	_	ION/AMENDMENT DIDATE/OFFICEH		г	FORM	OR-C/OH
1	Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	33	OFFICE 1	USE ONLY
	OFFICEHOLDER Mrs. Laura NAME LAST S Pressley, Ph.D.		MI A SUFFIX	Date Received	AUSTIN CI RECE 2015 JUL 16	
	TYPE	30th day before election 15t	ceeded \$500 limit th day after treasurer spointment (officeholder only) nal report		Date Hand-delivered or Receipt #	
5	ORIGINAL PERIOD COVERED	Month Day Year 04 13 2015 Th	Month HROUGH 6	Day Year 30 2015	Date Imaged	
6	6 EXPLANATION OF CORRECTION Corrected pages: 2, 3, Schedule A1, Schedule E, Schedule F2. Added pages: Schedule A2 and Bundling Report.					
7	AFFIDAVIT I swear, or affirm, under penalty of perjury, report is true and correct.		nalty of perjury,	that this correcte	ed	
	Check ONLY if applicable:           Image: Semiannual reports: 1 swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.           Image: Notery Public, Stole of Texos My Commission Expires           AFFIX NOTARY STAMP / SEAL ABOVE				o misrepre- corrected I learned . I swear,	
-	معور	which witness my hand and seal of officer		wsta	Title of officer	AR- administering oath
	Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

:

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 32	
3 CANDIDATE/	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mrs. Laura	A	Date Received	
	NICKNAME LAST	SUFFIX		
	Pressley	PhD.	A 2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 0 10203 Woodglen Cove, Aus	city; state; zip code stin, TX 78753	AUSTIN CITY ( RECEIVE	
Change of Address			CITY CEIVI	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postparked	
OFFICEHOLDER PHONE	(512 ) 762-3825		11 m	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Receipt # Amount 🗺	
TREASURER NAME	Mr. Fidel		Date Processed	
	NICKNAME LAST	SUFFIX		
	Acevedo		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 3807 Prairie, Austin, TX 7872	_	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 775-7276	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 4 / 13 / 2015	Month ∎ THROUGH 06 ∕	Day Year 30 2015	
11 ELECTION	ELECTION DATE Month Day Year 12 16 2014 General	Runoff Clear Description	· · · · · · · · · · · · · · · · · · ·	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)	
	n/a	Dist. 4 City Counc	sil	
GO TO PAGE 2				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14	с/он NAME Laura Pressley	,		15 Filer ID (Ethics Commission Filers)	
16	NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
		COMMITTEE TYPE	COMMITTEE NAME		
		PECIFIC	COMMITTEE ADDRESS		
	Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
L			COMMITTEE CAMPAIGN TREASURER ADDRESS		
	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)	\$81,441.49	
	EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 501.97	
		4. TOTAL	POLITICAL EXPENDITURES	\$ 71,247.66	
	CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	<sup><sup>T DAY</sup> \$ 11,391.37</sup>	
	OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	<sup>THE</sup> \$ 44,728.00	
18	AFFIDAVIT			perjury, that the accompanying report is formation required to be reported by me	
			Signature of Car	ndidate or Officeholder	
	AFFIX NOTARY STAMP / SEALABOVE				
5	Sworn to and subscribed before me, by the said, this the,				
C	lay of	, 20,	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				
Form	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 02/27/2015				

# SUBTOTALS - COH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME
21	SCHEDULE SUBTOTALS

20	Filer ID (Ethics Commission Filers)

- · ·	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,875.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 43,027.50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 44,728.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 71,247.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 12,090.00
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	\$
0.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
1.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME Laura Press			3 Filer ID (Ethics Commission Filers)	
4 Date 4/13/15	5       Full name of contributor       □ out-of-state PAC (ID#:)         Vickie Karp       6       Contributor address;       City; State; Zip Code         9300 Lauralan Dr Austin TX 78736		7 Amount of contribution (\$) \$500.00	
8 Principal occu Real Estate	pation / Job title (See Instructions)	9 Employer (See Instruc Self	- tions)	
Date       Full name of contributor       out-of-state       PAC (ID#:)         4/14/2015       Nancy Podio         Contributor address;       City;       State;       Zip Code         2803 Brass Buttons Austin TX 78734		Amount of contribution (\$) \$1,000.00		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruc Retired	tion\$)	
Date 4/14/2015	Full name of contributor Abbe Delozier Contributor address; City; State 10708 Regal Oaks Austin TX 78737	C (ID#:) ; Zip Code	Amount of contribution (\$) \$1,000	
Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions) Sky Realty		
Date     Full name of contributor     out-of-state PAC (ID#:)     Amo       4/14/2015     Dave Hebert     \$300       Contributor address;     City;     State;     Zip Code       3267 Bee Cave Austin TX 78746     \$3746		Amount of contribution (\$) \$300		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instruct Freescale Semico		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 17	
2 FILER NAME Laura Press	ley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 <sub>Date</sub> 4/15/2015	5       Full name of contributor       □ out-of-state PAC (ID#:)         Karen Renick       6       Contributor address;       City; State; Zip Code         2500 Tower Austin TX 78703		7 Amount of contribution (\$) \$500	
8 Principal occu Architech	pation / Job title (See Instructions)	9 Employer (See Instruc Architech	tions)	
Date     Full name of contributor     out-of-state PAC (ID#:)       4/16/2015     Dana Ambs     Contributor address;     City; State; Zip Code       3208 Cherrywood Austin TX 78722		Amount of contribution (\$)		
Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)	
<sub>Date</sub> 4/22/2015	Full name of contributor 🗇 out-of-state PAC George Humphrey Contributor address; City; State 2603 Tanglewood Austin TX 78703	; (ID#:) ; Zip Code	Amount of contribution (\$)	
Principal occu Real Estate	 pation / Job title (See Instructions)	Employer (See Instruc Self	tions)	
Date Full name of contributorout-of-state_PAC (ID#: 4/26/2015 Jenny Clark (Amount was paid directly to Contributor address; City; State; Zip 500 Lone Oak Austin TX 78704			Amount of contribution (\$) \$10,000	
Principal occupation / Job title (See Instructions) Employer (See In Retired Retired			tions)	
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	BUTIONS	SCHEDULE A1
 Th	e instruction Guide explains how to complete th	ils form.	1 Total pages Schedule A1: 17
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	AC (ID#:)	7 Amount of contribution (\$)
4/27/2015	Rae Nadler Olenick	· · ·	\$1,000
	6 Contributor address; City; Sta 1205 E. 52nd Austin, TX 7872	•	
8 Principal occ Property Ov	Supation / Job title (See Instructions)	9 Employer (See Instruct Self	
Date	Full name of contributor	AC: ((D#): )	
4/27/2015	Bill Worsham	10 (10#)	Amount of contribution (\$)
	Contributor address; City; Sta	to 7 in Conto	
	1105 Norwalk Ln Austin, TX 78703	· · ·	
Principal occupation / Job title (See Instructions) Employer (See Instr Director LJA Engineering		Employer (See Instruct LJA Engineering	tions)
Date 4/27/2015		AC (iD#:)	Amount of contribution (\$)
412112010	Dana Ambs Contributor address; City: Stat 3208 Cherrywood Austin, TX 7872	· •	\$200.00
Principal occu	pation / Job title (See Instructions)		) 
Real Estate		Employer (See Instruct	
Date	Full name of contributor	AC (ID#:	Amount of contribution (\$)
4/27/2015	Teresa Klepac	· · · · · · · · · · · · · · · · · · ·	\$100
	Contributor address; City; Stat	te; Zip Code	
	307 Prize Oaks Dr Austin, TX 7872	22	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	-
Owner		Austin Computing	Solutions
			Solutions
	ATTACH ADDITIONAL COPIES C		
	If contributor is out-of-state PAC, please see inst		

Forms provided by Texas Ethics Commission

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	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
instruction Guide explains how to complete this	1 Total pages Schedule A1: / 7				
ey, Ph.D.		3 Filer ID (Ethics Commission Filers)			
4 Date       5 Full name of contributor		7 Amount of contribution (\$) \$100			
, ,	9 Employer (See Instruc Retired	tions)			
Date       Full name of contributor       Out-of-state       PAC (ID#:)         4/27/2015       Ben Farmer       Contributor address;       City; State; Zip Code         3815 Maurice Dr. Cedar Park TX 78613		Amount of contribution (\$) \$100			
ation / Job title (See Instructions) ystems	Employer (See Instruct	tions)			
Date       Full name of contributor       □ out-of-state PAC (ID#:)         4/27/2015       Mel Mason         Contributor address;       City; State; Zip Code         4526 Highland Terrace Austin TX 78731		Amount of contribution (\$) \$100			
ation / Job title (See Instructions)	Employer (See Instructions)				
Date     Full name of contributor     out-of-state PAC (ID#:)       4/27/2015     Michelle Simpson       Contributor address;     City;     State;     Zip Code       4526 Highland Terrace Austin TX 78731		Amount of contribution (\$)			
ation / Job title (See Instructions)	Employer (See Instruc Self	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					
	ey, Ph.D.  5 Full name of contributor □ out-of-state PAC Maria Barron  6 Contributor address; City; State; 815 Maurice Dr. Cedar Park TX 7861 ation / Job title (See Instructions)  Full name of contributor □ out-of-state PAC Ben Farmer  Contributor address; City; State 3815 Maurice Dr. Cedar Park TX 786 ation / Job title (See Instructions)  ystems  Full name of contributor □ out-of-state PAC Mel Mason  Contributor address; City: State 4526 Highland Terrace Austin TX 787 ation / Job title (See Instructions)  Full name of contributor □ out-of-state PAC Michelle Simpson  Contributor address; City: State 4526 Highland Terrace Austin TX 787 ation / Job title (See Instructions)  Full name of contributor □ out-of-state PAC Michelle Simpson Contributor address; City: State 4526 Highland Terrace Austin TX 787 ation / Job title (See Instructions)	5       Full name of contributor       out-of-state PAC (ID#			

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 17		
2 FILER NAME Laura Press			3 Filer ID (Ethics Commission Filers)	
4 Date 4/27/2015			7 Amount of contribution (\$) \$100	
8 Principal occu Property Ow	Ipation / Job title (See Instructions)	9 Employer (See Instruct Self	itions)	
Date     Full name of contributor     Image: out-of-state PAC (ID#       4/30/2015     Mary Anderson       Contributor address;     City; State; Zip Code       5019 Placid Austin TX 78731		· · · · · · · · · · · · · · · ·	Amount of contribution (\$) \$110	
Principal occupation / Job title (See Instructions) Employer (See Inst Retired Retired		Employer (See Instruc Retired	tions)	
Date 5/18/2015	Full name of contributor aut-of-state PAC Steve Hannah Contributor address; City; State 6213 Idlewood Austin TX 78745	; (ID#:) ; Zip Code	Amount of contribution (\$)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruc Retired	stions)	
Date 5/14/2015	Robert DeLozier	; (ID#:) ; Zip Code	Amount of contribution (\$) \$500	
Principal occu Constructior	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 17		
2 FILER NAME Laura Press			3 Filer ID (Ethics Commission Filers)	
4 <sub>Date</sub> 5/19/2015	5       Full name of contributor       □ out-of-state PAC (ID#:)         15       Mitchell Scott Stein         6       Contributor address;       City; State; Zip Code         1600 W. Ave 11 AUSTIN TX 78701		7 Amount of contribution (\$) \$100	
8 Principal occu Landscaping	upation / Job title (See Instructions)	9 Employer (See Instruc Self	tions)	
Date       Full name of contributor       out-of-state PAC (ID#:)         5/21/2015       Jim Skaggs         Contributor address;       City; State; Zip Code         4700 Toreador Dr. Austin TX 78746		Amount of contribution (\$) \$2,000		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	tions)	
Date 5/21/2015	Full name of contributor 🗍 out-of-state PA John Jasso Contributor address; City; State 2304 Lancaster Drive Austin TX 787		Amount of contribution (\$)	
Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instruct PRO-TERRA	Stions)	
Date 5/22/2015	Jim Lodwick	C (ID#:) e; Zip Code 1	Amount of contribution (\$) \$100	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct Self	L	
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	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 17
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2015	5 Full name of contributor       □ out-of-state PAC (ID#:)         William Collins         6 Contributor address;       City; State; Zip Code         505 Mallory Lane El Paso TX 79912		7 Amount of contribution (\$) \$250
8 Principal occi Owner	upation / Job title (See Instructions)	9 Employer (See Instruct Accutract Services	
<sub>Date</sub> 6/4/2015	Vickie Karp	c (/D#:)	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Real Estate     Karp R.E.			tions)
Date 6/4/2015	Full name of contributor out-of-state PA Karen Renick Contributor address; City; State 2500 Tower Austin TX 78703	C (ID#:) e; Zip Code	Amount of contribution (\$)
Principal occu Architech	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 5/22/2015	David Wager	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Account Manager AWC			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The	a Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: /7
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 <sub>Date</sub> 6/7/2015	5       Full name of contributor       out-of-state PAC (ID#:)         Keith Carnes       6         6       Contributor address;       City; State; Zip Code         600 W. Odell St. Austin TX 78752		7 Amount of contribution (\$) \$100
8 Principal occ manager	upation / Job title (See Instructions)	9 Employer (See Instruct Thundercloud	tions)
Date 6/8/2015	Full name of contributor aut-of-state PAC Mark Schruben Contributor address; City; State 2253 SH 71 W Cedar Creek TX 7861		Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Architect     City of Austin			tions)
Date 6/9/2015	Full name of contributor in out-of-state PAC Robert Belanger Contributor address; City; State 711 Lost Canyon West Lake Hills TX	; Zip Code	Amount of contribution (\$)
Principal occu Owner	upation / Job title (See Instructions)	Employer (See Instruct Robert Belanger A	
Date 6/9/2015	Full name of contributor       □ out-of-state PAC         SL Whiteker       Contributor address;       City; State         PO Box 150865 Austin TX 78715	; (ID#:) ; Zip Code	Amount of contribution (\$) \$100
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instruc Retired	tions)
	ATTACH ADDITIONAL COPIES O		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: /7	
2 FILER NAME Laura Press	ey, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date 6/10/2015	<ul> <li>5 Full name of contributorout-of-state PAC (ID#:)</li> <li>Don Brown</li> <li>6 Contributor address; City; State; Zip Code</li> <li>6200 Cat Mountain Cove Austin TX 78731</li> </ul>		7 Amount of contribution (\$) \$250
8 Principal occu Engineer	pation / Job title (See Instructions)	9 Employer (See Instruct CHC Helicopter	tions)
Date 6/10/2015	Full name of contributor address; City; State 5319 Woodrow Ave AUSTIN TX 787		Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         IT Professional       "A Well-Known Corporation"			
Date 6/11/2015	Full name of contributor Sharon McClure Contributor address; City; State 7505 Greenhaven Austin TX 78757		Amount of contribution (\$)
Principal occur Homemaker	bation / Job title (See Instructions)	Employer (See Instruct Homemaker	stions)
Date 6/11/2015	Full name of contributor Craig Mathews Contributor address; City; State 8520 Gulf Blvd. Navarre FL 32566		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Surveyor     Southern Surveying			
	ATTACH ADDITIONAL COPIES O		
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: /7
2 FILER NAME	•		3 Filer ID (Ethics Commission Filers)
4 <sub>Date</sub> 6/12/2015	5       Full name of contributor       □ out-of-state PAC (ID#:)         Harvey Browne       6       Contributor address;       City; State; Zip Code         15426 Village Woods Dr Eden Prairie MN 55347		7 Amount of contribution (\$) \$100
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instruc Retired	tions)
Date 6/12/2015	Full name of contributor William Wallace Contributor address; City; State 107 allison cv elgin TX 78621	C (ID#:) ) e; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Network Planner     Sprint			tions)
Date 6/15/2015	Full name of contributor out-of-state PA Abbe Delozier (Paid directly to Charl Contributor address; City; State 10708 Regal Oaks Austin TX 78737	ie Fern)	Amount of contribution (\$) \$1,000
Principal occu Real Estate	upation / Job title (See Instructions)	Employer (See Instruct Sky Realty	tions)
Date 6/15/2015	Ellen Berky	C (ID#:) e; Zip Code 78212	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect Self			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
	If contributor is out-of-state PAC, please see inst		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17	
ley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
5       Full name of contributor       Dout-of-state PAC (ID#		7 Amount of contribution (\$) \$1,000	
upation / Job title (See Instructions)	9 Employer (See Instruct Retired	ctions)	
Dawn Phillips Contributor address; City; Stat	e; Zip Code	Amount of contribution (\$) \$250	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         technical trainer       Hand Corp			
Stephen Hunt Contributor address; City; State	e; Zip Code	Amount of contribution (\$) \$100	
pation / Job title (See Instructions)	Employer (See Instruc	tions)	
System Administator       Alchemy Systems         Date       Full name of contributor			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director of Finance       CMIT Solutions, Inc			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
	Instruction Guide explains how to complete thi ley, Ph.D.  Full name of contributor □ out-of-state PA James Skaggs G Contributor address; City; State 4700 Toreador Dr. Austin TX 78746 upation / Job title (See Instructions)  Full name of contributor □ out-of-state PA Dawn Phillips Contributor address; City; State 2104 Peach Tree St. Austin TX 787( pation / Job title (See Instructions)  Full name of contributor □ out-of-state PA Stephen Hunt Contributor address; City; State 1426 W. Braker Ln. Austin TX 78758 pation / Job title (See Instructions)  Full name of contributor □ out-of-state PA Stephen Hunt Contributor address; City; State 1426 W. Braker Ln. Austin TX 78758 pation / Job title (See Instructions)  ininistator  Full name of contributor □ out-of-state PA Stuart Hentschel Contributor address; City; State 6102 Shoalwood Ave Austin TX 787 pation / Job title (See Instructions) inance	Instruction Guide explains how to complete this form.  Idey, Ph.D.  S Full name of contributor James Skaggs G Contributor address; City: State: Zip Code 4700 Toreador Dr. Austin TX 78746  pation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code 2104 Peach Tree St. Austin TX 78704 pation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code 2104 Peach Tree St. Austin TX 78704 pation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code 2104 Peach Tree St. Austin TX 78704 pation / Job title (See Instructions)  Full name of contributor Full name of contributor Contributor address; City: State: Zip Code 1426 W. Braker Ln. Austin TX 78758 pation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code 1426 W. Braker Ln. Austin TX 78758 pation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code 1426 W. Braker Ln. Austin TX 78758 pation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code 1426 W. Braker Ln. Austin TX 78758 pation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code 102 Shoalwood Ave Austin TX 78757 pation / Job title (See Instructions) Full name of contributor Contributor address; City: State: Zip Code 102 Shoalwood Ave Austin TX 78757 pation / Job title (See Instructions) Full name of contributor CMIT Solutions, Ir CMIT Solutions,	

The Instruction Guide explains how to complete this form.     1     Total pages Schedule At:     / 7       2     FILER NAME     3     Filer ID     Ethics Commission Filers)       4     Date     5     Full name of contributor     out-of-state PAC (D#     7     Amount of contribution (3)       6/17/2015     David Dykman     © contributor address;     City; State; Zip Code     23000 Sunny Oak Lane Leander TX 78641     7       8     Principal occupation / Job title (See instructions)     9     Employer (See Instructions)     \$100       Mason     Self     Amount of contribution (3)     \$100     \$99.99       Date     Full name of contributor     out of state PAC (D#     Amount of contribution (3)       6/19/2015     D Hurley     Contributor address;     City; State; Zip Code       4/19/2015     D Hurley     Contributor address;     City; State; Zip Code       6/20/2015     Full name of contributor     Contributor address;     City; State; Zip Code       6/20/2015     Shawn McAnelly     Amount of contribution (\$)     \$250       Contributor address;     City; State; Zip Code     Amount of contribution (\$)       6/20/2015     Shawn McAnelly     Contributor address; City; State; Zip Code     Amount of contribution (\$)       6/20/2015     Full name of contributor     Contributor Address; City; State;	MONE	TARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1
Laura Pressley, Ph.D.       \$ Full name of contributor       out-of-state PAC (DE	The	e Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 17
6/17/2015       David Dykman       \$100         6 Contributor address;       City; State; Zip Code       \$100         23000 Sunny Oak Lane Leander TX 78641       \$100         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Mason       Self         Date       Full name of contributor       out-ot-state PAC (ID#				3 Filer ID (Ethics Commission Filers)
Mason     Self       Date     Full name of contributor     out-of-state PAC (ID#)       6/19/2015     D Hurley     Amount of contribution (\$)       6/19/2015     D Hurley     Contributor address;     City: State; Zip Code       4407 Powder Mill Beltsville MD 20705     Employer (See Instructions)     Amount of contribution (\$)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     Amount of contribution (\$)       Retired     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$)       6/20/2015     Shawn McAnelly     Contributor address;     City; State; Zip Code       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     \$250       Oilfield     Oilfield     Oilfield     Amount of contribution (\$)       Oate     Full name of contributor     out-of-state PAC (ID#	•	David Dykman         6 Contributor address;       City; State; Zip Code		
6/19/2015       D Hurley       \$99.99         6/19/2015       D Hurley       \$99.99         Contributor address:       City: State: Zip Code       \$99.99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Retired         Date       Full name of contributor       out-of-state PAC (ID#	-	upation / Job title (See Instructions)		ctions)
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         6/20/2015       Shawn McAnelly       \$250         Contributor address;       City; State; Zip Code       \$250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250         Oilfield       Oilfield       Oilfield       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         6/22/2015       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         6/22/2015       Full name of contributor       out-of-state PAC (ID#:)       \$200         Principal occupation / Job title (See Instructions)       Contributor address;       City; State; Zip Code         P.O. Box 152766 Austin TX 78715       Employer (See Instructions)       \$200		D Hurley Contributor address; City; Sta	ate; Zip Code	
6/20/2015       Shawn McAnelly Contributor address; City; State; Zip Code P.O. Box 116 Yancey TX 78886       \$250         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Oilfield       Oilfield         Date       Full name of contributor         6/22/2015       Full name of contributor         Mr and Mrs. Wes Perkins       Amount of contribution (\$)         Contributor address;       City; State; Zip Code         P.O. Box 152766 Austin TX 78715         Principal occupation / Job title (See Instructions)         Employer (See Instructions)				ctions)
Oilfield       Oilfield         Date       Full name of contributor		Contributor address; City; Sta	· · · · · · · · · · · · · · · · · · ·	
6/22/2015 Mr and Mrs. Wes Perkins Contributor address; City; State; Zip Code P.O. Box 152766 Austin TX 78715 Principal occupation / Job title (See Instructions) Employer (See Instructions)	-	upation / Job title (See Instructions)		ICtions)
		Mr and Mrs. Wes Perkins Contributor address; City; Sta		
	•			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				IFEDED

The	e Instruction Guide explains how to complete the	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 6/22/2015	<ul> <li>5 Full name of contributor  ut-of-state PAC (ID#:)</li> <li>Rae Nadler Olenick</li> <li>6 Contributor address; City; State; Zip Code</li> <li>1205 E 52nd St #101 Austin TX 78723</li> </ul>		7 Amount of contribution (\$) \$100
8 Principal occi Property Ma	upation / Job title (See Instructions) anagement	9 Employer (See Instruct Self	tions)
Date 6/25/2015	Full name of contributor out-of-state PA Highland Lakes Tea Party Contributor address; City; State 27206 Waterfall Hill Parkway Spicev		Amount of contribution (\$) \$200
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 6/26/2015	Full name of contributor Out-of-state PA Cynthia Johnson Contributor address; City; State 4800 Dry Oak Trail Austin TX 78749		Amount of contribution (\$) \$100
Principal occu Dental Hygie	upation / Job title (See Instructions) enist	Employer (See Instruct Dr Griffin Cole	ctions)
Date 6/27/2015	Full name of contributor Brent Brewer Contributor address; City; Stat 6/27/2015	AC (ID#:) 	Amount of contribution (\$) \$100
Principal occu Director of F	upation / Job title (See Instructions) Fulfillment	Employer (See Instruct Vital Farms	ctions)

MONE	TARY POLITICAL CONTR	BUTIONS	SCHEDULE A1	
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 17	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date 6/27/2015	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$) \$175	
8 Principal occ Retired	supation / Job title (See Instructions)	9 Employer (See Instru- Retired	ctions)	
Date 6/29/2015	Lynn Foster	AC (ID#:) 	Amount of contribution (\$) \$1,000	
Principal occupation / Job title (See Instructions) Employer (See Instruction Retired Retired		ctions)		
<sub>Date</sub> 6/29/2015	Full name of contributor Joan Sefcik Contributor address; City; Sta 4014 Marathon Austin TX 78756	AC (ID#:) 	Amount of contribution (\$) \$1,000	
Principal occ Dentist	upation / Job title (See Instructions)	Employer (See Instru Self	Ctions)	
Date 6/29/2015	Full name of contributor Highland Lakes Tea Party Contributor address; City: Sta 27206 Waterfall Hill Pkwy Spicewoo		Amount of contribution (\$) \$590	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 02/27/2015				

MONE	TARY POLITICAL CONTR	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: /7
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 6/29/2015	5       Full name of contributor       □ out-of-state PAC (ID#)         Don Brinkman       6       Contributor address;       City; State; Zip Code         2501 Tydings Cove Austin TX 78730		7 Amount of contribution (\$) \$150
8 Principal occu Restaurant	upation / Job title (See Instructions)	9 Employer (See Instruct Self	ctions)
Date 6/29/2015	Full name of contributor out-of-state PAR Dana Ambs Contributor address; City; State 3208 Cherrywood Austin TX 78722	с (ID#:) ; е; Zip Code	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired			tions)
<sup>Date</sup> 6/29/2015	Full name of contributor 🗇 out-of-state PA Marcia Ritchie Contributor address; City; State 9222 Knoll Crest Loop Austin TX 787		Amount of contribution (\$) \$200
Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instruct Homemaker	tions)
Date 6/29/2015	Full name of contributor Susan Sullivan Contributor address; City; State POBox 623 Austin TX 78767	C (ID#:) e; Zip Code	Amount of contribution (\$) \$100
Principal occu Paralegal	pation / Job title (See Instructions)	Employer (See Instruc Travis Country	Lions)
			55050
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	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: /7
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 6/29/2015	<ul> <li>5 Full name of contributor  aut-of-state PAC (ID#)</li> <li>Linda Greene</li> <li>6 Contributor address; City; State; Zip Code</li> <li>911 Stoneoak Ln Austin TX 78745</li> </ul>		7 Amount of contribution (\$) \$100
8 Principal occu Agent	upation / Job title (See Instructions)	9 Employer (See Instruct Continental Airlines	
Date 6/29/2015	Full name of contributor Dorothy Erminger Contributor address; City; State 11751 DK Ranch Rd. Austin TX 787		Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Employer (See Instructions) Loan Officer Capstar Lending, LLC			-
Date 6/29/2015	Eduardo Longoria	C (iD#) a; Zip Code	Amount of contribution (\$) \$100
Principal occu Managemen	pation / Job title (See Instructions) t	Employer (See Instruct	tions)
Date 6/30/2015	Full name of contributor Rae Nadler Olenick Contributor address; City; State 1205 E 52nd St #101 Austin TX 787	e; Zip Code	Amount of contribution (\$) \$5,000
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Property Management     Self			tions)
	ATTACH ADDITIONAL COPIES O		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
7			
Filers)			
,			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 1
<sup>2</sup> FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$n/a
5 Date	6 Full name of contributor 🗍 out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution 5 description
6/19/15	7 Contributor address; City; State; Zip Cod	<i>.</i>	43,027.50 Legal Fees
	1201 Spyglass, #100, Austin, TX 78846		Check if travel outside of Texas, complete Schedule T
10 Principal occ Attorney	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe Self	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu Π/a	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm n/a	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
n/a			
Date n/a	Full name of contributor Dout-of-state PAC (ID#	)	Amount of In-kind contribution Contribution \$ description
1004	Contributor address; City; State; Zip Co	 Me	
			Check if travel outside of Texas, complete Schedule T
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		-	
	ATTACH ADDITIONAL COPIES OF 1		
l if	contributor is out-of-state PAC, please see instructio	n guide for a	additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Laura Pressley	, Ph.D.		
4 TOTAL OF UN	ITEMIZED LOANS		\$n/a
5 Date of loan	7 Name of lender 🗌 out-of-state	PAC (ID#:)	9 Loan Amount (\$)
4/13/15	Laura Pressley		\$1,000
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	10203 Woodglen Cove, Austir	n, TX 78753	0% 11 Maturity date
YN			None
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	L <u>, , , , , , , , , , , , , , , , , , ,</u>
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political
16 GUARANTOR INFORMATION	<ul> <li>17 Name of guarantor</li> <li>n/a</li> <li>18 Guarantor address; City;</li> <li>n/a</li> </ul>	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	I <u>, </u>
n/a		n/a	
Date of loan	Name of lender out-of-state	ə PAC (ID#:)	Loan Amount (\$)
4/13/15	Laura Pressley		\$15,000
ls lender a financial Institution?	Lender address; City; 10203 Woodglen Cove, Austir	State; Zip Code n. TX 78753	Interest rate 0%
Y N	··	·, ····	Maturity date
	on / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
Description of Coll	ateral	Check if personal funds were	deposited into political
√ <sub>none</sub> n/a			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	n/a		n/a
	Guarantor address; City;	State; Zip Code	
not applicable	n/a		· ·
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	· ·
if I	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS N nstruction guide for additional r	

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E: 3
2 FILER NAME		3 Filer ID (Ethics Commission Filers	
Laura Pressley	/, Ph.D		
TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	te PAC (\D#:)	9 Loan Amount (\$)
6/2/15	Laura Pressley		\$6,000
Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0%
Institution? Y N	10203 Woodglen Cove, Aust	in, TX 78753	11 Maturity date None
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	)
Owner	· · · ·	Pure Rain, LLC	
4 Description of Col	lateral	15 Check if personal funds we	re deposited into political
✓ none	·Y····		
6 OLIADANITOD	17 Name of guarantor		I 10 Δmount Guaranteed (\$)
	17 Name of guarantor         18 Guarantor address;	State; Zip Code	<b>19</b> Amount Guaranteed (\$)
not applicable 20 Principal Occupa	18 Guarantor address; City;	21 Employer (See Instructions	· · ·
INFORMATION	18 Guarantor address; City;	21 Employer (See Instructions)	· · ·
INFORMATION not applicable Principal Occupa n/a Date of loan	18 Guarantor address; City; Ition (See Instructions) Name of lender out-of-sta	21 Employer (See Instructions	) Loan Amount (\$)
INFORMATION not applicable Principal Occupa n/a Date of loan	18 Guarantor address; City;	21 Employer (See Instructions)	Loan Amount (\$) \$10,368
INFORMATION INFORMATION Interview of loan Interv	18 Guarantor address; City; tion (See Instructions) Name of lender out-of-sta ViSa Lender address; City;	21 Employer (See Instructions) n/a ate PAC (ID#) State; Zip Code	) Loan Amount (\$)
INFORMATION	18 Guarantor address; City; Ition (See Instructions) Name of lender out-of-sta Visa	21 Employer (See Instructions) n/a ate PAC (ID#) State; Zip Code	Loan Amount (\$) \$10,368
INFORMATION INFORMATION Interview of loan Interv	18 Guarantor address; City; tion (See Instructions) Name of lender out-of-sta ViSa Lender address; City;	21 Employer (See Instructions) n/a ate PAC (ID#) State; Zip Code	Loan Amount (\$) \$10,368 Interest rate
INFORMATION INFORMATION Intervention Interve	18 Guarantor address; City; tion (See Instructions) Name of lender out-of-sta ViSa Lender address; City;	21 Employer (See Instructions) n/a ate PAC (ID#) State; Zip Code	Loan Amount (\$) \$10,368 Interest rate Maturity date
INFORMATION INFORMATION Intervention Interve	18 Guarantor address; City; Ition (See Instructions) Name of lender out-of-sta Visa Lender address; City; P.O. Box 183037 Columbus, ion / Job title (See Instructions)	21 Employer (See Instructions) n/a ate PAC (ID#) State; Zip Code OH 43218-3051 Employer (See Instructions	Loan Amount (\$) \$10,368 Interest rate Maturity date
INFORMATION INFORMATION Intervention Interve	18 Guarantor address; City; Ition (See Instructions) Name of lender out-of-sta Visa Lender address; City; P.O. Box 183037 Columbus, ion / Job title (See Instructions)	21 Employer (See Instructions) n/a ate PAC (ID#) State; Zip Code OH 43218-3051	Loan Amount (\$) \$10,368 Interest rate Maturity date
INFORMATION INFORMATION Intervention Intervention Intervention Intervention Institution In	18 Guarantor address; City; Ition (See Instructions) Name of lender out-of-sta Visa Lender address; City; P.O. Box 183037 Columbus, ion / Job title (See Instructions)	21 Employer (See Instructions)         n/a         Inte PAC (ID#)         State;       Zip Code         OH 43218-3051         Employer (See Instructions)         Check if personal funds we	Loan Amount (\$) \$10,368 Interest rate Maturity date
INFORMATION INFORM	18 Guarantor address; City; tion (See Instructions) Name of lender out-of-sta Visa Lender address; City; P.O. Box 183037 Columbus, ion / Job title (See Instructions)	21 Employer (See Instructions)         n/a         Inte PAC (ID#)         State;       Zip Code         OH 43218-3051         Employer (See Instructions)         Check if personal funds we	Loan Amount (\$) \$10,368 Interest rate Maturity date
INFORMATION INFORMATION INFORMATION INFORMATION International Institution? INFORMATION INF	18 Guarantor address;       City;         Ition (See Instructions)         Name of lender       □ out-of-sta         Visa       □ out-of-sta         Lender address;       City;         P.O. Box 183037 Columbus,       ion / Job title (See Instructions)         Ilateral       Name of guarantor         Guarantor address;       City;	21 Employer (See Instructions)         n/a         ate PAC (ID#)         State;       Zip Code         OH 43218-3051         Employer (See Instructions)         Check if personal funds we account (See Instructions)	Loan Amount (\$) \$10,368 Interest rate Maturity date
INFORMATION INFORMATION Intervention Interve	18 Guarantor address;       City;         Ition (See Instructions)         Name of lender       □ out-of-sta         Visa       □ out-of-sta         Lender address;       City;         P.O. Box 183037 Columbus,       ion / Job title (See Instructions)         Ilateral       Name of guarantor         Guarantor address;       City;	21 Employer (See Instructions)         n/a         ate PAC (ID#)         State;       Zip Code         OH 43218-3051         Employer (See Instructions)         Check if personal funds we account (See Instructions)	Loan Amount (\$) \$10,368 Interest rate Maturity date ) re deposited into political Amount Guaranteed (\$)

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LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 3
2 FILER NAME Laura Pressley,	Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6/19/15	Discover		\$12,363
6 is lender			10 Interest rate
a financial		State; Zip Code	
Institution? Y N	P.O. Box 6103 Carol Stre	eam, IL 60197-6103	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	}
n/a		n/a	
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
20 Principal Occupat		State; Zip Code 21 Employer (See Instructions) n/a	
n/a			1
Date of Ioan	Name of lender out-of-state	PAC (ID#: )	Loan Amount (\$) n/a
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate n/a
YN			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	l
Description of Colli	ateral	Check if personal funds were	deposited into political
GUARANTOR INFORMATION	Name of guarantor <b>n/a</b> Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
not applicable	n/a		
Principal Occupati <b>n/a</b>	on (See Instructions)	Employer (See Instructions)	
lf I	ATTACH ADDITIONAL CC ender is out-of-state PAC, please see ir	PIES OF THIS SCHEDULE AS N Instruction guide for additional re	

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POLITICAL	EXPEN	IDITURES	
FROM POL	ITICAL	CONTRIB	UTIONS

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Offic Food/Beverage Expense Polli y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense 1g Expense ing Expense ies/Wages/Contract Labor	Transportation B Travel In Distric Travel Out Of D	
	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Laura Pressley, Ph.D.		3 Filer ID (E	thics Commission Filers)
4 Date 4/14/2015	5 Payee name Mark Cohen			
6 Amount (\$)	7 Payee address; City; State; Zip Co	te	•	
\$15,000	805 W. 10th, Ste 100, Austin, TX	78701		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Election Contest Legal Fees	Check if trave	el outside of Texas, d	complete Schedule T iving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Dist 4. Austin	City Coun	Office held
Date	Payee name	- · ·		
4/23/2015	David Rogers			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$4,000	1201 Spyglass, #100, Austin, TX	78746		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Election Contest Legal Fee	Check if trave	) outside of Texas, c n, TX, officeholder l	omplete Schedule T ving 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
Date	Payee name		. <u> </u>	
4/26/2015	Mark Cohen (Paid Directly to Mr.	Cohen by Jenny C	Clark)	
Amount (\$)	Payee address; City; State; Zip Co	de	<u>.</u>	
\$10,000	805 W. 10th, Ste 100, Austin, TX	787010		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Election Contest Legal Fees	Check if trave	il outside of Texas, c in, TX, officeholder l	iomplete Schedule T iving expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Laura Pressley	Dist. 4, Austir	n Council	N/a
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED	

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Food/Beverage Expense y Gift/Awards/Mernorials Expense	Loan 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	how to complete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Laura Pressley, Ph	ı.D.	3 Filer ID (Ethics Commission Filers)
4 <sub>Date</sub> 5/26/2015	5 Payee name Kinkos		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$395.40	9222 Burnet Rd, Austin, TX 78	8758	
8	(a) Category (See calegories listed at the top of this sch		outside of Texas, complete Schedule T
PURPOSE OF EXPENDITURE	Printing Expense for Court		n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Dist 4. Austin	Office held City Counc n/a
Date	Payee name		
5/27/2015	Kinkos		
Amount (\$)	Payee address; City; State; Zip	Code	
\$445.56	9222 Burnet Rd, Austin, TX 78	3758	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Printing Expense for Court	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		Dist 4 City Co	uncil N/a
Date	Payee name		
6/2/2015	Mark Cohen (Paid Directly to M	Ir. Cohen by Jenny C	lark)
Amount (\$)	Payee address; City; State; Zip	Code	
\$4,685.01	805 W. 10th, Ste 100, Austin, T	FX 787010	
	Category (See categories listed at the top of this sch	ription	
PURPOSE OF EXPENDITURE	Election Contest Legal Fees		outside of Texas, complete Schedute 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, Austin	Council N/a
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NE	EDED

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office ( Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing al Committee Legal Services Salarie	epayment/Reimbursement Sverhead/Rental Expense Expense JExpense sWages/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 t	o complete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Laura Pressley, Ph.D.	<u></u> =	3 Filer ID (Ethics Commission Filers)
4 Date 6/3/2015	5 Payee name David Rogers		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5,000	1201 Spyglass, #100, Austin, TX	78746	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Election Contest Legal Fees		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
Date	Payee name		
6/8/2015	Travis County		
Amount (\$)	Payee address; City; State; Zip Code	•	
\$250	Austin, TX 78746		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Election Contest Legal Fee		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/O		Dist 4 City Co	uncil N/a
Date	Payee name	- · · · · ·	·
6/15/2015	JDr. Jeff Jacobson, Ph.D.		
Amount (\$)	Payee address; City; State; Zip Code	•	
\$1,950	333 Lamartine St., Jamaica Plain, I	MA 02130	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OtherExpert Witness Fees		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/O	Laura Pressley	Dist. 4, Austin	Council N/a
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEI	EDED

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees c Food/Beverage Expense p y Gift/Awards/Memorials Expense p	Loan 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	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.	.D.	3 Filer ID (Ethics Commission Filers)
4 <sub>Date</sub> 6/15/2015	5 Payee name Charlie Fern (Paid o	directly to Ms. Fern b	y Abbe Delozier)
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$1,000	12400 State Highway 71 West,	Austin, TX 78738	
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 n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Laura Pressley	Office sought Dist. 4 City Co	Office held Duncil N/A
Date	Payee name		
6/17/2015	Mark Cohen		
Amount (\$)	Payee address; City; State; Zip	Code	
\$10,368	805 W. 10th, Ste 100, Austin, T	X 78701	
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Election Contest Legal Fee		outside of Texas, complete Schedule T a, 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
Date	Payee name		
NHAF 6/19/15	David Rogers		
Amount (\$)	Payee address; City; State; Zip	Code	
\$12,363	1201 Spyglass, #100, Austin, T	x 78738	
	Category (See categories listed at the top of this sche	edule)	
PURPOSE OF EXPENDITURE	Election Contest Legal Fees		outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF		Dist. 4 City Co	······································
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEI	EDED

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 6 4 Date 5 Payee name 6/17/2015 Mark Cohen 6 Amount (\$) 7 Payee address; City; State; Zip Code \$10,368 805 W. 10th, Ste 100, Austin, TX 78701 (a) Category (See categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, complete Schedule T PURPOSE Election Contest Legal Fees Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Laura Presisey N/A Dist.4 City Council Payee name Date 6/30/15 Piryx Amount (\$) Payee address: City; State; Zip Code \$293.69 Piryx.com Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE Transaction Fees ÔF heck if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Laura Presisey Dist.4 City Council N/A Date Payee name Payee address; Amount (\$) City; State; Zip Code Category (See categories listed at the top of this schedule) pription Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees O Food/Beverage Expense Pe Gift/Awards/Memorials Expense Pe	an Repayment/Reimbursement ffice Overhead/Rental Expense Jilling Expense inting 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	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.I	Э.	3 Filer ID (Ethics Commission Filers)
4 Date 6/25/2015	5 Payee name Mark Cohen		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1,000	805 W. 10th, Ste 100, Austin, T	X 78701	
8	(a) Category (See categories listed at the top of this sched	ule) (b) Description	
PURPOSE OF EXPENDITURE	Election Contest Legal Fees		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Dist. 4 City Co	Office held Duncil N/A
Date	Payee name		
6/30/15	Piryx		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$10,368	Piryx.com		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Transaction Fees	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		Dist. 4 City Co	uncil N/A
Date	Payee name		
N/A	N/A		
Amount (\$)	Payee address; City; State; Zip C	Code	
N/A	N/A		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched $N/A$	Check if travel	outside of Texas, complete Schedule T , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought N/A	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

Forms provided by Texas Ethics Commission

# UNPAID INCURRED OBLIGATIONS

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Adventising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 6/30/15 Dr. Jeffery Jacobson 7 Amount (\$) 8 Payee address; City; State; Zip Code 12,090 333 Lamartine, Jamaica Plain, MA 9 TYPE OF Political Non-Political EXPENDITURE (a) Category (See categories listed at the top of this schedule) 10 (b) Description PURPOSE Expert witness expenses/report Check if travel outside of Texas, complete Schedule T OF EXPENDITURE heck if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Laura Pressley Dist. 4 City Council n/a Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE ription Category (See categories listed at the top of this schedule) neck if travel outside of Texas, complete Schedule T PURPOSE OF neck if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 02/27/2015 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

#### **BUNDLING REPORT**

Name of candidate/officeholder: Laura Pressley

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled
Abbe Delozier	10708 Regal Oaks Austin TX 78737	Realtor	Sky Realty	\$10,000

2. For each person identified above, enter the name and address of each individual contributor whose contribution was bundled by that individual. Attach additional sheets if necessary.

Name of Contributor	Address	Occupation	Employer	Contribution Amount	Bundler
Jenny Clark	500 Lone Oak Austin TX 78704	Retired	Retired	\$10,000	Abbe Delozier
· · · · · ·					
		····			

3. Identify each person registered or required to be register under City Code, Chapter 4-8 (Regulation of Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified in Section 1 above, (2) a business association through which the Bundler does business, or (3) the Bundler's employer.

n/a	 	 	
· · · · ·	 ·····	 	

Note: It is important to remember that contributions to you are from the <u>actual donor, not</u> from the individual who solicited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the contributor.

#### STATE OF TEXAS VERIFICATION

I certify that the total amount bundled on my behalf in the campaign period by all partners, shareholders, principals, employees, and persons who conduct business through a business association that is subject to City Code, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit set by City Charter, Article III, Section 8(A)(1) for the entire business association.

Signature of Affiant