

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: <b>33</b>		<b>OFFICE USE ONLY</b>		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received 2015 JUL 16 AM 10:25 AUSTIN CITY CLERK RECEIVED		
	Mrs.	Laura	A			
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked		
		Pressley, Ph.D.		Receipt # Amount \$		
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Processed		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Imaged		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
<b>5</b> ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	04	13	2015	6	30	2015

**6 EXPLANATION OF CORRECTION**

Corrected pages: 2, 3, Schedule A1, Schedule E, Schedule F2.  
Added pages: Schedule A2 and Bundling Report.

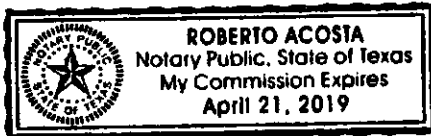
**7 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I 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.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said LAURA PRESSLEY, this the 16th day of JULY, 2015, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>32</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mrs. Laura A</b>		OFFICE USE ONLY Date Received <b>2015 JUL 16 AM 10-25</b> AUSTIN CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX <b>Pressley PhD.</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>10203 Woodglen Cove, Austin, TX 78753</b>		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512 ) 762-3825</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr. Fidel</b>		Receipt # Amount
	NICKNAME LAST SUFFIX <b>Acevedo</b>		Date Processed
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3807 Prairie, Austin, TX 78728</b>		
	8 CAMPAIGN TREASURER PHONE		
AREA CODE PHONE NUMBER EXTENSION <b>(512 ) 775-7276</b>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>4 / 13 / 2015</b> <b>THROUGH</b> <b>06 / 30 / 2015</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>12 / 16 / 2014</b> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>n/a</b>		13 OFFICE SOUGHT (if known) <b>Dist. 4 City Council</b>

GO TO PAGE 2

FORM C/OH  
COVER SHEET PG 2

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 02/27/2015

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,875.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 43,027.50
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 44,728.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 71,247.63
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 12,090.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

## 2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

## 4 Date

4/13/15

## 5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Vickie Karp

## 7 Amount of contribution (\$)

\$500.00

## 6 Contributor address;

City; State; Zip Code

9300 Lauralan Dr Austin TX 78736

## 8 Principal occupation / Job title (See Instructions)

Real Estate

## 9 Employer (See Instructions)

Self

## Date

4/14/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Nancy Podio

## Amount of contribution (\$)

\$1,000.00

## Contributor address;

City; State; Zip Code

2803 Brass Buttons Austin TX 78734

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

## Date

4/14/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Abbe Delozier

## Amount of contribution (\$)

\$1,000

## Contributor address;

City; State; Zip Code

10708 Regal Oaks Austin TX 78737

## Principal occupation / Job title (See Instructions)

Real Estate

## Employer (See Instructions)

Sky Realty

## Date

4/14/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dave Hebert

## Amount of contribution (\$)

\$300

## Contributor address;

City; State; Zip Code

3267 Bee Cave Austin TX 78746

## Principal occupation / Job title (See Instructions)

Engineer

## Employer (See Instructions)

Freescale Semiconductor, Inc.

**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 Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4 Date**

4/15/2015

**5 Full name of contributor**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Karen Renick

**7 Amount of contribution (\$)**

\$500

**6 Contributor address; City; State; Zip Code**

2500 Tower Austin TX 78703

**8 Principal occupation / Job title (See Instructions)**

Architech

**9 Employer (See Instructions)**

Architech

**Date**

4/16/2015

**Full name of contributor**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dana Ambs

**Amount of contribution (\$)**

\$500

**Contributor address; City; State; Zip Code**

3208 Cherrywood Austin TX 78722

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

Real Estate

**Employer (See Instructions)**

Self

**Date**

4/22/2015

**Full name of contributor**☐ out-of-state PAC (ID#: \_\_\_\_\_)

George Humphrey

**Amount of contribution (\$)**

\$400

**Contributor address; City; State; Zip Code**

2603 Tanglewood Austin TX 78703

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

Real Estate

**Employer (See Instructions)**

Self

**Date**

4/26/2015

**Full name of contributor**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jenny Clark (Amount was paid directly to M. Cohen)

**Amount of contribution (\$)**

\$10,000

**Contributor address; City; State; Zip Code**

500 Lone Oak Austin TX 78704

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

Retired

**Employer (See Instructions)**

Retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Laura Pressley

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/2015

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rae Nadler Olenick

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

1205 E. 52nd Austin, TX 78723

8 Principal occupation / Job title (See Instructions)

Property Owner

9 Employer (See Instructions)

Self

Date

4/27/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Bill Worsham

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

1105 Norwalk Ln Austin, TX 78703

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

LJA Engineering

Date

4/27/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Dana Ambs

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

3208 Cherrywood Austin, TX 78722

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

4/27/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Teresa Klepac

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

307 Prize Oaks Dr Austin, TX 78722

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Austin Computing Solutions

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 Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

## 4 Date

4/27/2015

## 5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Maria Barron

## 7 Amount of contribution (\$)

\$100

## 6 Contributor address;

City; State; Zip Code

815 Maurice Dr. Cedar Park TX 78613

## 8 Principal occupation / Job title (See Instructions)

Retired

## 9 Employer (See Instructions)

Retired

## Date

4/27/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ben Farmer

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

3815 Maurice Dr. Cedar Park TX 78613

## Principal occupation / Job title (See Instructions)

ATX Event Systems

## Employer (See Instructions)

Director

## Date

4/27/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mel Mason

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

4526 Highland Terrace Austin TX 78731

## Principal occupation / Job title (See Instructions)

Retail

## Employer (See Instructions)

CCB

## Date

4/27/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michelle Simpson

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

4526 Highland Terrace Austin TX 78731

## Principal occupation / Job title (See Instructions)

Hair Stylist

## Employer (See Instructions)

Self

**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 Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

## 4 Date

4/27/2015

## 5 Full name of contributor

Walter Olenick

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## 7 Amount of contribution (\$)

\$100

## 6 Contributor address;

City; State; Zip Code

1205 E 52nd St #101 Austin TX 78723

## 8 Principal occupation / Job title (See Instructions)

Property Owner

## 9 Employer (See Instructions)

Self

## Date

4/30/2015

## Full name of contributor

Mary Anderson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

\$110

## Contributor address;

City; State; Zip Code

5019 Placid Austin TX 78731

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

## Date

5/18/2015

## Full name of contributor

Steve Hannah

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

6213 Idlewood Austin TX 78745

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

## Date

5/14/2015

## Full name of contributor

Robert DeLozier

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

\$500

## Contributor address;

City; State; Zip Code

10708 Regal Oaks Austin TX 78737

## Principal occupation / Job title (See Instructions)

Construction

## Employer (See Instructions)

Self

**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 Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4** Date

5/19/2015

**5** Full name of contributor

Mitchell Scott Stein

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)

\$100

**6** Contributor address;

City; State; Zip Code

1600 W. Ave 11 AUSTIN TX 78701

**8** Principal occupation / Job title (See Instructions)

Landscaping

**9** Employer (See Instructions)

Self

## Date

5/21/2015

## Full name of contributor

Jim Skaggs

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

\$2,000

## Contributor address;

City; State; Zip Code

4700 Toreador Dr. Austin TX 78746

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

## Date

5/21/2015

## Full name of contributor

John Jasso

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

2304 Lancaster Drive Austin TX 78748

## Principal occupation / Job title (See Instructions)

Owner

## Employer (See Instructions)

PRO-TERRA

## Date

5/22/2015

## Full name of contributor

Jim Lodwick

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

7710 Shadyrock Dr Austin TX 78731

## Principal occupation / Job title (See Instructions)

Investor

## Employer (See Instructions)

Self

**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 Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4 Date**

5/23/2015

**5 Full name of contributor**☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Collins

**7 Amount of contribution (\$)**

\$250

**6 Contributor address; City; State; Zip Code**

505 Mallory Lane El Paso TX 79912

**8 Principal occupation / Job title (See Instructions)**

Owner

**9 Employer (See Instructions)**

Accutract Services

**Date**

6/4/2015

**Full name of contributor**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Vickie Karp

**Amount of contribution (\$)**

\$250

**Contributor address; City; State; Zip Code**

9300 Lauralan Dr., Austin TX 78736

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

Real Estate

**Employer (See Instructions)**

Karp R.E.

**Date**

6/4/2015

**Full name of contributor**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Karen Renick

**Amount of contribution (\$)**

\$250

**Contributor address; City; State; Zip Code**

2500 Tower Austin TX 78703

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

Architech

**Employer (See Instructions)**

Lawrence Group

**Date**

5/22/2015

**Full name of contributor**☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Wager

**Amount of contribution (\$)**

\$100

**Contributor address; City; State; Zip Code**

4015 Tartan Houston TX 77025

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

Account Manager

**Employer (See Instructions)**

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 Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **/7****2** FILER NAME

Laura Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4** Date

6/7/2015

**5** Full name of contributor

Keith Carnes

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6** Contributor address; City; State; Zip Code

600 W. Odell St. Austin TX 78752

**7** Amount of contribution (\$)

\$100

**8** Principal occupation / Job title (See Instructions)

manager

**9** Employer (See Instructions)

Thundercloud

## Date

6/8/2015

## Full name of contributor

Mark Schruben

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

2253 SH 71 W Cedar Creek TX 78612

## Amount of contribution (\$)

\$500

## Principal occupation / Job title (See Instructions)

Architect

## Employer (See Instructions)

City of Austin

## Date

6/9/2015

## Full name of contributor

Robert Belanger

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

711 Lost Canyon West Lake Hills TX 78746

## Amount of contribution (\$)

\$200

## Principal occupation / Job title (See Instructions)

Owner

## Employer (See Instructions)

Robert Belanger Assoc.

## Date

6/9/2015

## Full name of contributor

SL Whiteker

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

PO Box 150865 Austin TX 78715

## Amount of contribution (\$)

\$100

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **17****2 FILER NAME**

Laura Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4 Date**

6/10/2015

**5 Full name of contributor**

Don Brown

☐ out-of-state PAC (ID#: \_\_\_\_\_)**7 Amount of contribution (\$)**

\$250

**6 Contributor address; City; State; Zip Code**

6200 Cat Mountain Cove Austin TX 78731

**8 Principal occupation / Job title (See Instructions)**

Engineer

**9 Employer (See Instructions)**

CHC Helicopter

**Date**

6/10/2015

**Full name of contributor**

Judith Haller

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Amount of contribution (\$)**

\$100

**Contributor address; City; State; Zip Code**

5319 Woodrow Ave AUSTIN TX 78756

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

IT Professional

**Employer (See Instructions)**

"A Well-Known Corporation"

**Date**

6/11/2015

**Full name of contributor**

Sharon McClure

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Amount of contribution (\$)**

\$100

**Contributor address; City; State; Zip Code**

7505 Greenhaven Austin TX 78757

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

Homemaker

**Employer (See Instructions)**

Homemaker

**Date**

6/11/2015

**Full name of contributor**

Craig Mathews

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Amount of contribution (\$)**

\$100

**Contributor address; City; State; Zip Code**

8520 Gulf Blvd. Navarre FL 32566

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

Surveyor

**Employer (See Instructions)**

Southern Surveying

**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 Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4 Date**

6/12/2015

**5 Full name of contributor**

Harvey Browne

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6 Contributor address;**

City; State; Zip Code

15426 Village Woods Dr Eden Prairie MN 55347

**7 Amount of contribution (\$)**

\$100

**8 Principal occupation / Job title (See Instructions)**

Retired

**9 Employer (See Instructions)**

Retired

**Date**

6/12/2015

**Full name of contributor**

William Wallace

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Contributor address;**

City; State; Zip Code

107 allison cv elgin TX 78621

**Amount of contribution (\$)**

\$100

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

Network Planner

**Employer (See Instructions)**

Sprint

**Date**

6/15/2015

**Full name of contributor**

Abbe Delozier (Paid directly to Charlie Fern)

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Contributor address;**

City; State; Zip Code

10708 Regal Oaks Austin TX 78737

**Amount of contribution (\$)**

\$1,000

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

Real Estate

**Employer (See Instructions)**

Sky Realty

**Date**

6/15/2015

**Full name of contributor**

Ellen Berky

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Contributor address;**

City; State; Zip Code

434 W. Kings Hwy San Antonio TX 78212

**Amount of contribution (\$)**

\$200

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

Architect

**Employer (See Instructions)**

Self

**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 Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4 Date**

6/16/2015

**5 Full name of contributor**

James Skaggs

☐ out-of-state PAC (ID# \_\_\_\_\_)**6 Contributor address; City; State; Zip Code**

4700 Toreador Dr. Austin TX 78746

**7 Amount of contribution (\$)**

\$1,000

**8 Principal occupation / Job title (See Instructions)**

Retired

**9 Employer (See Instructions)**

Retired

**Date**

6/16/2015

**Full name of contributor**

Dawn Phillips

☐ out-of-state PAC (ID# \_\_\_\_\_)**Contributor address; City; State; Zip Code**

2104 Peach Tree St. Austin TX 78704

**Amount of contribution (\$)**

\$250

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

technical trainer

**Employer (See Instructions)**

Hand Corp

**Date**

6/16/2015

**Full name of contributor**

Stephen Hunt

☐ out-of-state PAC (ID# \_\_\_\_\_)**Contributor address; City; State; Zip Code**

1426 W. Braker Ln. Austin TX 78758

**Amount of contribution (\$)**

\$100

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

System Administrator

**Employer (See Instructions)**

Alchemy Systems

**Date**

6/16/2015

**Full name of contributor**

Stuart Hentschel

☐ out-of-state PAC (ID# \_\_\_\_\_)**Contributor address; City; State; Zip Code**

6102 Shoalwood Ave Austin TX 78757

**Amount of contribution (\$)**

\$100

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

Director of Finance

**Employer (See Instructions)**

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.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **17****2** FILER NAME

Laura Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4** Date

6/17/2015

**5** Full name of contributor

David Dykman

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6** Contributor address;

City; State; Zip Code

23000 Sunny Oak Lane Leander TX 78641

**7** Amount of contribution (\$)

\$100

**8** Principal occupation / Job title (See Instructions)

Mason

**9** Employer (See Instructions)

Self

## Date

6/19/2015

## Full name of contributor

D Hurley

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

4407 Powder Mill Beltsville MD 20705

## Amount of contribution (\$)

\$99.99

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

## Date

6/20/2015

## Full name of contributor

Shawn McAnelly

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

P.O. Box 116 Yancey TX 78886

## Amount of contribution (\$)

\$250

## Principal occupation / Job title (See Instructions)

Oilfield

## Employer (See Instructions)

Oilfield

## Date

6/22/2015

## Full name of contributor

Mr and Mrs. Wes Perkins

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

P.O. Box 152766 Austin TX 78715

## Amount of contribution (\$)

\$200

## Principal occupation / Job title (See Instructions)

Radio and TV

## Employer (See Instructions)

Self

**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 Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4** Date

6/22/2015

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rae Nadler Olenick

**7** Amount of contribution (\$)

\$100

**6** Contributor address;

City; State; Zip Code

1205 E 52nd St #101 Austin TX 78723

**8** Principal occupation / Job title (See Instructions)

Property Management

**9** Employer (See Instructions)

Self

## Date

6/25/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Highland Lakes Tea Party

## Amount of contribution (\$)

\$200

## Contributor address;

City; State; Zip Code

27206 Waterfall Hill Parkway Spicewood TX 78654

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

6/26/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cynthia Johnson

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

4800 Dry Oak Trail Austin TX 78749

## Principal occupation / Job title (See Instructions)

Dental Hygienist

## Employer (See Instructions)

Dr Griffin Cole

## Date

6/27/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brent Brewer

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

6/27/2015

## Principal occupation / Job title (See Instructions)

Director of Fulfillment

## Employer (See Instructions)

Vital Farms

**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 Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4** Date

6/27/2015

**5** Full name of contributor

Helen Briggs

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6** Contributor address;

City; State; Zip Code

168 Dairy Cedar Creek TX 78612

**7** Amount of contribution (\$)

\$175

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

Retired

## Date

6/29/2015

## Full name of contributor

Lynn Foster

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

12008 Saxony Lane Austin TX 78727

## Amount of contribution (\$)

\$1,000

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

## Date

6/29/2015

## Full name of contributor

Joan Sefcik

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

4014 Marathon Austin TX 78756

## Amount of contribution (\$)

\$1,000

## Principal occupation / Job title (See Instructions)

Dentist

## Employer (See Instructions)

Self

## Date

6/29/2015

## Full name of contributor

Highland Lakes Tea Party

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

27206 Waterfall Hill Pkwy Spicewood TX 78654

## Amount of contribution (\$)

\$590

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **17****2** FILER NAME

Laura Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4** Date

6/29/2015

**5** Full name of contributor

Don Brinkman

☐ out-of-state PAC (ID# \_\_\_\_\_)**6** Contributor address; City; State; Zip Code

2501 Tydings Cove Austin TX 78730

**7** Amount of contribution (\$)

\$150

**8** Principal occupation / Job title (See Instructions)

Restaurant

**9** Employer (See Instructions)

Self

## Date

6/29/2015

## Full name of contributor

Dana Ambs

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

3208 Cherrywood Austin TX 78722

## Amount of contribution (\$)

\$200

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

## Date

6/29/2015

## Full name of contributor

Marcia Ritchie

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

9222 Knoll Crest Loop Austin TX 78759

## Amount of contribution (\$)

\$200

## Principal occupation / Job title (See Instructions)

Homemaker

## Employer (See Instructions)

Homemaker

## Date

6/29/2015

## Full name of contributor

Susan Sullivan

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

POBox 623 Austin TX 78767

## Amount of contribution (\$)

\$100

## Principal occupation / Job title (See Instructions)

Paralegal

## Employer (See Instructions)

Travis Country

**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: **/ 7****2 FILER NAME**

Laura Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4 Date**

6/29/2015

**5 Full name of contributor**

Linda Greene

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6 Contributor address;**

City; State; Zip Code

911 Stoneoak Ln Austin TX 78745

**7 Amount of contribution (\$)**

\$100

**8 Principal occupation / Job title (See Instructions)**

Agent

**9 Employer (See Instructions)**

Continental Airlines

**Date**

6/29/2015

**Full name of contributor**

Dorothy Erminger

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Contributor address;**

City; State; Zip Code

11751 DK Ranch Rd. Austin TX 78759

**Amount of contribution (\$)**

\$100

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

Loan Officer

**Employer (See Instructions)**

Capstar Lending, LLC

**Date**

6/29/2015

**Full name of contributor**

Eduardo Longoria

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Contributor address;**

City; State; Zip Code

1508 Norris Drive Austin TX 78704

**Amount of contribution (\$)**

\$100

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

Management

**Employer (See Instructions)**

Self

**Date**

6/30/2015

**Full name of contributor**

Rae Nadler Olenick

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Contributor address;**

City; State; Zip Code

1205 E 52nd St #101 Austin TX 78723

**Amount of contribution (\$)**

\$5,000

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

Property Management

**Employer (See Instructions)**

Self

**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: **7****2** FILER NAME

Laura Pressley, Ph.D.

**3** Filer ID (Ethics Commission Filers)**4** Date

6/30/2015

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Vickie Karp

**7** Amount of contribution (\$)

\$250

**6** Contributor address; City; State; Zip Code

9300 Lauralan Dr., Austin, TX Austin TX 78736

**8** Principal occupation / Job title (See Instructions)

Real Estate

**9** Employer (See Instructions)

Karp R.E.

## Date

6/30/2015

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Corey

## Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

3955 Shoal Creek Blvd, Apt 210 Austin TX 78756

## Principal occupation / Job title (See Instructions)

Engineer

## Employer (See Instructions)

Self

## Date

n/a

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

Contributor address; City; State; Zip Code

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

n/a

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

Contributor address; City; State; Zip Code

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A2: <span style="float: right;">1</span>	
<b>2</b> FILER NAME Laura Pressley, Ph.D.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$n/a	
<b>5</b> Date 6/19/15	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Rogers <b>7</b> Contributor address; City; State; Zip Code 1201 Spyglass, #100, Austin, TX 78846	<b>8</b> Amount of Contribution \$ 43,027.50	<b>9</b> In-kind contribution description Legal Fees <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions) Self	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) n/a		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions) n/a	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL) n/a		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			
<b>Date</b> n/a	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#:  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>3</b>
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$n/a
5 Date of loan 4/13/15	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laura Pressley	9 Loan Amount (\$) \$1,000
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753	10 Interest rate 0%
		11 Maturity date None
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor n/a	19 Amount Guaranteed (\$) n/a
	18 Guarantor address; City; State; Zip Code n/a	
20 Principal Occupation (See Instructions) n/a		21 Employer (See Instructions) n/a
Date of loan 4/13/15	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laura Pressley	Loan Amount (\$) \$15,000
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753	Interest rate 0%
		Maturity date None
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none n/a		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor n/a	Amount Guaranteed (\$) n/a
	Guarantor address; City; State; Zip Code n/a	
Principal Occupation (See Instructions) n/a		Employer (See Instructions) n/a
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>3</b>
2 FILER NAME <b>Laura Pressley, Ph.D.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>6/2/15</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Pressley</b>	9 Loan Amount (\$) <b>\$6,000</b>
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code <b>10203 Woodglen Cove, Austin, TX 78753</b>	10 Interest rate <b>0%</b>
		11 Maturity date <b>None</b>
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		13 Employer (See Instructions) <b>Pure Rain, LLC</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) <b>n/a</b>		21 Employer (See Instructions) <b>n/a</b>
Date of loan <b>6/17/15</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Visa</b>	Loan Amount (\$) <b>\$10,368</b>
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code <b>P.O. Box 183037 Columbus, OH 43218-3051</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions) <b>n/a</b>		Employer (See Instructions) <b>n/a</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>3</b>
2 FILER NAME <b>Laura Pressley, Ph.D.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>6/19/15</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Discover</b>	9 Loan Amount (\$) <b>\$12,363</b>
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code <b>P.O. Box 6103 Carol Stream, IL 60197-6103</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>n/a</b>		13 Employer (See Instructions) <b>n/a</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) <b>n/a</b>		21 Employer (See Instructions) <b>n/a</b>
Date of loan <b>n/a</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>n/a</b>	Loan Amount (\$) <b>n/a</b>
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code <b>n/a</b>	Interest rate <b>n/a</b>
		Maturity date <b>n/a</b>
Principal occupation / Job title (See Instructions) <b>n/a</b>		Employer (See Instructions) <b>n/a</b>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor <b>n/a</b>	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code <b>n/a</b>	
Principal Occupation (See Instructions) <b>n/a</b>		Employer (See Instructions) <b>n/a</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

<b>1</b> Total pages Schedule F1: <b>6</b>		<b>2</b> FILER NAME <b>Laura Pressley, Ph.D.</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>4/14/2015</b>		<b>5</b> Payee name <b>Mark Cohen</b>			
<b>6</b> Amount (\$) <b>\$15,000</b>		<b>7</b> Payee address; City; State; Zip Code <b>805 W. 10th, Ste 100, Austin, TX 78701</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See categories listed at the top of this schedule) <b>Election Contest Legal Fees</b>		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name <b>Laura Pressley</b>		Office sought <b>Dist 4. Austin City Council</b>	
				Office held <b>n/a</b>	
<b>Date</b> <b>4/23/2015</b>		<b>Payee name</b> <b>David Rogers</b>			
<b>Amount (\$)</b> <b>\$4,000</b>		<b>Payee address; City; State; Zip Code</b> <b>1201 Spyglass, #100, Austin, TX 78746</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <b>Election Contest Legal Fees</b>		<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
		Candidate / Officeholder name <b>Laura Pressley</b>		Office sought <b>Dist 4 City Council</b>	
				Office held <b>N/a</b>	
<b>Date</b> <b>4/26/2015</b>		<b>Payee name</b> <b>Mark Cohen (Paid Directly to Mr. Cohen by Jenny Clark)</b>			
<b>Amount (\$)</b> <b>\$10,000</b>		<b>Payee address; City; State; Zip Code</b> <b>805 W. 10th, Ste 100, Austin, TX 787010</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <b>Election Contest Legal Fees</b>		<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
		Candidate / Officeholder name <b>Laura Pressley</b>		Office sought <b>Dist. 4, Austin Council</b>	
				Office held <b>N/a</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>Laura Pressley, Ph.D.</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>5/26/2015</b>	<b>5</b> Payee name <b>Kinkos</b>				
<b>6</b> Amount (\$) <b>\$395.40</b>	<b>7</b> Payee address; City; State; Zip Code <b>9222 Burnet Rd, Austin, TX 78758</b>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Printing Expense for Court</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name <b>Laura Pressley</b></td> <td style="width:25%; border: none;">Office sought <b>Dist 4. Austin City Council</b></td> <td style="width:25%; border: none;">Office held <b>n/a</b></td> </tr> </table>			Candidate / Officeholder name <b>Laura Pressley</b>	Office sought <b>Dist 4. Austin City Council</b>	Office held <b>n/a</b>
Candidate / Officeholder name <b>Laura Pressley</b>	Office sought <b>Dist 4. Austin City Council</b>	Office held <b>n/a</b>			
<b>Date</b> <b>5/27/2015</b>	<b>Payee name</b> <b>Kinkos</b>				
<b>Amount (\$)</b> <b>\$445.56</b>	<b>Payee address; City; State; Zip Code</b> <b>9222 Burnet Rd, Austin, TX 78758</b>				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Printing Expense for Court</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name <b>Laura Pressley</b></td> <td style="width:25%; border: none;">Office sought <b>Dist 4 City Council</b></td> <td style="width:25%; border: none;">Office held <b>N/a</b></td> </tr> </table>			Candidate / Officeholder name <b>Laura Pressley</b>	Office sought <b>Dist 4 City Council</b>	Office held <b>N/a</b>
Candidate / Officeholder name <b>Laura Pressley</b>	Office sought <b>Dist 4 City Council</b>	Office held <b>N/a</b>			
<b>Date</b> <b>6/2/2015</b>	<b>Payee name</b> <b>Mark Cohen (Paid Directly to Mr. Cohen by Jenny Clark)</b>				
<b>Amount (\$)</b> <b>\$4,685.01</b>	<b>Payee address; City; State; Zip Code</b> <b>805 W. 10th, Ste 100, Austin, TX 787010</b>				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Election Contest Legal Fees</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name <b>Laura Pressley</b></td> <td style="width:25%; border: none;">Office sought <b>Dist. 4, Austin Council</b></td> <td style="width:25%; border: none;">Office held <b>N/a</b></td> </tr> </table>			Candidate / Officeholder name <b>Laura Pressley</b>	Office sought <b>Dist. 4, Austin Council</b>	Office held <b>N/a</b>
Candidate / Officeholder name <b>Laura Pressley</b>	Office sought <b>Dist. 4, Austin Council</b>	Office held <b>N/a</b>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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: <b>6</b>		2 FILER NAME <b>Laura Pressley, Ph.D.</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6/3/2015</b>		5 Payee name <b>David Rogers</b>			
6 Amount (\$) <b>\$5,000</b>		7 Payee address; City; State; Zip Code <b>1201 Spyglass, #100, Austin, TX 78746</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>Election Contest Legal Fees</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Laura Pressley</b>		Office sought <b>Dist 4. Austin City Council</b>	
Date <b>6/8/2015</b>		Payee name <b>Travis County</b>			
Amount (\$) <b>\$250</b>		Payee address; City; State; Zip Code <b>Austin, TX 78746</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>Election Contest Legal Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Laura Pressley</b>		Office sought <b>Dist 4 City Council</b>	
Date <b>6/15/2015</b>		Payee name <b>JDr. Jeff Jacobson, Ph.D.</b>			
Amount (\$) <b>\$1,950</b>		Payee address; City; State; Zip Code <b>333 Lamartine St., Jamaica Plain, MA 02130</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>Other--Expert Witness Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Laura Pressley</b>		Office sought <b>Dist. 4, Austin Council</b>	
Office held <b>N/a</b>					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

<b>1</b> Total pages Schedule F1: <div style="font-size: 1.5em; margin-left: 40px;">6</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">Laura Pressley, Ph.D.</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/15/2015	<b>5</b> Payee name <div style="text-align: center; font-size: 1.2em;">Charlie Fern (Paid directly to Ms. Fern by Abbe Delozier)</div>	
<b>6</b> Amount (\$) \$1,000	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">12400 State Highway 71 West, Austin, TX 78738</div>	
<b>8</b>  <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising</div>	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">Laura Pressley</div></div> <div>Office sought <div style="text-align: center; font-size: 1.2em;">Dist. 4 City Council</div></div> <div>Office held <div style="text-align: center; font-size: 1.2em;">N/A</div></div> </div>		
Date 6/17/2015	Payee name <div style="text-align: center; font-size: 1.2em;">Mark Cohen</div>	
Amount (\$) \$10,368	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">805 W. 10th, Ste 100, Austin, TX 78701</div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Election Contest Legal Fees</div>	
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>10</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">Laura Pressley</div></div> <div>Office sought <div style="text-align: center; font-size: 1.2em;">Dist. 4 City Council</div></div> <div>Office held <div style="text-align: center; font-size: 1.2em;">N/A</div></div> </div>		
Date <del>N/A</del> 6/19/15	Payee name <div style="text-align: center; font-size: 1.2em;">David Rogers</div>	
Amount (\$) \$12,363	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1201 Spyglass, #100, Austin, Tx 78738</div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Election Contest Legal Fees</div>	
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">Laura Pressley</div></div> <div>Office sought <div style="text-align: center; font-size: 1.2em;">Dist. 4 City Council</div></div> <div>Office held</div> </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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: <b>6</b>		2 FILER NAME <b>Laura Pressley, Ph.D.</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6/17/2015</b>		5 Payee name <b>Mark Cohen</b>			
6 Amount (\$) <b>\$10,368</b>		7 Payee address; City; State; Zip Code <b>805 W. 10th, Ste 100, Austin, TX 78701</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>Election Contest Legal Fees</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Laura Preslsey</b>		Office sought <b>Dist.4 City Council</b> Office held <b>N/A</b>	
Date <b>6/30/15</b>		Payee name <b>Pirx</b>			
Amount (\$) <b>\$293.69</b>		Payee address; City; State; Zip Code <b>Pirx.com</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>Transaction Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Laura Preslsey</b>		Office sought <b>Dist.4 City Council</b> Office held <b>N/A</b>	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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: <b>6</b>		2 FILER NAME <b>Laura Pressley, Ph.D.</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6/25/2015</b>		5 Payee name <b>Mark Cohen</b>			
6 Amount (\$) <b>\$1,000</b>		7 Payee address; City; State; Zip Code <b>805 W. 10th, Ste 100, Austin, TX 78701</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>Election Contest Legal Fees</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Laura Pressley</b>		Office sought <b>Dist. 4 City Council</b>	
				Office held <b>N/A</b>	
Date <b>6/30/15</b>		Payee name <b>Piryx</b>			
Amount (\$) <b>\$10,368</b>		Payee address; City; State; Zip Code <b>Piryx.com</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>Transaction Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Laura Pressley</b>		Office sought <b>Dist. 4 City Council</b>	
				Office held <b>N/A</b>	
Date <b>N/A</b>		Payee name <b>N/A</b>			
Amount (\$) <b>N/A</b>		Payee address; City; State; Zip Code <b>N/A</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>N/A</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>N/A</b>		Office sought <b>N/A</b>	
				Office held <b>N/A</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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: 1	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 6/30/15	6 Payee name Dr. Jeffery Jacobson
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7 Amount (\$) 12,090	8 Payee address; City; State; Zip Code 333 Lamartine, Jamaica Plain, MA
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Expert witness expenses/report	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Laura Pressley	Office sought Dist. 4 City Council	Office held n/a
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## BUNDLING REPORT

Name of candidate/officeholder: Laura Pressley

- 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

- 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

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*Note: It is important to remember that contributions to you are from the **actual donor, not** 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