# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

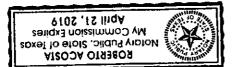
### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this fo		ler ID (Ethics Commission Filers)	2 Total pages file /5	d: 
3 CANDIDATE/	MS / MRS / MR FIRST		MI	୍ରାମ୍ବର	SE ONLY
OFFICEHOLDER	Mrs Laura		А		
NAME	NICKNAME LAST	<i></i> .	SUFFIX	Date Received C. CC	
	Press	sley, Ph.D.		+	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #:	CITY:	STATE: ZIP CODE	-	CITY CLERK CEIVED
5 CANDIDATE/	AREA CODE PHONE NUMBER		EXTENSION		ກັ
OFFICEHOLDER PHONE	(512) 762-3825			Date Hand-delivered o	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Marce	lo	мі	Receipt #	Amount \$
NAME		• • • • • • •		Date Processed	
			Jorna	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX <sup>*</sup> PLEASE); 2908 Overdale Road, Aust		CITY; STATE;	ZIP CODE	
, ,		- -			
8 CAMPAIGN TREASURER PHONE	area code phone number ( 512 ) 698-4124		EXTENSION		
9 REPORT TYPE	January 15 30th da	y before election	Runoff	15th day afte treasurer app (Officeholder	ointment
	X July 15 8th day	before election	Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month Day Year	r	Month	Day Year	
COVERED	01 / 01 /2015	тн	IROUGH 06	30 / 2015	
11 ELECTION	ELECTION DATE		ELECTION TYPE	······	
	Month Day Year	Primary 🙀	Runoff Other		
	12/16/2014	General	Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	)	
	N/A		Austin City Counc	il District 4	
GO TO PAGE 2					

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Laura Pressley	/, Ph.D.		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	ITURES MADE BY POLITICAL COMMITTEES TO ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S IIS INFORMATION ONLY IF THEY RECEIVE NOTICE		
	COMMITTEE TYPE	COMMITTEE NAME		
	ENERAL			
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
			,,	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,248.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 751.49	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 33,603.03	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	<sup>• DAY</sup> \$712.12	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	<sup>THE</sup> \$ 30,234.22	
18 AFFIDAVIT	1			



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.

are of Candidate or Officeholder

AFFIX NOTARY STAMP/SEALABOVE

Sworn to and subscribed before me, by the said LAVRA PRESSLE

this the

to certify which, witness my hand and seal of office.

Signature of officer administering oath

KOBERTU

Printed name of officer administering oath

Title of officer administering oath

Forms provided by Texas Ethics Commission

day of

Revised 02/27/2015

# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

19 FIL	ER NAME 20 Filer ID (Ethics	Commission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,475
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 37,500
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 32,852.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 11,466.37
ſ		
1		

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Laura Press			3 Filer ID (Ethics Commission Filers)
4 Date 2/15/15	5       Full name of contributor       out-of-state PAC (ID#:)         Abbe and Robert Delozier       6         6       Contributor address;       City; State; Zip Code         1708 Regal Oaks       Austin, TX 78737		7 Amount of contribution (\$) \$500.00
8 Principal occu Real Estate	upation / Job title (See Instructions)	9 Employer (See Instruct Self	stions)
Date 2/17/15	Full name of contributor Beth Biesel Contributor address; City; State 3808 Southwestern Blvd, Dallas, TX	75225	Amount of contribution (\$) \$100.00
Principal occur Retired	pation / Job title (See Instructions)	Employer (See Instruc Retired	tions)
Date 2/10/2015	Full name of contributor Dana Ambs Contributor address; City; State 3413 Robinson Ave, Austin, TX 7872	Amount of contribution (\$) 350.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Date 2/15/2015	Full name of contributor Fidel Acevedo Contributor address; City; State 3807 Prairie Austin, T	e; Zip Code	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Employer (See Instru Retired Retired		tions)	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see inst		

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME Laura Press			3 Filer ID (Ethics Commission Filers)		
4 Date 2/17/15	5       Full name of contributor       Image: Out-of-state PAC (ID#)         Hosea Boswell       Image: Out-of-state PAC (ID#)         6       Contributor address;       City; State; Zip Code         P.O. Box 82763       Austin, TX 78708		7 Amount of contribution (\$) \$100.00		
8 Principal occu Real Estate	upation / Job title (See Instructions)	9 Employer (See Instruc Self	ctions)		
Date 2/1/15	Full name of contributor Jennifer Clark Contributor address; City; State 500 Lone Oak, Austin, TX 78704	C (ID#:) e; Zip Code	Amount of contribution (\$) \$5,000.00* see below Paid directly to David Rogers for election contest legal fees		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	tions)		
Date 2/5/2015	Full name of contributor out-of-state PA Jim Lodwick Contributor address; City; State 7710 Shadyrock Dr, Austin, TX 7873	e; Zip Code	Amount of contribution (\$)		
Principal occu Investor	upation / Job title (See Instructions)	Employer (See Instruct Self	ctions)		
Date 2/15/2015		с (ID#:) e; Zip Code Jstin, TX 78727	Amount of contribution (\$) 100.00		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	ctions)		
applies to the participating	Austin Municipal Code: "Article III Section (H) e solicitation, acceptance, or use of contributio in a civil action to determine a person's eligibil e in this state."	ons for:(2)participating	g in an election contest or		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 1/20/2015	5       Full name of contributor <pre>             Out-of-state PAC (ID#:)             Mary Anderson             Ge Contributor address;             City; State; Zip Code             5019 Placid             Austin, TX 78731</pre>		7 Amount of contribution (\$) 80.00
8 Principal occ Retired	upation / Job title (See Instructions)	9 Employer (See Instruct Retired	ztions)
<sub>Date</sub> 2/17/2015	Full name of contributor		Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retail Self			
Date 2/1/2015	Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Milton Jones       150.00         Contributor address;       City; State; Zip Code         9300 Lauralan Dr., Austin, TX Austin, TX 78736		
Principal occu Real Estate	upation / Job title (See Instructions)	Employer (See Instruct Keller Williams	tions)
Date 2/13/2015		AC (ID#:) hte; Zip Code Istin, TX 78738	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired			l Stions)
	ATTACH ADDITIONAL COPIES		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 4		
2 FILER NAME Laura Press	ley, Ph.D.		3 Filer ID (Ethics Commission Filers)		
4 Date 2/15/2015	5       Full name of contributor		7 Amount of contribution (\$) 100.00		
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct Retired	ctions)		
Date 2/17/2015	Full name of contributor		Amount of contribution (\$) \$100		
Principal occupation / Job title (See Instructions) Employer (See Instruct Real Estate Self			tions)		
Date 2/5/2015	Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Vickie Karp       350.00         Contributor address;       City; State; Zip Code         9300 Lauralan Dr., Austin, TX Austin, TX 78736				
Principal occup Real Estate	bation / Job title (See Instructions)	Employer (See Instruct Karp R.E.	tions)		
<sub>Date</sub> 2/15/2015		c (ID#:) e; Zip Code ark, TX 78613	Amount of contribution (\$) 70.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired			tions)		
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see inst				

LOANS			SCHEDULE E		
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:		
2 FILER NAME	······································		3 Filer ID (Ethics Commission Filers)		
Laura Pressley	, Ph.D.				
4 TOTAL OF UN	ITEMIZED LOANS		\$ _		
5 Date of loan	7 Name of lender out-of-state	)	9 Loan Amount (\$)		
5/10/14	Laura Pressley		\$2,000		
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
a financial Institution?	10203 Woodglen Cove, Austir	n, TX 78753	0%		
Y N			11 Maturity date None		
12 Principal occupati Owner	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC			
14 Description of Col	lateral	15 Check if personal funds were	deposited into political		
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)		
INFORMATION	n/a		n/a		
	18 Guarantor address; City;	State; Zip Code			
not applicable	n/a				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)			
n/a		n/a			
Date of loan	Name of lender 🗍 out-of-state	ə PAC (ID#;)	Loan Amount (\$)		
9/2/14	Laura Pressley		\$20,000		
ls lender	Lender address; City;	State; Zip Code	Interest rate		
a financial Institution?	10203 Woodglen Cove, Austir	n, TX 78753	0%		
Y (N)			Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	J		
Owner		Pure Rain, LLC			
Description of Coll	lateral	Check if personal funds were recount (See Instructions)	deposited into political		
none					
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)		
INFORMATION	n/a		n/a		
Guarantor address; City; State; Zip Code					
not applicable n/a					
Principal Occupati	Principal Occupation (See Instructions) Employer (See Instructions)				
n/a		n/a			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
if	lender is out-of-state PAC, please see in	nstruction guide for additional r	eporting requirements.		
	Filt & C. Martinetter	athion state by us	Pavisad 02/27/2011		

LOANS			SCHEDULE E		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Laura Pressley	, Ph.D.				
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)		
1/2/15	Laura Pressley		\$1,900		
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
a financial Institution?	10203 Woodglen Cove, Austir	n, TX 78753	0% 11 Maturity date		
Y (N)			None		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	J		
Owner		Pure Rain, LLC			
14 Description of Coll	lateral	15 Check if personal funds were	deposited into political		
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)		
INFORMATION	n/a		n/a		
	18 Guarantor address; City;	State; Zip Code			
not applicable	n/a				
20 Principal Occupa	lion (See Instructions)	21 Employer (See Instructions)	<u></u>		
n/a		n/a			
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
1/5/15	Laura Pressley		\$13,600		
ls lender	Lender address; City;	State; Zip Code	Interest rate		
a financial Institut <u>io</u> n?	10203 Woodglen Cove, Austir	n, TX 78753	0%		
			Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	I		
Owner		Pure Rain, LLC			
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political		
none					
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)		
	n/a		n/a		
Guarantor address; City; State; Zip Code					
not applicable n/a					
Principal Occupati	Principal Occupation (See Instructions) Employer (See Instructions)				
n/a		n/a			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				
	eneer is out-or-state FMO, hisase see it				

LOANS			SCHEDULE E	
The I	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME Laura Pressley,	Ph.D.	····	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	TEMIZED LOANS		\$0	
5 Date of loan	7 Name of lender Out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
4/6/15	Laura Pressley		\$2,000	
6 Is lender a financial Institution?	-	State; Zip Code	10 Interest rate 0%	
Y N	10203 Woodglen Cove, Austin	, 1X 70755	11 Maturity date None	
	on / Job title (See Instructions)	13 Employer (See Instructions)		
Owner		Pure Rain, LLC		
14 Description of Colla	ateral	15 Check if personal funds were	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor N/a	· · · · · · · · · · · · · · · · · · ·	19 Amount Guaranteed (\$) n/a	
	18 Guarantor address; City; S	State; Zip Code		
not applicable	n/a			
20 Principal Occupati n/a	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#: )	Loan Amount (\$)	
4/8/15	Laura Pressley		\$2,000	
ls lender a financial Institution?		state: Zip Code Mi, TX 78753	0	
YN	11. 0		Maturity date None	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions) n/a Pure Ran LL	C	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR INFORMATION	Name of guarantor <b>N/a</b> Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$) n/a	
not applicable	n/a			
Principal Occupation	Principal Occupation (See Instructions) Employer (See Instructions) n/a  N/a			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees C Food/Beverage Expense F y Gift/Awards/Memorials Expense s al Committee Legal Services S	coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains I	now to complete this form.	
1 Total pages Schedule F1: 나	<sup>2</sup> FILER NAME Laura Pressley, Ph.	D.	3 Filer ID (Ethics Commission Filers)
4 Date 1/2/2015	5 Payee name Facebook		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
116.75	Facebook.com		
8	(a) Category (See categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising		outside of Texas, complete Schedule T , TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Dist 4. Austin	Office held City Counc n/a
Date	Payee name		
1/2/2015	City of Austin		
Amount (\$)	Payee address; City; State; Zip	Code	
\$1,900	301 W. 2nd Str, Austin, TX 787	01	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche OtherRecount Deposit	Check if travel	outside of Texas, complete Schedule T TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Laura Pressley	Dist. 4 City Co	uncil N/a
Date	Payee name		
1/5/2015	City of Austin		
Amount (\$)	Payee address; City; State; Zip	Code	
\$13,600	301 W. 2nd Str, Austin, TX 787	01	
PURPOSE OF EXPENDITURE	Category (See categones listed at the top of this sche OtherRecount Deposit	Check if travel	outside of Texas, complete Schedule T . TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> Laura Pressley	Dist. 4 City Co	uncil N/a
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Off Food/Beverage Expense Po g Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense Iaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains ho	ow to complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Laura Pressley, Ph.[	<b>)</b> .	3 Filer ID (Ethics Commission Filers)		
4 Date 1/30/2015	5 Payee name Local Voice Solution	S			
6 Amount (\$)	t (\$) 7 Payee address; City; State; Zip Code				
116.75	923 Thompson Dr, Austin, TX 7	8745			
8	(a) Category (See categories listed at the top of this schedu	ule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I Laura Pressley	Office sought Dist 4. Austin	Office held City Counc n/a		
Date	Payee name				
2/1/2015	Law office of David Rogers (Paid	l directly by Jennifer	r Clark)		
Amount (\$)	Payee address; City; State; Zip C	ode			
\$5,000	1201 Spyglass, #100, Austin, TX	78746			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Election Contest Legal Fees Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O⊦	Laura Pressley	Dist. 4 City Co	ouncil N/a		
Date	Payee name				
2/17/2015	TRES AMIGOS				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$173.78	7535 Hwy 290 E., Austin, TX 78	723			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Food	Check if travel	outside of Texas, complete Schedule T n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	Laura Pressley	Dist. 4 City Co	ouncil N/a		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Offx Food/Beverage Expense Poll by Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala	n Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
	The Instruction Guide explains how	w to complete this form.	T			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Laura Pressley, Ph.D	l.	3 Filer ID (Ethics Commission Filers)			
4 <sub>Date</sub> 2/17/2015	5 Payee name Law office of David Rogers					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$2,500	1201 Spyglass, #100, Austin, TX 78746					
8	(a) Category (See categories listed at the top of this schedule	e) (b) Description				
PURPOSE	Election Contest Legal Fees	Check if travel	Check if travel outside of Texas, complete Schedule T			
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name + Laura Pressley	Office sought Dist 4. Austin	Office held City Counc n/a			
Date	Payee name					
3/13/2015	Law office of David Rogers					
Amount (\$)	Payee address; City; State; Zip Co	de				
\$2,000	1201 Spyglass, #100, Austin, TX 78746					
	Category (See categories listed at the top of this schedul	e) Description				
PURPOSE	Election Contest Legal Fee	Check if travel	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense			
OF EXPENDITURE		Check if Austin				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	<sup>1</sup> Laura Pressley	Dist. 4 City Co	ouncil N/a			
D_1-	Payee name					
4/8/2015	Law office of David Rogers					
Amount (\$)	Payee address; City; State; Zip Co	 же				
\$2,000	1201 Spyglass, #100, Austin, TX 78746					
	Category (See categories listed at the top of this schedul	e) pription				
PURPOSE	Election Contest Legal Fees		outside of Texas, complete Schedule T			
OF EXPENDITURE	LIECTION CONTEST LEGAL LEGAL	Check if Austin	Check if Austin, TX, officeholder living expense			
EXPENDICIE						
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	<sup>1</sup> Laura Pressley	Dist. 4 City Co	ouncil N/a			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees C Food/Beverage Expense P y Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense trinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
	The Instruction Guide explains h	low to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Laura Pressley, Ph.	D.	3 Fiter ID (Ethics Commission Filers)			
4 Date 4/9/15	5 Payee name Law office of David	Rogers				
6 Amount (\$)	7 Payee address; City; State; Zip City;	Code				
\$1,190	1201 Spyglass, #100, Austin, T	X 78746				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schere Election Contest Legal Fees	Check if travel	outside of Texas, complete Schedule T n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Dist 4. Austin	Office held City Counc n/a			
Date	Payee name					
2/5/15	City of Austin					
Amount (\$)	Payee address; City; State; Zip	Code				
\$4,233.32	301 W. 2nd Street, Austin, TX 7	78701				
	Category (See categories listed at the top of this sche	dule) Description				
PURPOSE	Recount Invoice	1 4-4	Check if travel outside of Texas, complete Schedule T			
EXPENDITURE			n, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	<sup>1</sup> Laura Pressley	Dist 4 City Co	uncil N/a			
Date	Payee name					
n/a	n/a					
Amount (\$)	Payee address; City; State; Zip	Code				
n/a	n/a					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	Check if travel	outside of Texas, complete Schedule T 1, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH n/a n/acil N/a						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER SCHEDULE K					
The Instruction Guide explains how to complete this form.			odule K:		
<sup>2</sup> FILER NAME 3 Filer ID (Ethic Laura Pressley, Ph.D.		s Commission Filers)			
4 <sub>Date</sub> 1/5/15	5 Name of person from whom amount is received City of Austin		8 Amount (\$) \$1,900		
	6 Address of person from whom amount is received; City; State; 301 W. 2nd Str, Austin, TX 78701				
	7 Purpose for which amount is received Check if Refund of Recount Deposit	political contribution	returned to filer		
Date 2/13/2015	Name of person from whom amount is received Erin Schultz Address of person from whom amount is received; City; State 2504 Huntwick, Austin, TX 78778741	Zip Code	Amount (\$) \$200		
	Purpose for which amount is received Check if Refund for computer	political contribution	returned to filer		
Date 2/11/2015	Name of person from whom amount is received City of Austin Address of person from whom amount is received; City; State; 301 W. 2nd Str, Austin, TX 78701	Zip Code	Amount (\$) \$9,366.37		
	Purpose for which amount is received Check if political contribution Refund of Recount Deposit		returned to filer		
Date	Name of person from whom amount is received <b>n/a</b> Address of person from whom amount is received; City; State	; Zip Code	Amount (\$)		
	Purpose for which amount is received Check if political contribution		returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED			

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