

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: 38
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Laura	MI
	NICKNAME	LAST Pressley	SUFFIX Ph.D.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 10203 Woodglen Cove	APT / SUITE #;	CITY; STATE; ZIP CODE Austin TX 78753
	5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER 512-762-3825
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Fidel	MI
	NICKNAME	LAST Acevedo	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3807 Prairie Austin TX 78728		
	8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER 512-775-7276
9 REPORT TYPE	<input checked="" 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 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 20160701 THROUGH 20161231 / /		
11 ELECTION	ELECTION DATE Month / Day / Year 20141216		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) Austin City Council District 4
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Mrs. Laura Pressley, Ph.D. **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

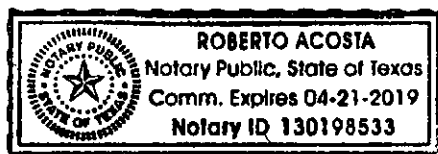
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3742.16
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15015.16
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1299.82
	4. TOTAL POLITICAL EXPENDITURES	\$ 19760.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 433.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 69669.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Laura Pressley, this the 17th day of JANUARY, 2017, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

ROBERTO ACOSTA

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Mrs. Laura Pressley, Ph.D.****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11273
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 625
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 69669
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19760.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

7/5/2016

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Trembly Bill

7 Amount of contribution (\$)

500

6 Contributor address; City; State; Zip Code

150 Pinehurst St. Meadowlakes TX 78654

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

7/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Archer Ira

Amount of contribution (\$)

300

Contributor address; City; State; Zip Code

6119 Greenville Dallas TX 75206

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Buyers Capital

Date

7/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lee Clayton

Amount of contribution (\$)

60

Contributor address; City; State; Zip Code

400 VZ CR 4826 Ben Wheeler TX 75754

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lenz Sherrill

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

P.O. Box 1501 Van TX 75790

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

20160725

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

McCullough M.D.

7 Amount of contribution (\$)

60

6 Contributor address;

City; State; Zip Code

143 VZCR 1930 Fruitvale TX 75790

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

7/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Collins Dr. Dwayne

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

7418 FM 279 Ben Wheeler TX 75754

Principal occupation / Job title (See Instructions)

Veterinarian

Employer (See Instructions)

Self

Date

7/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brewer Bob

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

1800 DeCharles Tyler TX 75701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Williams Nolan and Patricia

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

6069 VZCR 2602 Mabank TX 75147

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Mrs. Laura Pressley, Ph.D

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

7/25/2016

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Chandler Bill

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

21835 S. Shorline Ben Wheeler TX 75758

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

7/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karp Vickie

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

9300 Lauralan Austin TX 78736

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

7/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Britton Ron

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2708 W. 35th Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/1/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Larson-Heck Yvonne

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

6914 Verado Way Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

S&P Global

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Mrs. Laura Pressley, Ph.D

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

8/1/2016

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Cosgray Craig

7 Amount of contribution (\$)

200

6 Contributor address;

City; State; Zip Code

27206 Waterfall Hill Spicewood TX 78669

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Marengo Films

Date

8/1/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anderson Mary

Amount of contribution (\$)

84

Contributor address;

City; State; Zip Code

5019 Placid Austin TX 78731

Principal occupation / Job title (See Instructions)

Health Care

Employer (See Instructions)

Self

Date

8/1/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Johnson Cynthia

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

P.O. Box 718 Tyler TX 75713

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Walker King

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

3702 Jaguar Trl Temple TX 76504

Principal occupation / Job title (See Instructions)

Security

Employer (See Instructions)

AlliedBarton

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

8/28/2016

5 Full name of contributor

Llorens John

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

200

6 Contributor address; City; State; Zip Code

2902 Angelfire Austin TX 78746

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

Marketouch Media

Date

9/6/2016

Full name of contributor

Smith Lois

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

611 W. Forest Houston TX 77079

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/6/2016

Full name of contributor

Wahlquist Elizabeth

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

46 Downs Lake Dallas TX 75230

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/6/2016

Full name of contributor

Parsons Brad

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

350

Contributor address; City; State; Zip Code

3571 Far West Austin TX 78731

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Mrs. Laura Pressley, Ph.D

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

9/6/2016

5 Full name of contributor

Parsons Brad

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

City; State; Zip Code

3571 Far West Austin TX 78731

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

9/6/2016

Full name of contributor

Pulliam Jim

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

15713 Tenbury St Houston TX 77040

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Civil Engineer

Employer (See Instructions)

Retired

Date

9/6/2016

Full name of contributor

Slaton Michael and Vicki

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

305 Brookwood Forest Sunnyvale TX 75182

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Slaton Financial

Date

9/6/2016

Full name of contributor

Mayer Victor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

5403 Hunters Glen Austin TX 78745

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired Major, USAF

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

9/6/2016

5 Full name of contributor

Jarrett Susan

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

100

6 Contributor address;

City; State; Zip Code

P.O. Box 312 Austin TX 78767

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

9/8/2016

Full name of contributor

Davis Jennifer

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

3602 Briargrove Lane San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/2016

Full name of contributor

Bruner Anthony

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

26401 CR 457 Mineola TX 75773

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/2016

Full name of contributor

Perrissi Michael

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

3411 Ashton Park Austin TX 78747

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

9/11/2016

5 Full name of contributor

Hickerson David

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

100

6 Contributor address; City; State; Zip Code

450 County Road NW 1051 Talco TX 75487

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Selah Inn

Date

9/11/2016

Full name of contributor

Kent Judy

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

120

Contributor address; City; State; Zip Code

900 CR 422 Mr. Pleasant TX 75455

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/2016

Full name of contributor

Anderson Mary

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

105

Contributor address; City; State; Zip Code

5019 Placid Austin TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/2016

Full name of contributor

Archer Ira

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

6119 Greenville Dallas TX 75206

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

9/12/2016

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Story Penny

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

106B S. Summit Red Oak Tx 75154

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/12/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jacquet Richard

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

16313 Koester Jersey Village TX 77040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

N/A

9/23/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bay Area Pachyderm Club

Amount of contribution (\$)

248

Contributor address;

City; State; Zip Code

2526 Montclair League City Tx 77573

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anderson Mary

Amount of contribution (\$)

108

Contributor address;

City; State; Zip Code

5019 Placid Austin TX 78731

Principal occupation / Job title (See Instructions)

Health Care

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

9/23/2016

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Holland Maurya

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

6117 FM 1993 Cookville TX 75558

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hale Robert

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

9/24/2016 10614 Golden Quail Austin TX 78753

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Straus Susan

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

232 Argyle San Antonio TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Doyle William

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

3431 N Hills Dr Apt 218 Austin TX 78731

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

10/12/2016

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Cossey Wendell

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

1358 VZ County Road 1211 Canton TX 75103

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/14/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Veith William

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

5632 Republic of Texas Austin Tx 78735

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brown Rayford

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

1358 VZ County Road 1211 Canton TX 75103

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/21/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Skowbo James

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

15301 Mallard Green Ln Austin TX 78728

Principal occupation / Job title (See Instructions)

Consultant

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

10/31/2016

5 Full name of contributor

Morris Tom

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

50

6 Contributor address;

City; State; Zip Code

890 Maplewood Drive Reno NV 89509

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/28/2016

Full name of contributor

Kuhns Nikki

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

331 Twisted Wood Dr San Antonio TX 78216

Principal occupation / Job title (See Instructions)

Computer Programmer

Employer (See Instructions)

AMER Technology

Date

10/31/2016

Full name of contributor

Liverman Janice

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

12607 Mystic Oak Manchaca TX 78652

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/2016

Full name of contributor

Harrison Peggy

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000

Contributor address;

City; State; Zip Code

4381 FM 995 Atlanta TX 75551

Principal occupation / Job title (See Instructions)

Ranchers

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

10/31/2016

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Parker Margaret

7 Amount of contribution (\$)

1000

6 Contributor address;

City; State; Zip Code

715 FM 2888 Naples

TX

75568

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/31/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Highland Lakes Tea Party

Amount of contribution (\$)

310

Contributor address;

City; State; Zip Code

27206 Waterfall Hill Spicewood TX 78654

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cosgray Craig

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

27206 Waterfall Hill Spicewood TX 78669

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Marengo Films

Date

10/31/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pressley Alma

Amount of contribution (\$)

150

Contributor address;

City; State; Zip Code

1292 Hwy 157N Mansfield TX 76063

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Mansfield Fine Jewelry

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

10/31/2016

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Anderson Mary

7 Amount of contribution (\$)

158

6 Contributor address;

City; State; Zip Code

5019 Placid Austin TX 78731

8 Principal occupation / Job title (See Instructions)

Health Care

9 Employer (See Instructions)

Se

Date

10/31/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Moore Margaret

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

311 Yellow Ribbon BurnetTX 78611

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Northshore Republicans

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

P.O. Box 4113 Lago Vista TX 78645

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Beasley John

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

16911 Brushfield Dallas TX 75248

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:
2 FILER NAME Mrs. Laura Pressley, Ph.D		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams Arthur 6 Contributor address; City; State; Zip Code 1911 Clubhouse Hill Spicewood TX 78669	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renick Karen Contributor address; City; State; Zip Code 2500 Tower Austin TX 78703	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Central Texas Tea Party Contributor address; City; State; Zip Code P.O. Box 215 Belton TX 76513	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson Mary Contributor address; City; State; Zip Code 5019 Placid Austin TX 78731	Amount of contribution (\$) 120
Principal occupation / Job title (See Instructions) Health Care		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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

11/25/2016

5 Full name of contributor

Sartor Robert

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

100

6 Contributor address;

City; State; Zip Code

P.O. Box 16065 San Antonio TX 78280

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

11/25/2016

Full name of contributor

Fry Pat

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

9777 SE 962 Red Mountain TX 78663

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/2016

Full name of contributor

Akers Diane

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

201 Tarbet Trl Horseshoe Bay TX 78657

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/2016

Full name of contributor

Blanton Gloria

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

5119 W FM 2147 Horseshoe Bay 78657

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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D

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

11/24/2016

5 Full name of contributor

GloverSue

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

100

6 Contributor address;

City; State; Zip Code

17304 Preston Rd Dallas TX 75252

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

11/24/2016

Full name of contributor

Nelson Pat and Stuart

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150

Contributor address;

City; State; Zip Code

Dallas TX 75252

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/2016

Full name of contributor

Francis Gary and Kay

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

2010 Old Mill Rd Salado TX 76571

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/2016

Full name of contributor

Mayer William

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

2102 National Dr. Lago Vista TX 78645

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.

SCHEDULE A2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20150102	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 1,900
6 Is lender a financial Institution? Y N <input checked="" type="checkbox"/> X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
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 20150406	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 2,000
Is lender a financial Institution? Y N <input checked="" type="checkbox"/> X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		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

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: 1
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20150408	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 2,000
6 Is lender a financial Institution? Y N X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
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 20150602	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 6,000
Is lender a financial Institution? Y N X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		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

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: 1
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20160413	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 15,000
6 Is lender a financial Institution? Y N <input checked="" type="checkbox"/> X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
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 18 Guarantor address; City; State; Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan 20160413	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 1,000
Is lender a financial Institution? Y N <input checked="" type="checkbox"/> X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		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 Guarantor address; City; State; Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See Instructions) N/A		Employer (See Instructions) N
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:
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20160415	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 3,500
6 Is lender a financial Institution? Y N <input checked="" type="checkbox"/> X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
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 20160603	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 20,000
Is lender a financial Institution? Y N <input checked="" type="checkbox"/> X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		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

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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:
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20160608	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 500
6 Is lender a financial Institution? Y N <input checked="" type="checkbox"/> X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
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 20161031	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 110
Is lender a financial Institution? Y N <input checked="" type="checkbox"/> X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		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

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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:**2** FILER NAME

Mrs. Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
20161102**7** Name of lender ☐ out-of-state PAC (ID#: _____)
Mrs. Laura Pressley, Ph.D.**9** Loan Amount (\$)
133**6** Is lender
a financial
Institution?

Y N ☒ X**8** Lender address; City; State; Zip Code
10203 Woodglen Cove Austin Tx 78753**10** Interest rate
0**11** Maturity date
N/A**12** Principal occupation / Job title (See Instructions)
Owner**13** Employer (See Instructions)
Pure Rain, LLC**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political
account (See Instructions)☒**16** GUARANTOR
INFORMATION**17** Name of guarantor
N/A**19** Amount Guaranteed (\$)

N/A

☒ not applicable**18** Guarantor address; City; State; Zip Code
N/A**20** Principal Occupation (See Instructions)
N/A**21** Employer (See Instructions)
N/ADate of loan
20151028Name of lender ☐ out-of-state PAC (ID#: _____)
ChaseLoan Amount (\$)
2,815Is lender
a financial
Institution?

☒ X NLender address; City; State; Zip Code
P.O. Box Palatine IL 60094Interest rate
0Maturity date
N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☒ noneCheck if personal funds were deposited into political
account (See Instructions)☐GUARANTOR
INFORMATIONName of guarantor
N/A

Amount Guaranteed (\$)

N/A

☒ not applicableGuarantor address; City; State; Zip Code
N/APrincipal Occupation (See Instructions)
N/AEmployer (See Instructions)
N**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:
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20161128	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Discover	9 Loan Amount (\$) 12,403
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	8 Lender address; City; State; Zip Code P.O.Box 790213 St. Louis MO 63179	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input 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 20161228	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Capital One	Loan Amount (\$) 86
Is lender a financial institution? <input checked="" type="checkbox"/> X N	Lender address; City; State; Zip Code P.O. Box 6059 City of Industry CA 91716	Interest rate 0
		Maturity date N/A
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 N/A	Amount Guaranteed (\$) N/A
	Guarantor address; City; State; Zip Code N/A	
Principal Occupation (See Instructions) N/A		Employer (See Instructions) N

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 MADE 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
Credit Card Payment

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:		2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 7/5/2016		5 Payee name US Bank			
6 Amount (\$) 3500		7 Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CC Payment		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/5/2016		Payee name Paper Place			
Amount (\$) 114.62		Payee address; City; State; Zip Code 4001 N. Lamar Austin TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/2016		Payee name US Bank			
Amount (\$) 223		Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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:	2 FILER NAME Mrs. Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
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4 Date 8/2/2016	5 Payee name US Bank
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6 Amount (\$) 800	7 Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CC Payment	(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	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 7/28/2016	Payee name Capital One
-------------------	---------------------------

Amount (\$) 311	Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA
--------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CC Payment	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
--	-------------------------------	---------------	-------------

Date 8/2/2016	Payee name US Bank
------------------	-----------------------

Amount (\$) 700	Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179
--------------------	---

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
---------------------------------------	--	---

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 MADE 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
Credit Card Payment

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: /		2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 8/17/2016		5 Payee name US Bank			
6 Amount (\$) 156		7 Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CC Payment		(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		Office sought Office held	
Date 8/29/2016		Payee name Capital One			
Amount (\$) 313		Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		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	
Date 9/8/2016		Payee name Paper Place			
Amount (\$) 189.11		Payee address; City; State; Zip Code 4001 N. Lamar Austin TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Supplies		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 MADE 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
Credit Card Payment

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:		2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 9/12/2016		5 Payee name US Bank			
6 Amount (\$) 2500		7 Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CC Payment		(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		Office sought Office held	
Date 9/9/2016		Payee name Eby Law Firm			
Amount (\$) 394.72		Payee address; City; State; Zip Code 302 N. Lampasas St Round Rock TX 78664			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Legal Fees		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	
Date 9/16/2016		Payee name US Bank			
Amount (\$) 2000		Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		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	

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POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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:		2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 9/19/2016		5 Payee name US Bank			
6 Amount (\$) 114		7 Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CC Payment		(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		Office sought Office held	
Date 9/28/2016		Payee name Capital One			
Amount (\$) 310		Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		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	
Date 9/29/2016		Payee name US Bank			
Amount (\$) 1081.9		Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		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	

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POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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:		2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/2016		5 Payee name Capital One			
6 Amount (\$) 302		7 Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CC Payment		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/2016		Payee name Capital One			
Amount (\$) 3500		Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/2016		Payee name Discover			
Amount (\$) 893.71		Payee address; City; State; Zip Code P.O.Box 790213 St. Louis MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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:		2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 11/3/2016		5 Payee name US Bank			
6 Amount (\$) 150		7 Payee address; City; State; Zip Code P.O. Box790408 St. Louis MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CC Payment		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/28/2016		Payee name Capital One			
Amount (\$) 1500		Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/28/2016		Payee name Discover			
Amount (\$) 226.76		Payee address; City; State; Zip Code P.P.O.Box 790213 St. Louis MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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:		2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 11/28/2016		5 Payee name Paper Place			
6 Amount (\$) 213.69		7 Payee address; City; State; Zip Code 4001 N. Lamar Austin TX 78756			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Supplies		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/29/2016		Payee name Capital One			
Amount (\$) 267		Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: Mrs. Laura Pressley, Ph.D.

For each checking, savings or other financial institution account maintained during 2016, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Frost Bank

Type of account: Checking

The beginning balance: 2142.17

The ending balance: 433.15

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount
n/a		

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount
n/a		

SCHEDULE ATX. 4 - attach to form C/OH (C&E)
Reference § 2-2-25, Austin City Code

Amount of interest or dividends earned: \$0.02

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
n/a		

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
See itemized list below:		

Date	First	Last	Amount
11/25/2016	William	May	\$100.00
12/1/2016	Charles	Alsup	\$ 75.00
12/1/2016	Cynthia	Jackson	\$ 25.00
12/4/2016	Joyce	Martin	\$ 10.00
12/21/2016	Betty	Eckert	\$ 25.00
12/21/2016	HN	Caddess	\$ 50.00
12/21/2016	Jack	Finger	\$100.00
12/22/2016	Mary	Anderson	\$ 40.00
12/27/2016	Jimmy	Junkin	\$ 50.00
12/28/2016	Billie	Zimmerman	\$150.00