXPENDITURES**

# SCHEDULE F

	EXPENDITURE CATEGORIE	S FOR BOX 8(a	)	
Advertising Expense Accounting/Banking Consuming Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor raising Expense t istrict //Rental Expense	Loan Repayment/Reimbursement Transportation Engineert & Related E Combibutions/Donations Made By Candidate/Officeholder/Pulitical Co OTHER (enter a category nutrilisted at	ommitte
Total pages Schedule F:	Z FILLER NAME	•		air ar Frida
	Lama Pressing			
Date 5/4/12	5 Payee name Dirt Cheap Signs			
Аточя (\$) 974	7 Payee address; City; State: Zip Code 7301 Bar K Ranch RdLago VistaTX78645			
PURPOSE OF EXPENDITURE	(c) Category (See categories listed at the top of this schedule) Printing	(d) Description	n (1) traval releirla of Tavae complata:Qehumika	(AT
Complete COLY if direct	Candidate / Officeholder name	Office soup	Colline helb	
Date 5/20/12	Payee name Facebook			
Amount (\$)	Payee address, City, State, Zip Code			
450	Facebook.com			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising		n (litrarel outside of Texas, complete (Schedule Prising	m,
Complete ONLY if direct expenditure to benefit CA	Candidate / Officeholder name	Office soug	thi Officetheld	<u>.                                    </u>
64/112	Payer race Head flox			
Amount (\$)	Payee address; City; State; Zip Code			
151.55	Burnet Road, Austin TX			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Descriptio	n (If travel outside of Texas, complete. Schedule	ei <b>t</b> i
EXPENDITURE	Printing	Printing	•	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ght Officæltæld	
Date 5/8/112	Payee name Guidhy, Stacy			
Amount (\$)	Payee address; City; State; Zip Code		,	
1,250.00	Austin TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Descriptio	গ (If travel outside of Texas, complete:Schedule	:T)

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 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 Madie By Candidate/Officeholder/Political@mmittee Event Expense Polling Expense Travel Out Of District Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category nottlisted attowe) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics: Commission: Fibres) Laura Pressley 4 Date 5 Payee name 5/28/12 Guidry, Stacy 6 Amount (\$) 7 Payee address; City; State; Zip Code Austin TX 1,250 (e) Category (See categories listed at the top of this schedule) PURPOSE Description (Street retains of Torse on Reimbursement **Printing** EXPENDITURE Candidate / Officeholder name Office sought Office the til 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/18/12 Hopp, Stacey Amount (\$) Payee address; City; State; Zip Code 680 Austin TX PURPOSE OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, completes(RithettaleTI) **EXPENDITURE** Advertising Design Candidate / Officeholder name Office sought OfficeIndtil Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/21/12 Greater NW News Amount (\$) Payee address; City: State; Zip Code 25 Austin, TX Description (If travel outside of Texas, complete: Schedule (T) PURPOSE OF Category (See categories listed at the top of this schedule) EXPENDITURE Food Candidate / Officeholder name Office sought Office theld Complete ONLY if direct expenditure to benefit C/OH Date Payee name 5/10/12 IT Copy Amount (\$) City; State; Zip Code

Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Picting

Description (If travel outside of Texas, complete (Bichedolfe)T)

Complete CRILY if direct

expenditure to benefit C/OH

423

Candidate / Officebolder came

Martin Luther King Blvd, Austin, TX

Office scugal

Office held

# **POLITICAL EXPENDITURES**

SCHEEDWILE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	)		
Advertising Expense	Git/Awards Attemoriats Expense	Salanes/Wages/Co		Loan Repayment/Re		
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	-	pment &: Related Expense	
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donat		
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dis			holder/Prolitical Committee	
r 663	Printing Expense Office Overhead/Rental Expense OTHER (enter a category notitilisted attrove)  The Instruction Guide explains how to complete this form.					
	<u> </u>	explains now to	complete this fe	<del></del>		
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT	# (Ethics:Commission(Files))	
4 Date 4/20/12	5 Payee name Ennis Commun	ications		<u>., </u>		
Amount (\$)	7 Payee address; City; Sta	ite; Zip Code				
	IH 35, Austin, TX					
1,500						
PURPOSE	(g) Category (See categories listed at the t	op of this schedule)	(h) Description	Of transferencials of Tays	Translated Control of the Control	
OF	Advertising		Adventisin	rgg		
EXPENDITURE				_		
9 Complete <u>CNLY</u> if direct expenditure to benefit C/	Candidate / Officebolder name DH		Office song	bt	Offlice held	
<sup>Date</sup> 5/8/12	Payee name NOKOA The O	)bserver				
Amount (\$)	Payee address; City, Sta	ite; Zip Code				
630	Austin TX					
030	Austri					
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete:Schedule T)	
EXPENDITURE	Reimbursement					
	1					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht	Office Itelit	
Date 5/3/12	Payee name Office Max					
Amount (\$)	Payee address; City; Sta	te; Zıp Code				
325	Austin TX					
<b>-</b>						
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	. complete:(Batedule III)	
EXPENDITURE	Printing Supplies					
Complete ONLY If direct	Candidate / Officeholder name		Office sough	nt	Office the td	
expenditure to benefit C/C	<b>Э</b> Н					
Date	Рауее пате					
4/18/12	Payee name Pedro Ser	vices				
Amount (\$)	Payee address; City; Sta	te; Zip Code				
350.00	Austin TX 78704					
330.00	Ausun FA 70704					
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, completexSchedule(T)	
EXPENDITURE	Reimbursement					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office Ineld	
47	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED		

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Advertising Expense Salaries/Wages/Contract Labor Accessing Ranking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Ritelated Expense Consulting Expense .Food/Beverage Expense Travel In District Contributions/Donations Madre By Fred Exerce Police Exercise Toward Out Of District Cardidate Office builded Publicat Consulties Office Overbead/Rental Expense Fees Printing Expense OTHER (enter a category most fished above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FRER NAME 3 ACCOUNT + (Bloom Commission Florid) Laura Pressley 4 Date 5 Payee name 4/18/12 USPS 6 Amount (\$) 7 Payee address, City; State; Zip Code Austin TX 2,840 Category (See categories listed at the top of this schedule) Description (If traval outside of Taxas completes (Refearbles TE) PURPOSE OF Postage EXPENDITURE Candidate / Officeholder name Office sought Office the bit 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 5/24/12 Villager Amount (\$) Payee address; City; State; Zip Code 480 Austin TX 78704 PURPOSE OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete (Richertalle T) **EXPENDITURE** Advertising Candidate / Officeholder name Office sought Office health Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 5/4/12 Don Zimmerman Amount (\$) Payee address; City; State, Zip Code 600 Austin, TX 78702 PURPOSE OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete (Schedule II) **EXPENDITURE** Advertising Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Pavee address: City: State: Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, completes/Schodule T) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH 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

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimburserment

Transportation Equipment &: Related: Expense

Contributions/Donations Madie By Candidate/Officeholder/Prolitical (Committee

Fees	Printing Expense Office Overhead  The Instruction Guide explains how t	• • • • • • • • • • • • • • • • • • • •
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics: Commission /Filters
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 fished at the top of this schedule)	(1) Description (8 travel outside of Texas, complete. Schedute T)
Carte	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reinbersement from political contributions interned		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thus schedule)	Description (If travel outside of Texas, complete Statedule III)
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 SicterthileTT)
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 Scittedtille (f))
<u></u>	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

# **PAYMENT FROM POLITICAL CONTRIBUTIONS**

TO A BUSIN	NESS OF C/OH		SCHEDULE H
	FYPENDITU	RE CATEGORIES FOR BOX	9/5)
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/Reimburssement Transportation Equipment/&/Related/Expense Contributions/Donations Mtaite/By Candidate/Officeholder//Political/Committee
		ide explains how to complete thi	
Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethices Commission File
Date	5 Business name		
Amount (\$)	7 Business address; City;	State: Zip Code	
PURPOSE  OF  EXPENDITURE	(a) Category (See categories listed at the	a top of this schedule) (b) Descrip	ption (If travel outside of Texas, complete/ScheduleT)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	ne Office so	ought Officetheld
Date	Business name		
Amount (\$)	Business address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule) Descript	tion (If travel outside of Texas, complette: Schenbute IF)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam H	e Office so	ought Offfice theld
Date	Business name		
Amount (\$)	Business address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories issed at the	loop of this schedule) Descripti	tion (If travel outside of Texas, complexedSchembule(T)
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	e Office sou	ught Officethald
Date	Business name		
Amount (\$)	Business address; City; S	state: Zip Code	
PURPOSE OF EXPENDITURE	Catagory (See categories listed at the k	ာ့ of this schoolab) Descripti	ion (8 travel ordside of Texas, completer/Schedulo T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ught Office held

# **NON-POLITICAL EXPENDITURES**

Q

S CHIEDWLE I

	MADE FRO	M POLITICAL CON	ITRIBUTIONS	
		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 e explains how to complete this	Loan Repayment/Reimbursament Transportation Equipment/&/Related/Expense Contributions/Donations Matte By Candidate/Officeholder/Rolltical/Committee OTHER (enter a category/motilisted/above)
1	Total pages Schedule f:	2 FILER NAME		3 ACCOUNT # (Ethicus (Commission/Fillers)
4	Date	5 Payee name		
6	Amount (\$)	7 Payee address; City; St	ale: Zip Code	
B	PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) (b) Descripti	On (See instructions regarding typexistintermation required))
	Date	Payee name		
	Amount (\$)	Payee address; City; St	ate; Zin Gode	
	PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule) Descripti	On (See instructions regarding typerol information required!)

8 PURPOSE OF EXPENDITURE	(See categories listed at the top of this schedule)	(See instructions regarding typesothintomustion required)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zin Gode	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding typerof 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 typesoid nitermatical requirents)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories fished at the top of this schedule)	Description (See instructions regarding typesod abordeton decrared.)

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:
FILER NAM	ME	3 ACCOUNT # (Ethics Commission(Filtens)
Date	5 Name of person from whom amount is received	8 Ammunt (5)
	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	/Armountt ((\$))
	Address of person from whom amount is received; City; State; Zip (	Code
	Purpose for which amount is received	

IN-KIND CONTRIBUTION OR POLITICAL EXPEN FOR TRAVEL OUTSIDE OF TEXAS	DITURE SCHEDULE T
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 ACCOUNT # (Ethics Commission (Filers))
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Sched	ule 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 tocation	
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 Schedu	ule D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PANC-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, see	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedu	ule D Schedule F Schedule &
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 tocation	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, se	eminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to  Complete only if "Report Type" on page '	
C/OH I	NAME	2 ACCOUNT # (Ethics: (Commission) File
SIGN	ATURE	
report a	t expect any further political contributions or political expenditures in co as a final report terminates my campaign treasurer appointment. I also e any campaign expenditures without a campaign treasurer appointment	understand that I may not accept any campaigns வரிங்கி
		Signature of Candidate / Officeelmolttær
	RWHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	ck only one:	
	I donat have unexpended contributions or unexpended interest or in	cone excedition political contributions.
	I have unexpended contributions or unexpended interest or income of not convert unexpended political contributions or unexpended interest use. I also understand that I must file an annual report of unexper contributions or unexpended interest or income earned on political report. Further, I understand that I must dispose of unexpended peamed on political contributions in accordance with the requirements.	est or income earned on political contributions to personal add contributions and that I may not retain unexpended at contributions longer than six years after filling this final olitical contributions and unexpended interestor income
₿.	ASSETS	
Che	ck only one:	
	I do not retain assets purchased with political contributions or interes	st or other income from political contributionss.
	I do retain assets purchased with political contributions or interest or of I may not convert assets purchased with political contributions or interest use. It also understand that I must dispose of assets purchased with prof Election Code, § 254.204.	est or other income from political contribution estope escored
		Signature of Candidatte
	CEHOLDER	
	rolete this section only if you are an officeholder -	
	I am aware that I remain subject to filing requirements applicable to an oil am also aware that I will be required to file reports of unexpended officeholder, I retain political contributions, interest or other income from contributions or interest or other income from	contributions if, after filing the last required report as an