

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: 33	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Laura	MI A	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST Pressley	SUFFIX Ph.D.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 82763 Austin, TX 78708			
	<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512) 762-3825			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Marcelo	MI	
	NICKNAME	LAST Tafoya	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2908 Overdale Road, Austin, TX 78723			
	AREA CODE	PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	(512) 698-4124			
	9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 10 / 26 / 2014		THROUGH Month Day Year 12 / 6 / 2014	
	11 ELECTION ELECTION DATE: Month / Day / Year ELECTION TYPE: 12 / 16 / 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) Austin City Council, District 4	

2014 DEC 8 PM 4 16
RECEIVED

AUSTIN CITY CLERK

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Dr. Laura Pressley, Ph.D. **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

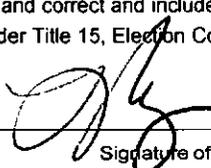
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

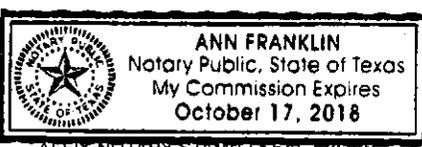
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 658.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,380.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,384.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,000.00

18 AFFIDAVIT

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

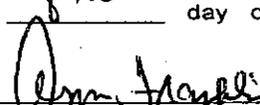
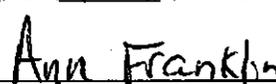
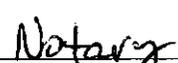

 Signature of Candidate or Officeholder



ANN FRANKLIN
Notary Public, State of Texas
My Commission Expires
October 17, 2018

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 8th day of December, 2014, to certify which, witness my hand and seal of office.




 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Aleshire 6 Contributor address; City; State; Zip Code 3605 Shady Valley Dr, Austin, TX 78739	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Riggs Aleshire & Ray PC	
Date 11/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Anderson Contributor address; City; State; Zip Code 5019 Placid Place, Austin, TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Armstrong Contributor address; City; State; Zip Code 3245 W. Main, Frisco, TX 75034	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Grass Routes	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Baccus Contributor address; City; State; Zip Code 11504 Oakwood Dr, Austin, TX 78753	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ABC Vacuum Warehouse	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Barr Contributor address; City; State; Zip Code 7706 Stoneywood Dr, Austin, TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Retired	

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: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Basciano	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1907 W. 34th, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Bauchman	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4310 Soria Way, Las Vegas, NV 89121		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Tour Guide/Senior Driver		Employer (See Instructions) Quality Tours of Las Vegas	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Belanger	Amount of contribution (\$) \$110.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 Lost Canyon, Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Robert Belanger Associates Landscape Architects	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher and Susan Belden	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4610 High Gate Drive, Austin, TX 78730		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) NXP	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Bennett	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7725 El Dorado, Austin, TX 78737		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah Blumentritt 6 Contributor address; City; State; Zip Code 11208 Applewood Dr, Austin, TX 78758	7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Bolton Contributor address; City; State; Zip Code 1739 Cricket Hollow Dr, Austin, TX 78758	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Retired	
Date 11/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Bray Contributor address; City; State; Zip Code 401 Congress Ave, Austin, TX 78767	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Graves, Dougherty, Hearon, Moody	
Date 12/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd Brinkman Contributor address; City; State; Zip Code 2501 Tydings Cove, Austin, TX 78730	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Restaurant		Employer (See Instructions) Self	
Date 11/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector Brito Contributor address; City; State; Zip Code 1705 Frontier Valley Dr. #2305, Austin, TX 78741	Amount of contribution (\$) \$10.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Security Officer		Employer (See Instructions) Security Industry Specialists	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Buckley	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2700 Bee Cave Rd #101, Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Doctor		10 Employer (See Instructions) Self	
Date 11/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Burton	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2113 Zach Scott Street, Austin, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Senior Project Manager		Employer (See Instructions) Jones Lang LaSalle	
Date 11/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Carlson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2550 Wickersham #603, Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CSA		Employer (See Instructions) United Airlines	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwin Chaplin	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5501 A Balcones Dr, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) CNX Datacom, Inc	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. and Mrs. Griffin Cole	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4708 Toreador Drive, Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Daywood 6 Contributor address; City; State; Zip Code 2501 Rock Terrace, Austin, TX 78704	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Self	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Doyle Contributor address; City; State; Zip Code 3431 N Hills Dr 218, Austin, TX 78731	Amount of contribution (\$) \$30.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Selling and Leasing Real Estate		Employer (See Instructions) Real Estate	
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Doyle Contributor address; City; State; Zip Code 3431 N Hills Dr 218, Austin, TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Selling and Leasing Real Estate		Employer (See Instructions) Real Estate	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Doyle Contributor address; City; State; Zip Code 3431 N Hills Dr 218, Austin, TX 78731	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Selling and Leasing Real Estate		Employer (See Instructions) Real Estate	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. James Duncan Contributor address; City; State; Zip Code 360 Nueces, Austin, TX 78701	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Duncan Associates	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Dunn 6 Contributor address; City; State; Zip Code 804 Macdonald Ct, Virginia Beach, VA 23464	7 Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Technical Designer		10 Employer (See Instructions) PDS Tech Service	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Eckrich Contributor address; City; State; Zip Code 1103 Maufrais, Austin, TX 78703	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy Erminger Contributor address; City; State; Zip Code 11751 D K Ranch Rd, Austin, TX 78759	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Loan Originator		Employer (See Instructions) Capstar Lending, LLC	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Escobar Contributor address; City; State; Zip Code 201 Hogg Pecan Pass, Austin, TX 78748	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) IBM	
Date 10/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Fuentes Contributor address; City; State; Zip Code Alasson Cove, Austin, TX	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Fuentes Construction	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Fuhs 6 Contributor address; City; State; Zip Code 1801 Guess Drive, Salado, TX 76571	7 Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 11/3/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aamir Ghanchi Contributor address; City; State; Zip Code 3156 Clinton Pl, Round Rock, TX 78665	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Computer Programmer		Employer (See Instructions) DRTx	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Greene Contributor address; City; State; Zip Code 9101 La Cresada #2325, Austin, TX 78749	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Digital Communcations		Employer (See Instructions) Self	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellie & Ed Greene Contributor address; City; State; Zip Code Requested	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Greene Contributor address; City; State; Zip Code 911 Stoneoak Ln, Austin, TX 78745	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Continental Airlines	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Greene 6 Contributor address; City; State; Zip Code 911 Stoneoak Ln, Austin, TX 78745	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Construction		10 Employer (See Instructions) Self	
Date 11/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Grigassy Contributor address; City; State; Zip Code 2304 Riverside Farms Rd, Austin, TX 78741	Amount of contribution (\$) \$22.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Landlord		Employer (See Instructions) Self	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Grigassy Contributor address; City; State; Zip Code 2304 Riverside Farms Rd, Austin, TX 78741	Amount of contribution (\$) \$20.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Landlord		Employer (See Instructions) Self	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hale Contributor address; City; State; Zip Code 10614 Golden Quail Dr, Austin, TX 78758	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) Tex State Comptrollers	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Hebert Contributor address; City; State; Zip Code 3267 Bee Cave, Austin, TX 78746	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Freescall Semiconductor	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H J Hewitt	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) Advertising
6 Contributor address; City; State; Zip Code 1101 Clayton Lane, Austin, TX 78723		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 11/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Hudson	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 10306 Little Pebble Dr, Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Auction.com	
Date 11/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Humphrey	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2603 Tanglewood, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
Date 11/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaun Ireland	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1006 Banister Ln, #1001, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Date 12/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Ireland	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 632558, Nacogdoches, TX 75963		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	

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OTHER THAN PLEDGES OR LOANS**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Jack	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2008 B Rabb Glen, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) Self	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Jarrett	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 312, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laine K Jastram	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5501a Balcones Dr, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David King	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1808 Kerr Street, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David King	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1808 Kerr Street, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/1/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Kleffman 6 Contributor address; City; State; Zip Code 1141 Nickols Ave, Austin, TX 78721	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Treasurer		10 Employer (See Instructions) Texans For Accountable Government	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Layton Contributor address; City; State; Zip Code 2807 Cameron Loop Trlr 16, Austin, TX 78745	Amount of contribution (\$) \$40.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen Llanes Contributor address; City; State; Zip Code 4513 Elwood Rd, Austin, TX 78722	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Community Programs Coordinator		Employer (See Instructions) Marathon Kids	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Lodwick Contributor address; City; State; Zip Code 7710 Shadyrock Drive, Austin TX 78731	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco Mancillas Contributor address; City; State; Zip Code 920 Plantation Dr, Brownsville, TX 78526	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Consultant	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire and Sergio Martinez 6 Contributor address; City; State; Zip Code 3005 South Lamar, Austin TX 78704	7 Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mel Mason Contributor address; City; State; Zip Code 4526 Highland Terrace, Austin, TX 78731	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) Self	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray McFarland Contributor address; City; State; Zip Code 707 Adler Falls, Round Rock, TX 78664	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Mezell Contributor address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eva Miller Contributor address; City; State; Zip Code 236 Rainbow Rapids Rd, Rutherfordon, NC 28139	Amount of contribution (\$) \$5.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Gentiva	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter and Amy Morales	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Requested, TX 325 Angel Oak Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Morales Construction	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Morris	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 890 Maplewood Dr, Reno, NV 89509		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Nazor	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11701 Barchetta Dr, Austin, TX 787583762		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) Austin Community College	
Date 11/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Nobbe	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3261 Fosters Branch Rd, VA 22911		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen O'Connell	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5 Limestone Trail, Wimberley, TX 78676		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Feng Shui Interior Designer		Employer (See Instructions) Self	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wm Ellis Oglesby	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8900 Feather Hills, Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Orshalick	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2710 West 49 1/2 St., Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Self	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Osman	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 906 Rock Spring Cove, Round Rock, TX 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Parkinson	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7522 Northcrest Blvd, Austin, TX 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Paulson	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19 Wagon Trail, Datil, NM 87821		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Penta	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 Hogg Pecan Pass, Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Construction		10 Employer (See Instructions) Self	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Phillips	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2104 Peach Tree St, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Phillips	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2104 Peach Tree St, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Self	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlo Pignotti	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1607 Sage Hollow Cir, Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent Pool	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3800 Creek Rd, Dripping Springs, TX 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Benezet Consulting	

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Prevratil	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11902 Buckingham, Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Network Administrator		10 Employer (See Instructions) State of Texas	
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eva Price	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1722 Pine Knoll, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Ramsey	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5500 Basswood Ln, Austin, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Venture Capitalist		Employer (See Instructions) Self	
Date 12/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karen Renick	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2500 Tower Drive, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Architecture		Employer (See Instructions) Self	
Date 11/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rae and Walter Olenick	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 E. 52nd Street, Austin, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Richards 6 Contributor address; City; State; Zip Code 6056 Superior, Brighton, MI 48116	7 Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) Retired	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Ritchie Contributor address; City; State; Zip Code 9222 Knoll Crest Loop, Austin, TX 78759	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manufacturing Engineer		Employer (See Instructions) Applied Materials	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Rodgers Contributor address; City; State; Zip Code 1112 West 9th Street, Austin, TX 78703	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Rodger & Reichle	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Rooks Contributor address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	
Date 12/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeneen Schloz Contributor address; City; State; Zip Code 2805 Rock Terrace Dr, Austin, TX 78704	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PR Director		Employer (See Instructions) Peoples Rx	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 21	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Schruben 6 Contributor address; City; State; Zip Code 2253 SH 71 W, Cedar Creek, TX 78612	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) City of Austin	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. and Dr. Joan Sefcik Contributor address; City; State; Zip Code 7502 Mowinkle Dr, Austin, TX 78736	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Joan L. Sefcik, DDS, PA	
Date 11/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. and Mrs. Jim Skaggs Contributor address; City; State; Zip Code 4700 Toreador Dr, Austin, TX 78746	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Skowbo Contributor address; City; State; Zip Code 15301 Mallard Green Ln, Austin, TX 78728	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) Self	
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Stanton Contributor address; City; State; Zip Code 5309 Turnabout, Austin, TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nic Taylor	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6705 Highway 290 West, Austin, TX 78735		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Sales		10 Employer (See Instructions) Self	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Terwey	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1701 Travis Heights, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self	
Date 12/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Thraillkill	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8504 Rosemary Lane, Austin, TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Antique Dealer		Employer (See Instructions) Self	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Walton	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1701 Bouldin Avenue, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha Walton	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1701 Bouldin Avenue, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Welp 6 Contributor address; City; State; Zip Code 7108 Barefoot Cove, Austin, TX 78730	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions) Self	
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed and Brenda Wendler Contributor address; City; State; Zip Code 4803 Balcones Dr, Austin, TX 78731	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed and Brenda Wendler Contributor address; City; State; Zip Code 4803 Balcones Dr, Austin, TX 78731	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Williams Contributor address; City; State; Zip Code 9509 North Creek, Austin, TX 78753	Amount of contribution (\$) \$70.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Williamson Contributor address; City; State; Zip Code 1606 Lightsey Rd, Austin, TX 78704	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Tour Guide		Employer (See Instructions) Austin Duck Adventures	

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2 FILER NAME
Dr. Laura Pressley, Ph.D. **3** ACCOUNT # (Ethics Commission Filers)

4 Date 12/2/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan and Mike Williamson	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 700 N. Mopac, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)
Dentist **10** Employer (See Instructions)
Self

Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill and Laurie Worsham	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1105 Norwalk Ln, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)
Engineer Employer (See Instructions)
LJA Engineering

Date 12/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NWOSU Law Firm	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1812 Centre Creek Dr., Austin, TX 78754		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) 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 Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$20,000.00
5 Date of loan 9/2/2014	7 Name of lender Laura Pressley <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 20,000.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753	10 Interest rate 0%
		11 Maturity date None
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 10		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/2014		5 Payee name Catherine Bleisch			
6 Amount (\$) \$245.00		7 Payee address; City; State; Zip Code 512 MLK #170, Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/27/2014		Payee name Rachel Boggan			
Amount (\$) \$100.00		Payee address; City; State; Zip Code Requested, Austin, TX			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/27/2014		Payee name Lynn Rooks			
Amount (\$) \$143.00		Payee address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/27/2014		Payee name Samantha Meazell			
Amount (\$) \$1,314.00		Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/2014		5 Payee name Samantha Meazell			
6 Amount (\$) \$1,392.00		7 Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/29/2014		Payee name Austin Monitor			
Amount (\$) \$36.98		Payee address; City; State; Zip Code P.O. Box 867, Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/29/2014		Payee name Emmis Communications			
Amount (\$) \$3,220.00		Payee address; City; State; Zip Code 40 Monument Cir, Indianapolis, IN 46204			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/2014		Payee name Cox Statesman			
Amount (\$) \$9.99		Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/30/2014	5 Payee name KAZI
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 8906 Wall Street, Austin, TX 78754
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/2014	Payee name Erin Schultz
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Amount (\$) \$332.00	Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin , TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/2014	Payee name Catherine Bleisch
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Amount (\$) \$484.00	Payee address; City; State; Zip Code 512 MLK #170, Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/2014	Payee name John Bush
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Amount (\$) \$678.50	Payee address; City; State; Zip Code 512 MLK #170, Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 10	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/7/2014	5 Payee name Midtown Live Café	
6 Amount (\$) \$525.00	7 Payee address; City; State; Zip Code 7408 Cameron, Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food	(b) Description (If travel outside of Texas, complete Schedule T) Volunteers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2014	Candidate / Officeholder name Hootsuite Media	
Amount (\$) \$9.99	Payee address; City; State; Zip Code Hootsuite.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Web services	Description (If travel outside of Texas, complete Schedule T) Web services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/12/2014	Candidate / Officeholder name John Bush	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 512 MLK #170, Austin, TX 78701	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/13/2014	Candidate / Officeholder name Lynn Rooks	
Amount (\$) \$195.00	Payee address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

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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: 10		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/14/2014		5 Payee name John Bush			
6 Amount (\$) \$206.25		7 Payee address; City; State; Zip Code 512 MLK #170, Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/2014		Payee name Richard Franklin			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/17/2014		Payee name Samantha Meazell			
Amount (\$) \$1,510.35		Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/2014		Payee name Brandon Vezman			
Amount (\$) \$292.50		Payee address; City; State; Zip Code 5246 Hohman, Hammond, IN 46320			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Video	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/20/2014	5 Payee name Godaddy.com
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6 Amount (\$) \$39.85	7 Payee address; City; State; Zip Code GoDaddy.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/2014	Payee name Randalls
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Amount (\$) \$54.12	Payee address; City; State; Zip Code 2727 Exposition, Austin, TX 78731
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T) Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/2014	Payee name Tsoke Adjavon
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Amount (\$) \$150.00	Payee address; City; State; Zip Code Requested
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/24/2014		5 Payee name Dirt Cheap Signs			
6 Amount (\$) \$736.10		7 Payee address; City; State; Zip Code 7301 Bar K, Lago Vista, TX 78645			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/24/2014		Payee name Thomas Reprographics			
Amount (\$) \$796.58		Payee address; City; State; Zip Code 504 E. 3rd, Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/24/2014		Payee name Bumpersticker			
Amount (\$) \$142.44		Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/25/2014		Payee name Lynn Rooks			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/29/2014		5 Payee name UpRoute Strategies			
6 Amount (\$) \$1,500.00		7 Payee address; City; State; Zip Code 2239 Cromwell, Austin, TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/1/2014		Payee name Austin Monitor			
Amount (\$) \$21.65		Payee address; City; State; Zip Code P.O. Box 867, Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/1/2014		Payee name Burger Tex			
Amount (\$) \$62.00		Payee address; City; State; Zip Code 5420 Airport Blvd, Austin, TX 78751			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T) Volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/1/2014		Payee name Statesman			
Amount (\$) \$9.99		Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/1/2014		5 Payee name TMH			
6 Amount (\$) \$2,879.05		7 Payee address; City; State; Zip Code 8606 Wall Street, Austin, TX 78754			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/1/2014		Payee name TMH			
Amount (\$) \$444.05		Payee address; City; State; Zip Code 8606 Wall Street, Austin, TX 78754			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/2/2014		Payee name Tsoke Adjavon			
Amount (\$) \$300.00		Payee address; City; State; Zip Code Requested			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/5/2014		Payee name Lynn Rooks			
Amount (\$) \$22.62		Payee address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/5/2014	5 Payee name Lynn Rooks
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Advertising
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/5/2014	Payee name John Bush
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Amount (\$) \$483.50	Payee address; City; State; Zip Code 512 MLK #170, Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/5/2014	Payee name Piryx.com
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Amount (\$) \$668.50	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED