

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

21

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
		Laura				
		Pressley				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY,	STATE,	ZIP CODE	
	2210 White Horse Trail		Austin, TX		78757	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512)	762-3825				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
		Suzanne				
		Corbo				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY,	STATE,	ZIP CODE	
	34 Lovegrass Lane		Austin TX		78745	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512)	791-9994				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 <input type="checkbox"/> Final report (Attach C/OH-4FR)					
<input checked="" type="checkbox"/> Semi-Annual Report						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	5	2	12	6	30	12
THROUGH						
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	05 / 12 / 2012			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				City Council, Place 2		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG. 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission/Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

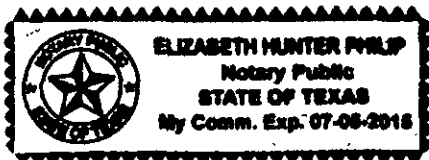
COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 510.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,335.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,145.64
4. TOTAL POLITICAL EXPENDITURES	\$ 16,649.29
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,100.00
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,500.00

EXPENDITURE
TOTALSCONTRIBUTION
BALANCEOUTSTANDING
LOAN TOTALS

18 AFFIDAVIT



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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Ann Pressley, this the 14th day of July, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Elizabeth Hunter Philip
Printed name of officer administering oath

Notary Public of Texas
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

3 ACCOUNT # (Ethics Commission File)

4 Date

5/3/2012

5 Full name of contributor

Barkat Ali

☐ out-of-state PAC (ID# _____)7 Amount of
contribution (\$)
\$508 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

1130 Airport, Austin, TX 78702

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Self Employed

10 Employer (See Instructions)

Store Owner

Date

5/3/12

Full name of contributor

Edward An

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

2210 132nd Ave SE, Bellevue, WA 98005

Amount of
contribution (\$)
25In-kind contribution
description (if applicable)(If Texas, complete Schedule T)
Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Software Developer

TFK Systems

Date

5/28/12

Full name of contributor

MM Anderson

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

5019 Placid Pl, Austin, TX 78731

Amount of
contribution (\$)
20In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

5/7/12

Full name of contributor

Derek Bishop

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

PO Box 1860, Ojai, CA 93024

Amount of
contribution (\$)
25In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

5/11/12

Full name of contributor

Erick Bovik

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

10105 Lindshire, Austin, TX 78748

Amount of
contribution (\$)
100In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Bovik & Meredith PC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Files)

4 Date

5/13/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Don Brown

7 Amount of
contribution (\$)
508 In-kind contribution
description: (if applicable)

6 Contributor address; City; State; Zip Code

6200 Cat Mountain Cove, Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Consultant

10 Employer (See Instructions)

Self

Date

5/12/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joe Caputo

Amount of
contribution (\$)
50In-kind contribution
description: (if applicable)

Contributor address; City; State; Zip Code

1914 Chalk Rock Cove, Austin, TX 78735

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

HCS

Date

5/4/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

David Carlson

Amount of
contribution (\$)
25In-kind contribution
description: (if applicable)

Contributor address; City; State; Zip Code

2450 Wickersham, Austin, TX 78741

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CSA

Employer (See Instructions)

United Airlines

Date

5/11/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Peter Craig

Amount of
contribution (\$)
50In-kind contribution
description: (if applicable)

Contributor address; City; State; Zip Code

2106 Homedale Dr., Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sales Manager

Employer (See Instructions)

Go Local Austin

Date

5/5/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jason Doan

Amount of
contribution (\$)
25In-kind contribution
description: (if applicable)

Contributor address; City; State; Zip Code

625 Spring Valley, Allen, TX 75002

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

RTLX

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

5/12/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

William Doyle

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

3431 N. Hills Dr., Austin, TX 78731

9 Principal occupation / Job title (See Instructions)

Real Estate

10 Employer (See Instructions)

CGR

Date

5/11/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Arsene Dupin

Contributor address; City; State; Zip Code

7502 Mowinkle Dr, Austin, TX 78736

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Magician

Employer (See Instructions)

Self

Date

5/3/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Tre Groeschel

Contributor address; City; State; Zip Code

11600 Academy Rd, NE, Albuquerque, NM

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Paramedic

Employer (See Instructions)

Albuquerque Ambulance

Date

5/4/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Paul Hershey

Contributor address; City; State; Zip Code

PO Box 160784, Austin, TX 78716

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/3/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Justin Hinshaw

Contributor address; City; State; Zip Code

9300 S. IH35, A500, #238, Austin, TX 78748

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineering Tech

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

5/18/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Stephen Hunt

7 Amount of
contribution (\$)
100

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

1207 W. 39th St, Austin, TX 78756

(If travel outside of Texas, complete Schedule IT)

9 Principal occupation / Job title (See Instructions)

Student

10 Employer (See Instructions)

Date

5/23/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Laine Jastram

Contributor address; City; State; Zip Code

5501 Balcones Dr., Austin, TX 78731

Amount of
contribution (\$)
150

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule IT)

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

5/4/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Linda Knapp

Contributor address; City; State; Zip Code

112 Bluff Park Cir, Austin, TX 78746

Amount of
contribution (\$)
250

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule IT)

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

5/11/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jim Lockwick

Contributor address; City; State; Zip Code

7710 Shadyrock Dr., Austin, TX 78731

Amount of
contribution (\$)
1000

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule IT)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

5/12/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ron Manzanero

Contributor address; City; State; Zip Code

3456 N. Hills Dr., Austin, TX 78731

Amount of
contribution (\$)
100

In-kind contribution
description (if applicable)

Physician

Principal occupation / Job title (See Instructions)

Austin Integrative Medicine

(If travel outside of Texas, complete Schedule IT)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/3/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Donald Parsons	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3706 Greystone Dr, Austin, TX 78731		(If travel outside of Texas, complete Schedule II)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/11/12	John Phillips Contributor address; City; State; Zip Code 2104 Peach Tree, Austin, TX 78704	75	(If travel outside of Texas, complete Schedule II)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Technician		P&C Communications	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/11/12	Michael Santori Contributor address; City; State; Zip Code 7603 Rustling, Austin, TX 78731	150	(If travel outside of Texas, complete Schedule II)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Engineer		National Instruments	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/12	Sydney Schoenecker Contributor address; City; State; Zip Code 716 Argand, Seattle WA	95	(If travel outside of Texas, complete Schedule II)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Counselor		Living Social	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/12	Neil Taylor Contributor address; City; State; Zip Code 6705 Hwy 290W, Austin, TX 78735	350	(If travel outside of Texas, complete Schedule II)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Self Employed		Self Employed	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission Files)

4 Date

5/3/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Gordon Walton

7 Amount of
contribution (\$)

80

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

8207 Gantlorest, Austin, TX 78749

9 Principal occupation / Job title (See Instructions)

Manager

10 Employer (See Instructions)

Playdom LLC

Date

5/3/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Trudie Weatherford

Contributor address; City; State; Zip Code

6705 W. Hwy 290, Austin, TX 78735

Amount of
contribution (\$)

75

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

Date

5/12/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Otto Wheeler

Contributor address; City; State; Zip Code

Austin, TX

Amount of
contribution (\$)

250

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sr. Partner

Employer (See Instructions)

Wheeler, Fairman, Kelley

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission/Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule II)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

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

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule II)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

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

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule II)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

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

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule II)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

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

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule II)

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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission File #)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ n/a

5 Date of loan
5/3/12

7 Name of lender

☐ out-of-state PAC (ID# _____)9 Loan Amount (\$)
\$ 4,0006 Is lender
a financial
institution?

Laura Pressley

8 Lender address; City; State; Zip Code
2210 White Horse Trail, Austin, TX 7875710 Interest rate
0%

11 Maturity date

Y N

12 Principal occupation / Job title (See Instructions)

Owner, Pure Rain, LLC

13 Employer (See Instructions)

TBD

Self

☐

N/A

☐

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR
INFORMATION
☐17 Name of guarantor
N/A

19 Amount Guaranteed (\$)

N/A

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

☐

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender
a financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Y N

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

Description of Collateral

none

Check if personal funds were deposited into political account

☐ GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date 5/3/12		5 Payee name American Printing			
6 Amount (\$) 1389.44		7 Payee address; City; State; Zip Code 1606 Headway Circle, Austin, TX 78754			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule G) Pushcards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/9/12		Payee name Anna Anami			
Amount (\$) 487.10		Payee address; City; State; Zip Code Colorado Street, Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Rent		Description (If travel outside of Texas, complete Schedule G) Office Space	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/10/12		Payee name Austin Chronicle			
Amount (\$) 579		Payee address; City; State; Zip Code OH-35, Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule G) Environmentalists for Pressley Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/10/12		Payee name Cox Statesman			
Amount (\$) 882		Payee address; City; State; Zip Code S. Congress, Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule G) Environmentalists for Pressley Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F:		2. FILER NAME Lana Pressley		3. ACCOUNT # (Ethics Commission/Filer)	
4. Date 5/4/12		5. Payee name Dirt Cheap Signs			
6. Amount (\$) 974		7. Payee address: City: State: Zip Code 7301 Bar K Ranch RdLago VistaTX78645			
8. PURPOSE OF EXPENDITURE		(c) Category (See categories listed at the top of this schedule) Printing		(d) Description (If travel outside of Texas, complete Schedule T) Signs	
9. Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/20/12		Payee name Facebook			
Amount (\$) 450		Payee address, City, State, Zip Code Facebook.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/4/12		Payee name FedEx			
Amount (\$) 151.55		Payee address: City: State: Zip Code Burnet Road, Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/8/12		Payee name Guidry, Stacy			
Amount (\$) 1,250.00		Payee address: City: State: Zip Code Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission/Filers)	
4 Date 5/28/12		5 Payee name Guidry, Stacy			
6 Amount (\$) 1,250		7 Payee address; City; State; Zip Code Austin TX			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(e) Category (See categories listed at the top of this schedule) Reimbursement		(f) Description (If travel outside of Texas, complete Schedule T) Printing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/18/12		Payee name Hopp, Stacey			
Amount (\$) 680		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/21/12		Payee name Greater NW News			
Amount (\$) 25		Payee address; City; State; Zip Code Austin, TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/10/12		Payee name IT Copy			
Amount (\$) 423		Payee address; City; State; Zip Code Martin Luther King Blvd, Austin, TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission/Filers)
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4 Date 4/20/12	5 Payee name Ennis Communications
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6 Amount (\$) 1,500	7 Payee address; City; State; Zip Code IH 35, Austin, TX
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8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(g) Category (See categories listed at the top of this schedule) Advertising	(h) Description (If travel outside of Texas, complete Schedule T) Advertising
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/8/12	Payee name NOKOA The Observer
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Amount (\$) 630	Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/3/12	Payee name Office Max
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Amount (\$) 325	Payee address; City; State; Zip Code Austin TX
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Supplies	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/18/12	Payee name Pedro Services
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Amount (\$) 350.00	Payee address; City; State; Zip Code Austin TX 78704
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Laura Pressley		3 ADDRESS - (Ethics Commission Email)	
4 Date 4/18/12		5 Payee name USPS			
6 Amount (\$) 2,840		7 Payee address, City, State, Zip Code Austin, TX			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(i) Category (See categories listed at the top of this schedule) Postage		(ii) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/24/12		Payee name Villager			
Amount (\$) 480		Payee address, City, State, Zip Code Austin TX 78704			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/4/12		Payee name Don Zimmerman			
Amount (\$) 600		Payee address, City, State, Zip Code Austin, TX 78702			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address, City, State, Zip Code			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date 5 Business name

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

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

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

Date Business name

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

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

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

Date Business name

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

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

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

Date Business name

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

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

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		a) Category (See categories listed at the top of this schedule)		b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount
(\$)

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

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

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

Purpose for which amount is received

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME		3 ACCOUNT # (Ethics Commission/Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule C</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule N</div><div><input type="checkbox"/> COH-UC</div><div><input type="checkbox"/> COH-T</div><div><input type="checkbox"/> PAC-C</div><div><input type="checkbox"/> PAC-IE</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule C</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule N</div><div><input type="checkbox"/> COH-UC</div><div><input type="checkbox"/> COH-T</div><div><input type="checkbox"/> PAC-C</div><div><input type="checkbox"/> PAC-IE</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule C</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule N</div><div><input type="checkbox"/> COH-UC</div><div><input type="checkbox"/> COH-T</div><div><input type="checkbox"/> PAC-C</div><div><input type="checkbox"/> PAC-IE</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

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

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder