CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to com	iplete this form.	1 ACCOUNT # (Ethics Commission		2 Total pages fi	led:	
3 CANDIDATE /	MS/MRS/MR	FIRST	м	I	OFFICE	E USE ONLY	,
OFFICEHOLDER	Mrs.	Laura	į.	4		- 002 0712	•
NAME				UFFIX	Date Received		
		LAST				~ `	
		Pressley	Р	h.D.		2015	_
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	TE#; CITY;	STATE; ZI	IP CODE	1		AUS
OFFICEHOLDER MAILING	F.Q. BOX 02703				Date Hend-delivered	<u></u>	
ADDRESS	Austin, TX 78708				Date Hand-delivered	—	RE C
change of address					Receipt #	Amount	
5 CANDIDATE/	AREA CODE PHONE	NUMBER	EXTENSION		Ī		\mathbb{R}^{7}
OFFICEHOLDER	(512) 762-3825				Date Processed	3	D C
PHONE	(012) 102 0020					ယ	— — 20
6 CAMPAIGN TREASURER	· · · · · ·	FIRST	М	1	Date Imaged	32	7
NAME	Mr. 	Marcelo					
		LAST	S	UFFIX			
†		Tafoya					
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE		city; s	TATE:	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (512) 698-4124	NUMBER	EXTENSION		- TP		
9 REPORT TYPE	January 15 🔲 3	Oth day before election	Runoff	•	15th day afte treasurer app	ointment	
·	July 15	day before election	Exceeded \$5	500	(officeholder only	() ttach C/OH - FR)	
10 PERIOD	Month Day Year		Month	Day	Year		
COVERED	12 /07 /2014	THROUĞH	12 /	<mark>/ 31</mark> /	/ 2014		
			•	ĺ			
11 ELECTION	ELECTION DATE	ELECTION TYPE					
I ELLOTION	Month Day Year	Primary	Runoff		General	Special	
	12 / 16 / 2014						
	L'.						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUG	HT (ifknown)		
	ļ				D: 4: 4:		
	N/A		Austin City (Jouncil,	District 4		
		GO TO PAG	SE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

	5 ACCOUNT # (Ethics Commission Filers)			
.D.				
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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 NAME				
COMMITTEE TYPE N/A				
GENERAL				
COMMITTEE ADDRESS				
COMMITTEE CAMPAIGN TO CACHDED NAME				
COMMITTEE CAMPAIGN TREASURER NAME				
COMMITTEE CAMPAIGN TREASURER ADDRESS				
POLITICAL CONTRIBUTIONS				
	\$ 14,880.00			
	C			
OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	ZED \$ 0.00			
POLITICAL EXPENDITURES	\$13,134.00			
	\$ 1,475.86			
	\$ 22,000.00			
	· · ·			
· · · · · · · · · · · · · · · · · · ·	perjury, that the accompanying report information required to be reported by			
	,			
as A				
Signature of Cant	idate or Officeholder			
<u>ے</u>				
1 - David				
	, this the			
rg , 20 <u>l5 ,</u> , to certify which, witness m	y hand and seal of office.			
Ana Franklin	Natara			
Printed name of officer administering oath	Title of officer administering oath			
	EG POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD INCLUDERS THE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIS SAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO COMMITTEE NAME N/A COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZE POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE POLITICAL EXPENDITURES CULTICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. OR THE LAST D. OR THE LAST D. OR THE REPORTING PERIOD I SWEAR, OR Affirm, under penalty of is true and correct and includes all is me under Title 15, Election Code. COS TO LOAD TO LOAD TO CALL OLITICAL EXPENDITURES THE POLITICAL EXPENDITURES I SWEAR, OR AFFIRM, UNDER PENALTY OF THE REPORTING PERIOD I SWEAR, OR AFFIRM, UNDER PENALTY OF THE REPORTING PERIOD I SWEAR, OR AFFIRM, UNDER PENALTY OF CARDING SIGNATURE OF CARDING PERIOD TO SERVE AND THE REPORTING PERIOD I SWEAR, OR AFFIRM, UNDER PENALTY OF CARDING PENALTY OF CARDIN			

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Press	sley, Ph.D.				
4 Date	5 Full name of contributor out-of-state PAC(ID#:_)	7 Amount of	8 In-kind contribution	
12/12/14	ALAN BARR		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code 7706 STONEYWOOD DRIVE, AUSTIN, TX		\$50.00	 	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occur ARCHITECT	pation / Job title (See Instructions)	10 Employer (See RETIRED	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution	
12/9/2014	Alio McDavis		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$350.00	 Advertising	
	11905 Snow Goose Rd, Austin, TX 78758				
			(If travel outside	of Texas, complete Schedule T)	
Principal occu Natural Health	pation / Job title (See Instructions)	Employer (See Self	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution	
	Arthur Flynn		contribution (\$)	description (if applicable)	
12/16/2014	Contributor address; City; State; Zip Code 11100 PTARMIGAN DR, Austin, TX 78758		\$350.00	Advertising	
			(If travel outside	of Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Retired	<u></u>		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
12/08/2014	\$350.00		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 3655 Glen Haven Blvd, Houston, TX, 77025		\$350.00	 	
			(If travel outside	 of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	,	
CEO		PJS of Houston, I	nc		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
12/13/14	Briana Garcia		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$350.00	<u> </u> 	
	7706 Stoneywood Dr, Austin, TX 78731		46.	Town	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Administrative /	,	Hispanic Contrac			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A: 12		
2 FILER NAME	•		3 ACCOUNT # (E	thics Commission Filers)	
Dr. Laura Press	sley, Ph.D.				
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
12/09/14	Brigit Feeney		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code 11905 Snow Goose Rd, Austin, TX 78758		\$350.00	Advertising	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) 10 Employer (See Natural Health			J	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
12/12/2014	Cary and Brittney Yarosh		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			1	
	817 windy shores loop, Spicewood, TX, 786	69	\$50.00		
				of Texas, complete Schedule T)	
Principal occur Engineer	pation / Job title (See Instructions)	Employer (See I Freescale	nstructions)		
Engineer		Treescare			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/16/2014	Cecil Thompson				
12/10/2014	Contributor address; City; State; Zip Code		\$350.00	Advertising	
	11700 Richland Road, Austin, TX 78660		ψ350.00	, laverasing	
			(if travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See	,	or rexas, complete dolleduic 1)	
Software		Self	,		
Date	Full name of contributor)	Amount of	In-kind contribution	
12/11/2014	CM Yokubaitis		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	1044 Liberty Park Dr, Austin, TX 78746		\$250.00	, 	
	, 10 ; 7 <u>2.50 ; 7 ; 2.50 ; 7 ; 2.50 ; 7 ; 7 ; 7 ; 7 ; 7 ; 7 ; 7 ; 7 ; 7 ; </u>			' 	
			(If travel outside	of Texas, complete Schedule T)	
l 🗕 📑 '	pation / Job title (See Instructions)	Employer (See I	Instructions)		
Owner		Data Foundries			
Date	Full name of contributor 📋 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/12/2014	Craig Kanewske		Contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		#000.00		
			\$200.00		
	3812 Juniper Trace, Austin, TX 78738			1	
Data di saturi)	Familia (Co. 1		of Texas, complete Schedule T)	
Owner	pation / Job title (See Instructions)	Employer (See I Venture Four	instructions)		
			_		

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SCHEDULE A

(512) 463-5800

i				
The	The Instruction Guide explains how to complete this form.			edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
12/12/14			contribution (\$)	description (if applicable)
12/12/14	Dante Monsivais			<u>'</u>
	6 Contributor address; City; State; Zip Code 8412 Saber Creek Trail, Austin, TX, 78759		\$150.00	1
			(If travel outside	i of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	-
Bldg services		ALI		
Date	Full name of contributor uut-of-state PAC (ID#_		Amount of	In-kind contribution
12/15/2014	Darren Spohn		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			,
			\$200.00	l
	9605 Corbe Drive, Austin, TX, 78726		:	<u> </u>
			(If travel outside (of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	or rocket, derripted derroller, ty
	er, Spohn & Pinballz Companies	Spohn Consulting	, Inc.	
Date	Full name of contributor uul-of-state PAC (ID#_David King		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/16/2014	Contributor address; City; State; Zip Code 509 Havana, Austin, TX 78704		\$350.00	 Advertising
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	<u> </u>	or rexas, complete concedure 1)
Retired		Retired		, ,
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
12/16/2014	David Orshalick		contribution (\$)	description (if applicable)
(2) 10/2011				'
	Contributor address; City; State; Zip Code		\$250.00	Advertising
	2910 W. 49th 1/2 Street, Austin, TX 78731			- 1
			()f travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
12/12/2014	Debra Bailey		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			I
	Salarado, Olay, Olato, Zip Gode		\$100.00	I
	8500 Andreas Cove, Austin, TX, 78759			!
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Professional Co	oncierge	Bailey Solutions		
I				

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAM	<u> </u>	•	3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pres	ssley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
12/16/14	Don and Marci Brown		contribution (\$)	description (if applicable
	6 Contributor address; City; State; Zip Code 6200 Cat Mountain Cove, Austin, TX, 78731		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ Engineer	supation / Job title (See Instructions)	10 Employer (See CHC	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
12/11/2014	Donald and Carolyn Parsons		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 3571 Farwest #58, Austin, TX 78738		\$100.00	\ -
				of Texas, complete Schedule T)
Principal occ Retired	cupation / Job title (See Instructions)	Employer (See Retired	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2014	Ed Wendler		Contribution (4) description (4 applica	
	Contributor address; City; State; Zip Code 4803 Balcones Drive, Austin, TX, 78731		\$350.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occ real estate	cupation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
12/13/2014	Emory Thompson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 6902 beauford drive, austin, TX, 78750	· · · · · · · · · · · · · · · · · · ·	\$100.00	
			(If traval outside	of Texas, complete Schedule T)
Principal occi Banker	supation / Job title (See Instructions)	Employer (See ABC Bank		or rexas, complete garledule 1)
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
12/24/2014	Erin Schultz		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$200	1
	2504 Huntwick Dr, Austin , TX 78741		4200	I
	supation / Job title (See Instructions)	Employer (See	 	of Texas, complete Schedule T)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

l				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	· · · · · · · · · · · · · · · · · · ·	7 Amount of	8 In-kind contribution
12/16/14			contribution (\$)	description (if applicable)
12,10,14	Frank Fuentes			<u>'</u>
	6 Contributor address; City; State; Zip Code		\$350.00	
	6502 Alasan Cove, Austin, TX 78730			<u> </u>
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		or reads, complete contents ty
Owner	, , , , , , , , , , , , , , , , , , ,	Fuentes Construc		
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of	In-kind contribution
12/11/2014	Gary Hanna		contribution (\$)	description (if applicable)
,				1
	Contributor address; City; State; Zip Code		\$350.00	1
	1182 Forest Bluff Trail, Austin, TX 78665			1
			(If travel outside i	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Owner		Nature's Organics	3	
Date	Full name of contributor)	Amount of	In-kind contribution
12/12/2014	Harold Sundbeck		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	9700 Halifax Dr., Austin, TX, 78753		\$50.00	
	, , , , , , , , , , , , , , , , , , , ,			
			<u> </u>	of Texas, complete Schedule T)
Principal occup Appraiser	pation / Job title (See Instructions)	Employer (See American Realty		
Date	Full name of contributor Out-of-state PAC (ID#	1	Amount of	In-kind contribution
12/16/2014	Heather Fazio		contribution (\$)	description (if applicable)
12/10/2014				I I
	Contributor address; City; State; Zip Code		\$350.00	l Advertising
	500 Wilmes, Austin, TX 78752			
İ			(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	•	or rexas, complete constant in
Marketing		Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
12/15/2014	Jim Beam		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
1	Commission addresses, Only, Oldie, Elp Odda		\$50	,
	2015 Ploverville Lane, Austin, TX, 78728			'
			(If travel outside	I of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Operating Mana	ager, Co-Owner	Move Corp, Inc.		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	7 Amount of	8 In-kind contribution
12/16/14			contribution (\$)	description (if applicable)
12,10,14	Joe Quintero			1
	6 Contributor address; City; State; Zip Code 1613 Sanchez, Austin, TX 78704		\$350.00	;
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Driver	pation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
12/11/2014	John Bush		contribution (\$)	description (if applicable)
12,7,7,20,7				!
	Contributor address; City; State; Zip Code 512 MLK #170, Austin, TX 78701		\$350.00	Advertising
			(If travel outside	of Texas, complete Schedule T)
Principal occur	l pation / Job title (See Instructions)	Employer (See	 	or rexas, complete scriedule 1)
Marketing		Self	· · · · · · · · · · · · · · · · · · ·	
Date 12/12/2014	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2014	Contributor address; City; State; Zip Code 4512 Eagle Feather Drive, Austin, TX, 7873		\$150.00	
				1
Chinainal again	notion / Joh title (Con Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
Director	pation / Job title (See Instructions)	Jordan Valley	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution description (if applicable)
12/16/2014	Joyce Basciano		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1907 W.34th, Austin, TX 78703		\$50.00	
}			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Retired		
Date	Full name of contributor out-of-state PAC (ID#_	1	Amount of	In-kind contribution
12/15/2014	Julie Williams		contribution (\$)	description (if applicable)
· - · - · · ·	Contributor address; City; State, Zip Code		\$50	<u>.</u>
	0047 40 5 4 7 70 70 70		450	l
	924 Terrace Mtn. Dr. , Austin, TX, 78746			<u>. </u>
Principal post	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i miopai occu	Section (See Institutions)	Linployer (dee		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
12/16/14	Karen Renick		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 2500 Tower Drive, Austin, TX 78703		\$250.00	 Advertising
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Architecture	pation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
12/11/2014	Lance and Sarah Pettus		contribution (\$)	description (if applicable)
	Contributor address; City, State; Zip Code 9010 QUAIL CREEK DRIVE, Austin, Tx 78	_	\$350.00	Advertising
			(If travel outside	I of Texas, complete Schedule T)
Principal occup Marketing	pation / Job title (See Instructions)	Employer (See Self		
Date 12/12/2014	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2014	Contributor address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753		\$350.00	Advertising
			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		
Engineering Ma		AMAT		<u> </u>
Date 12/9/2014	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 258 Rush Haven, San Marcos, TX 78666		\$350.00	Advertising
			(If travel outside	of Texas, complete Schedule T)
Principal occur Marketing	pation / Job title (See Instructions)	Employer (See Self		
			Amount of	In kind anothibution
Date 12/15/2014	Full name of contributor out-of-state PAC (ID#_ Mel and Michele Simpson		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		\$500.00	 Advertising
	924 Теггасе Mtn. Dr. , Austin, ТХ, 78746452	26 Highland	(If traval autoida	of Toyac complete Schedule TV
Principal occur	pation / Job title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
,	· · · · · · · · · · · · · · · · · · ·			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME		-	3 ACCOUNT # (E	Ethics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of	8 In-kind contribution
12//1104	Mel Layton		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code			
	1801 Monks Tail, Austin, TX 78748		\$350.00	Advertising
	Too Works Fall, Austin, TX 70740			
		· · · · · · · · · · · · · · · · · · ·	(If travel outside	of Texas, complete Schedule T)
9 Principal occup Activist	pation / Job title (See Instructions)	10 Employer (See Self	Instructions)	-
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
12/11/2014	Merrill Austin		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		^-	
	8300 Loralinda Dr, Austin, TX, 78753		\$50.00	
B	- Carlos (Day Indiana)	E-planar (Saa	 	of Texas, complete Schedule T)
U.S. Air Force	pation / Job title (See Instructions)	Employer (See I Retired	msu actions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
12/12/2014	Michael Searle		contribution (\$)	description (if applicable)
12/12/12/1	Contributor address; City; State; Zip Code			Ì
	2209 E. 9th St, Austin, TX 78702		\$350.00	Advertising
				1
			(If travel outside	of Texas, complete Schedule T)
Principal occup Software Analys	pation / Job title (See Instructions) st	Employer (See LVS	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
12/9/2014	Pamela Webb		contribution (\$)	description (if applicable)
	Contributor address, City; State; Zip Code		##A AA	
	713 Shooting Star St., Las Vegas, NV, 8910	7	\$50.00	1
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i i i i i i i i i i i i i i i i i i i	patient (300 modulation)	2		•
Date	Full name of contributor	`	Amount of	In-kind contribution
12/15/2014	Patrick Dixon		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			l .
	5		\$50.00	
	5002 Sundown St, Lago Vista, TX, 78645			·
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
	-	<u> </u>		
i				i

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

<u> </u>				<u> </u>
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of	8 In-kind contribution
12/09/14	Paul and Kendel Martin		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 8905 Marybank Drive, Austin, TX, 78750	, ,	\$700.00	 -
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu VP of Finance	pation / Job title (See Instructions)	10 Employer (See Luminex Corp	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of	In-kind contribution
12/11/2014	Paul Norris		contribution (\$)	description (if applicable)
ļ				
	Contributor address; City; State; Zip Code 5101 Hudson Bend, Austin, TX 78734		\$350.00	Advertising
				+
				of Texas, complete Schedule T)
Retired	pation / Job title (See Instructions)	Employer (See the Retired	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
12/16/2014	Paul Williams		contribution (\$)	description (if applicable)
	Contributor address; City, State, Zip Code 9509 North Creek, Austin, TX 78753		\$280.00	Advertising
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	<u> </u>	
Computer Tech	inology	Self		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
12/13/2014	Peter Pfeiffer		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1800 west 6th street, Austin, TX, 78703		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC ((D#:_	1	Amount of	In-kind contribution
12/08/2014	REX GORE		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$350.00]
	4825 EAGLE FEATHER DRIVE, AUSTIN, T	X, 78735		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
PRESIDENT	padent, our disc manufactories	PJS OF TEXAS		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 12	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor)	7 Amount of	8 In-kind contribution
12/9/2014	Rick McGinnis		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705		\$350.00	 Phonebanking
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu Owner	pation / Job title (See Instructions)	10 Employer (See BumperSticker.co		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
12/16/2014	Mr. and Mrs. Robeto Perez		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2402 kathy cove, austin, TX, 78704		\$700.00	Advertising
			(If travel outside	I of Texas, complete Schedule T)
Principal occu Project Manage	pation / Job title (See Instructions)	Employer (See Goodwill Industrie		
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of	In-kind contribution
12/9/2014	Rodney Thrailkill		contribution (\$)	description (if applicable)
	Contributor address; City, State, Zip Code 8504 Rosemary Lane, Austin, TX 78753	· · · · · · · · · · · ·	\$200.00	Blockwalking
			(If travel outside	of Texas, complete Schedule T)
Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Freescale Semico		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
12/12/2014	Ron Manzanero		contribution (\$)	description (if applicable)
	Contributor address; City; State, Zip Code		\$100.00	
	3456 N. Hills Dr #346, Austin, TX, 78731		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		or reveal, earniplate correction ()
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
	N/A		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
,	· · · · · · · · · · · · · · · · · · ·			<u> </u>

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SCHEDULE A

				
Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Scr 12	nedule A:
2 FILER NAM	E		3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Pres	ssley, Ph.D.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	7 Amount of	8 In-kind contribution
12/09/14	Ryan Dixon		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 10904 Cade Circle, Austin, TX 78726		\$350.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ Manager	cupation / Job title (See Instructions)	10 Employer (See BNB Austin	Instructions)	
Date	Full name of contributor ul-of-state PAC (ID#_)	Amount of	In-kind contribution
12/15/2014	Sonny Rhodes		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 6506 Mesa Drive, Austin, TX 78731		\$300.00	 Advertising
			(If travel outside	of Texas, complete Schedule T)
Principal occ Retired	cupation / Job title (See Instructions)	Employer (See I Retired	Instructions)	
Retired		·		
Date 12/16/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12.10,2011	Contributor address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744		\$350.00	Advertising
			(If travel outside	of Texas, complete Schedule T)
Principal occ Owner	supation,/ Job title (See Instructions)	Employer (See I Zero Waste Strate		
Date	Full name of contributor ut-of-state PAC(ID#_		Amount of	In-kind contribution
12/09/2014	Stephen Osella		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 7205 WALDON DR APT 212, AUSTIN, TX,		\$350.00	1 !
			(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	Instructions)	
Software Engi	ineer	National Instrume	ents	
Date 12/13/2014	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/13/2014	Susan Straus Contributor address; City; State; Zip Code		\$100.00	
	232 Argyle Ave., San Antonio, TX, 78209]
Deineit at a	upotion / Joh titlo /Coo Instructions)	Employer (See 1		of Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See I	msuucuons)	
I				

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Dr. Laura Pres	sley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	7 Amount of	8 In-kind contribution
12/09/14	Ryan Dixon		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 10904 Cade Circle, Austin, TX 78726		\$350.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu Manager	pation / Job title (See Instructions)	10 Employer (See BNB Austin	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
12/15/2014	Sonny Rhodes		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 6506 Mesa Drive, Austin, TX 78731		\$350.00	Advertising
			(If travel outside	 of Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See t		
Date	Full name of contributor)	Amount of	In-kind contribution
12/16/2014	Stacy Guidry		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744		\$350.00	Advertising
	ļ		(If travel outside	of Texas, complete Schedule T)
Principal occu Owner	pation / Job title (See Instructions)	Employer (See I Zero Waste Strate		
Date 12/09/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/09/2014	Stephen Osella Contributor address; City; State; Zip Code 7205 WALDON DR APT 212, AUSTIN, TX,		\$350.00	
			(If travel outside	i of Texas, complete Schedule T)
Principal occu Software Engir	pation / Job title (See Instructions)	Employer (See National Instrume	,	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
12/13/2014	Susan Straus		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100.00	<u> </u>
	232 Argyle Ave., San Antonio, TX, 78209		(16 tage and accepted to	of Tours, complete Cabadula To
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	· · · · · · · · · · · · · · · · · · ·	l		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

ļ				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
12/10/2014	Теггу Вгау		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 401 Congress Ave, Austin, TX 78767		\$100.00	 Phonebanking
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu Attorney	pation / Job title (See Instructions)	10 Employer (See Graves, Dougher		dy
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
12/09/2014	William Swail		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2402 kathy cove, austin, TX, 78704		\$350.00	
			(If travel outside	of Texas, complete Schedule T)
i '	pation / Job title (See Instructions)	Employer (See I		
Owner		Peoples Pharmac	У	
Date	Full name of contributor)	Amount of	In-kind contribution
12/08/2014	Zachary Kingsbury		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 4802 Turnstone, Austin, TX 78744		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occu Engineer	pation / Job title (See Instructions)	Employer (See I Freescale Semico		
Date	Full name of contributor 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 occu	pation / Job title (See Instructions)	Employer (See I		or rozdo, compose goriedate i
Date	Full name of contributor out-of-state PAC (ID#:_	Y	Amount of	In-kind contribution
Date	Tall hard of contribution and one-on-state PAC (IDA).		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		<u> </u>		

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LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Laura	Pressley		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	⇒	\$ 22,000.00
5 Date of loan 5/10/14		out-of-state PAC (ID#:	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 10203 Woodglen Cove Austin	Zip Code , TX 78753	10 Interest rate 0%
Y (Q)			11 Maturity date None
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Col	lateral	15 Check if personal funds were	e deposited into political account
x none		X	
16 GUARANTOR INFORMATION	17 Name of guarantor N/A 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan 9/2/14	Name of lender E Laura Pressley	out-of-state PAC (ID#	Loan Amount (\$) \$20,000
ls lender a financial Institution?	Lender address; City; State; 30203 Woodglen Cove, Austin	Zip Code , TX 7875	Interest rate 0%
Y N			Maturity date None
Principal occupat Owner	ion / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
Description of Coll	ateral	Check if personal funds were	deposited into political account
X none		X	
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	I ion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see insti	ES OF THIS SCHEDULE AS NEI ruction guide for additional rep	

	EXPENDITURE CATE	EGORIES FOR BOX 8	a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salari Legal Services Solici Food/Beverage Expense Trave Polling Expense Office	ies/Wages/Contract Labor tation/Fundraising Expense of In District of Out Of District a Overhead/Rental Expense	Loan Repayment Transportation Ed Contributions/Do Candidate/Off OTHER (enter a	quipment & Related Expense
	The Instruction Guide expla	ins how to complete this		
Total pages Schedule F:	1		3 ACCOUN	IT # (Ethics Commission Filers
Date	Dr. Laura Pressley, Ph.D. 5 Payee name			· · · · · · · · · · · · · · · · · · ·
2/8/2014	Hootsuite Media			
Amount (\$)	7 Payee address; City; State; Z	in Code		
\$9.99	Hootsuite.com, ,			
PURPOSE	(a) Category (See categories listed at the top of this s	chedule) (b) Description	on (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Advertising	Web service	es	
Complete ONLY if direct expenditure to benefit C		Office sou	 ight	Office held
Date	Payee name			
2/8/2014	Dirt Cheap Signs			
Amount (\$)	Payee address; City; State; Z	Zip Code		
\$252.22	7301 Bar K, Lago Vista, TX 78645			
PURPOSE	Category (See categories listed at the top of this s	chedule) Description	on (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Advertising	Signs		
				Office held
Complete ONLY if direct expenditure to benefit C		Office sou	ght	
	-	Office sou	ght	
expenditure to benefit C	/ОН	Office sou	ght	
expenditure to benefit C	/OH Payee name		ght	
expenditure to benefit C Date 2/8/2014	Payee name Samantha Meazell		ght	
Date 2/8/2014 Amount (\$)	Payee name Samantha Meazell Payee address; City; State; Z	tip Code		xas, complete Schedule T)
Date 2/8/2014 Amount (\$) \$1,015.00	Payee name Samantha Meazell Payee address; City; State; Z 1810 Airole Way, Austin, TX 78704	tip Code		
Date 2/8/2014 Amount (\$) \$1,015.00	Payee name Samantha Meazell Payee address; City; State; Z 1810 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this s Consulting Expense Candidate / Officeholder name	chedule) Description	On (If trave) outside of Te	
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Samantha Meazell Payee address; City; State; Z 1810 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this s Consulting Expense Candidate / Officeholder name	chedule) Description	On (If trave) outside of Te	xas, complete Schedule T)
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee name Samantha Meazell Payee address; City; State; Z 1810 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this s Consulting Expense Candidate / Officeholder name	chedule) Description	On (If trave) outside of Te	xas, complete Schedule T)
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee name Samantha Meazell Payee address; City; State; Z 1810 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this s Consulting Expense Candidate / Officeholder name /OH Payee name La Michoancana Meat Market	chedule) Description	On (If trave) outside of Te	xas, complete Schedule T)
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 2/9/2014	Payee name Samantha Meazell Payee address; City; State; Z 1810 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this s Consulting Expense Candidate / Officeholder name /OH Payee name La Michoancana Meat Market	Cip Code Chedule) Description Marketing Office sou	On (If trave) outside of Te	xas, complete Schedule T)
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 2/9/2014 Amount (\$)	Payee name Samantha Meazell Payee address; City; State; Z 1810 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this s Consulting Expense Candidate / Officeholder name /OH Payee name La Michoancana Meat Market Payee address; City; State; Z	chedule) Description Marketing Office sou	on (If travel outside of Te	xas, complete Schedule T)
Date 2/8/2014 Amount (\$) \$1,015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 2/9/2014 Amount (\$) \$14.99	Payee name Samantha Meazell Payee address; City; State; Z 1810 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this s Consulting Expense Candidate / Officeholder name /OH Payee name La Michoancana Meat Market Payee address; City; State; Z Cameron Road, Autin, TX 78753	chedule) Description Marketing Office sou	on (If travel outside of Te	xas, complete Schedule T) Office held

POLITICAL EXPENDITURES

P.O. Box 12070

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		· ·	-	/Reimhursement
· · · · · · · · · · · · · · · · · · ·	_			
3	•		Transportation Equipment & Related Exp Contributions/Donations Made By	
Polling Expense	Travel Out Of Dist	rict		iceholder/Political Committee
Printing Expense	Office Overhead/R	tental Expense	OTHER (enter a	category not listed above)
The Instruction Guide	explains how to	complete this fo	orm.	
2 FILER NAME		•	3 ACCOUN	T # (Ethics Commission Filers
Dr. Laura Pressley, Ph.D.				
5 Payee name				
Karmakaze Productions				
7 Payee address; City; Sta	ite; Zip Code			
Burnet Road, Austin, TX 78757	•			
(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Te	xas, complete Schedule T)
Advertising		Video		
.1			1.1	
-		Office sough	nt	Office held
Payee name				· · · · · · · · · · · · · · · · · · ·
Alpha Graphics				
Payee address; City; Sta	nte; Zip Code			
Bee Caves Road, Austin, TX				
Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
Advertising		Printing		
Candidate / Officeholder name		Office sough	ht	Office held
Payee name	<u> </u>			
USPS				
Payee address; City; Sta	te; Zip Code			
Braker Lane, Austin, TX 78758	3			
Category (See categories listed at the lop	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
	;	Postage		
Candidate / Officeholder name	*		ht	Office held
OH				
Payee name				
ТМН				
Payee address; City; Sta	ite; Zip Code			
8606 Wall Street, Austin, TX 78	3754			
Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedute T)
Advertising		Mail Services	3	
		Office sough	ht	Office held
				
	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide 2 FILER NAME Dr. Laura Pressley, Ph.D. 5 Payee name Karmakaze Productions 7 Payee address; City; Sta Burnet Road, Austin, TX 78757 (a) Category (See categories listed at the top Advertising Candidate / Officeholder name OH Payee name Alpha Graphics Payee address; City; Sta Bee Caves Road, Austin, TX Category (See categories listed at the top Advertising Candidate / Officeholder name OH Payee name USPS Payee address; City; Sta Braker Lane, Austin, TX 78758 Category (See categories listed at the top Advertising Candidate / Officeholder name OH Payee name USPS Payee address; City; Sta Braker Lane, Austin, TX 78758 Category (See categories listed at the top Advertising Candidate / Officeholder name OH Payee name TMH Payee address; City; Sta 8606 Wall Street, Austin, TX 78 Category (See categories listed at the top Advertising	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Fravel In District Travel Out Of Dist Office Overhead/R The Instruction Guide explains how to 2 FILER NAME Dr. Laura Pressley, Ph.D. 5 Payee name Karmakaze Productions 7 Payee address; City: State; Zip Code Burnet Road, Austin, TX 78757 (a) Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name OH Payee address; City; State; Zip Code Bee Caves Road, Austin, TX Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name OH Payee name USPS Payee address; City; State; Zip Code Braker Lane, Austin, TX 78758 Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name OH Payee name USPS Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name OH Payee name TMH Payee address; City; State; Zip Code 8606 Wall Street, Austin, TX 78754 Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this for The Instruction Guide explains how to complete this for I arravel Out of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this for Printing Expense The Instruction Guide explains how to complete this for I arravel Out of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this for I Payee name Karmakaze Productions The Payee address; Tity: State; Zip Code Burnet Road, Austin, TX 78757 (a) Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name Office soug OH Payee name USPS Payee address; City: State: Zip Code Braker Lane, Austin, TX 78758 Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name Office soug OH Payee name USPS Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name Office soug OH Payee name TMH Payee address; City: State; Zip Code 8606 Wall Street, Austin, TX 78754 Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name Office soug	Legal Services FoodBeverage Expense FoodBeverage Expense Printing Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. In the Instruction G

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitati Food/Beverage Expense Travel Ir Polling Expense Travel O	Wages/Contract Labor on/Fundraising 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 fo	orm.
1 Total pages Schedule F: 5	2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers
4 Date 12/16/2014	5 Payee name Fed Ex		
6 Amount (\$) \$412.24	7 Payee address; City; State; Zip Burnet Road, Austin, TX 78757	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Advertising	dule) (b) Description Printing	(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	ht Office held
Date 12/16/2014	Payee name Alpha Graphics		
Amount (\$) \$515.33	Payee address; City; State; Zip Bee Caves Road, Austin, TX	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising	Description Printing	(if travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	ht Office held
Date	Payee name		
12/16/2014	Piryx.com		
Amount (\$) 193.7	Payee address; City; State; Zip Piryx.com, ,	Cade	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	ht Office held
Date 12/18/2014	Payee name Chuck Adjavon		
Amount (\$) \$150.00	Payee address; City; State; Zip Pflugerville, TX	Code	
PURPOSE OF	Category (See categories listed at the top of this sche Advertising	dule) Description	(if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sough	nt Office held
- Application to bottom to	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS	NEEDED

POLITICAL EXPENDITURES

Gift/Awards/Memorials Expense Salari Legal Services Solicit Food/Beverage Expense Trave Polling Expense Office The Instruction Guide explai FILER NAME Laura Pressley, Ph.D. Payee name In Bush	ip Code	Loan Repayment/Reim Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a categ form. 3 ACCOUNT # (nent & Related Expense as Made By Ilder/Political Committee Iory not listed above) Ethics Commission Filers omplete Schedule T)
Legal Services Solicit Food/Beverage Expense Trave Polling Expense Office The Instruction Guide explai FILER NAME Laura Pressley, Ph.D. Payee name In Bush Payee address; City; State; Z 2 MLK #170, Austin, TX 78701 Category (See categories listed at the top of this solvertising Candidate / Officeholder name	ation/Fundraising Expense I in District Out Of District Overhead/Rental Expense ins how to complete this (ip Code chedule) (b) Descriptic Advertising	Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a categ form. 3 ACCOUNT # (nent & Related Expense as Made By Ilder/Political Committee Iory not listed above) Ethics Commission Filers omplete Schedule T)
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Printing Expense Office The Instruction Guide explain FILER NAME Laura Pressley, Ph.D. Payee name In Bush Payee address; City; State; Z 2 MLK #170, Austin, TX 78701 Category (See categories listed at the top of this solvertising Candidate / Officeholder name	Overhead/Rental Expense ins how to complete this (ip Code chedule) (b) Description Advertising	OTHER (enter a categ form. 3 ACCOUNT # (ory not listed above) Ethics Commission Filers omplete Schedule T)
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Category (See categories listed at the top of this solvertising Candidate / Officeholder name	Advertising		· .
Candidate / Officeholder name	Advertising		· .
Candidate / Officeholder name		ght	Office hold
Payee name	Office sou	ght	Office hold
			Office held
nn Rooks			
Payee address; City; State; Z	ip Code		
8 Rush Haven, San Marcos, TX 7	8666		
Category (See categories listed at the top of this se	chedule) Description	On (If travel outside of Texas, co	omplete Schedule T)
vertising	Printing		
Candidate / Officeholder name	Office sou	ght	Office held
Payee name			
mantha Meazell			
Payee address; City; State; Z	ip Code		
10 Airole Way, Austin, TX 78704			
Category (See categories listed at the top of this s	chedule) Description	n (If travel outside of Texas, co	omplete Schedule T)
nsulting	Marketing		
Candidate / Officeholder name	Office sou	ght	Office held
Payee name		<u> </u>	
atesman			
Payee address; City; State; Z	ip Code		
5 S. Congress Ave, Austin, TX 78	704		
Category (See categories listed at the top of this se	chedule) Description	on (If travel outside of Texas, co	omplete Schedule T)
es	Subscription	า	
Candidate / Officeholder name	Office sou	ght	Office held
ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE A	S NEEDED	
	Rush Haven, San Marcos, TX 7 Category (See categories listed at the top of this sovertising Candidate / Officeholder name Payee name mantha Meazell Payee address; City; State; Z 10 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this sonsulting Candidate / Officeholder name Payee name atesman Payee address; City; State; Z 5 S. Congress Ave, Austin, TX 78 Category (See categories listed at the top of this sonsulting) Category (See categories listed at the top of this sonsulting) Category (See categories listed at the top of this sonsulting)	Category (See categories listed at the top of this schedule) Vertising Candidate / Officeholder name Payee name mantha Meazell Payee address; City; State; Zip Code 10 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this schedule) Marketing Candidate / Officeholder name Office sour Description Marketing Candidate / Officeholder name Office sour Payee name attesman Payee address; City; State; Zip Code 5 S. Congress Ave, Austin, TX 78704 Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Office sour	Category (See categories listed at the top of this schedule) Vertising Candidate / Officeholder name Payee name mantha Meazell Payee address; City; State; Zip Code 10 Airole Way, Austin, TX 78704 Category (See categories listed at the top of this schedule) misulting Candidate / Officeholder name Office sought Description (If travel outside of Texas, compared to the top of this schedule) Marketing Candidate / Officeholder name Office sought Payee name atesman Payee address; City; State; Zip Code 5 S. Congress Ave, Austin, TX 78704 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, compared to the top of this schedule) Description (If travel outside of Texas, compared to the top of this schedule) Description (If travel outside of Texas, compared to the top of this schedule) Description (If travel outside of Texas, compared to the top of this schedule) Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, compared to the top of this schedule) Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, compared to the top of this schedule)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense	Legal Services Solicitation Food/Beverage Expense Travel In	Wages/Contract Labor on/Fundraising Expense District	Loan Repayment/Reimbursement Transportation Equipment & Relat Contributions/Donations Made By Candidate/Officeholder/Politic	ted Expense
Event Expense Fees		ut Of District verhead/Rental Expense how to complete this fo	OTHER (enter a category not list	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Com	mission Filers)
i	Dr. Laura Pressley, Ph.D.			
Date	5 Payee name			
2/30/2014	Samantha Meazell			
\$ Amount (\$) \$1,100.00	7 Payee address; City; State; Zip C 1810 Airole Way, Austin, TX 78704	Code		
PURPOSE OF	(a) Category (See categories listed at the top of this sched	(b) Description Marketing	(If travel outside of Texas, complete Sche	dule T)
EXPENDITURE	1			
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sough	nt Office I	neld
Date	Payee name			
2/31/2014	UpRoute Strategies			
Amount (\$)		Code		
\$1,500.00	2239 Cromwell, Austin, TX 78741			
PURPOSE	Category (See categories listed at the top of this sched	dule) Description	(If travel outside of Texas, complete Sche	dule T)
OF EXPENDITURE	Advertising	Advertising		
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sough	ht Office I	neld
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip C	Code		
PURPOSE OF	Category (See categories listed at the top of this sched	dule) Description	(If travel outside of Texas, complete Sche	dule T)
Complete ONLY if direct expenditure to benefit C/		Office sough	nt Office t	neld
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip 0	Code		
PURPOSE	Category (See categories listed at the top of this sched	dule) Description	(If travel outside of Texas, complete Sche	dule T)
OF EXPENDITURE				
Complete ONLY if direct		Office saugi	nt Office h	neld
expenditure to benefit C				