CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mrs. Laura	MI	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received (1)
	Pressley	Ph.D.	AUSTI F 7 J9N
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS		Austin TX 78753	IN CITY C RECEIVED
Change of Address	***************************************		D 2
5 CANDIDATE/ OFFICEHOLDER PHONE	() 512-762-3825	EXTENSION	Date Hand-delivered or Dele Postmark Pos
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Fidel		Date Processed
	Acevedo	GUITIA	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	UITE #; CITY; STATE;	ZIP CODE
(Residence or Business)	3807 Prairie Austin TX	78728	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 512-775-7276	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 ath day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2016070	Month 1 THROUGH 2016123	Day Year
11 ELECTION	ELECTION DATE Month	ELECTION TYPE X Runofl Other Description Special	
12 OFFICE	OFFICE HELD (il any)	13 OFFICE SOUGHT (if known)
	N/A	Austin City Cou	ncil District 4
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mrs	. Laura Press	ey, Ph.D.	iler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE: IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFIGRES.	T THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
47.00\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3742.16
	2. TOTAL	POLITICAL CONTRIBUTIONS	
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15015.16
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 1299.82
	4. TOTAL	POLITICAL EXPENDITURES	\$ 19760.51
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 433.15
OUTSTANDING LOAN TOTALS	,	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 69669.00
Co	ROBERTO ACOST. tary Public, State of imm. Expires 04-21- Notary IQ 1301985	Texas 2019 33	
AFFIX NOTARY STAM		by the said Laura Pressley	, this the
day of JANUAR	_	to certify which, witness my hand and seal of office.	
Roto Arat	t	ROBERTO ALOSTA	NOTARY PUBLIC
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
	Mrs. Laura Pressley, Ph.D.	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1,	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11273
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 625
g.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$ 69669
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 19760.51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Bill Trembly 7/5/2016 6 Contributor address; City; State; Zip Code 500 150 Pinehurst St. Meadowlakes TX 78654 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Retired Retired Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Archer Ira 7/25/2016 300 Contributor address; City; State; Zip Code Dallas TX 75206 6119 Greenville Employer (See Instructions) Principal occupation / Job title (See Instructions) **Buyers Capital** Owner Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Clayton Lee 7/25/2016 60 Contributor address; City; State; Zip Code Ben Wheeler TX 75754 400 VZ CR 4826 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Lenz Sherrill 7/25/2016 100 City; State; Zip Code Contributor address; 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ McCullough M.D. 20160725 60 6 Contributor address; City; State; Zip Code 143 VZCR 1930 TX 75790 Fruitvale 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Collins Dr. Dwayne 200 7/25/2016 City; State; Zip Code Contributor address; 7418 FM 279Ben Wheeler TX 75754 Principal occupation / Job title (See Instructions) Employer (See Instructions) Veterinarian Self Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Brewer Bob 100 7/25/2016 Contributor address; City; State; Zip Code Tyler TX 75701 1800 DeCharles Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Williams Nolan and Patricia 100 7/25/2016 Contributor address; City; State; Zip Code TX 75147 6069 VZCR 2602 Mabank Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Chandler Bill 7/25/2016 100 6 Contributor address; City; State; Zip Code 21835 S. Shorline Ben Wheeler TX 75758 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:____ Date Amount of contribution (\$) Karp Vickie 250 7/25/2016 Contributor address; City; State; Zip Code 9300 Lauralan Austin TX 78736 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Real Estate Full name of contributor Date ut-of-state PAC (ID#:____ Amount of contribution (\$) **Britton Ron** 7/25/2016 100 Contributor address: City; State; Zip Code 2708 W. 35th Austin TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) aut-of-state PAC (ID#:___ Larson-Heck Yvonne 250 8/1/2016 City; State; Zip Code Contributor address; 6914 Verado Way Missouri City TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales S&P Global 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (iD#:_ Craig 8/1/2016 Cosgray 200 6 Contributor address; City; State; Zip Code 27206 Waterfall Hill Spicewood TX 78669 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Marengo Films Owner Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Anderson Mary 84 8/1/2016 Contributor address; City; State; Zip Code 5019 Placid Austin TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Health Care** Self Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Cynthia Johnson 8/1/2016 100 Contributor address; City; State; Zip Code P.O. Box 718Tyler TX 75713 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ui-of-state PAC (ID#:_ 8/18/2016 Contributor address; 100 City: State; Zip Code 3702 Jaquar Trl Temple TX 76504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Security 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#:____ 8/28/2016 John Llorens 200 6 Contributor address; City; State; Zip Code 78746 2902 Angelfire Austin TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Marketouch Media Director Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) Smith Lois 9/6/2016 200 Contributor address; City; State; Zip Code 611 W. Forest Houston TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor ut-of-state PAC (ID#:____ Date Amount of contribution (\$) Wahlquist Elizabeth 9/6/2016 200 City; State; Zip Code Contributor address; Dallas TX 75230 46 Downs Lake Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:____ Brad Parsons 9/6/2016 350 Contributor address: City; State; Zip Code 3571 Far West Austin TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#: 9/6/2016 Parsons Brad 100 6 Contributor address; City; State; Zip Code 3571 Far West Austin TX 78731 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor uut-of-state PAC (ID#:_ Date Amount of contribution (\$) Pulliam 200 9/6/2016 Contributor address; City; State; Zip Code 77040 15713 Tenbury St Houston TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Civil Engineer Retired Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Slaton Michael and Vicki 500 9/6/2016 Contributor address; City; State; Zip Code Sunnyvale 75182 305 Brookwood Forest TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Slaton Financial Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: **Mayer Victor** 100 9/6/2016 Contributor address; City; State; Zip Code 5403 Hunters Glen Austin TX 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Major, USAF 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 9/6/2016 Jarrett Susan 100 6 Contributor address; City; State; Zip Code P.O. Box 312Austin TX 78767 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) **Davis Jennifer** 100 9/8/2016 Contributor address; City; State; Zip Code San Angelo TX 76904 3602 Briargrove Lane Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Anthony Bruner 9/11/2016 100 Contributor address; City; State; Zip Code 26401 CR 457 TX 75773 Mineola Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Perrissi Michael 9/11/2016 100 Contributor address; City; State; Zip Code 78747 3411 Ashton Park Austin TX Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ Hickerson David 9/11/2016 100 6 Contributor address; City; State; Zip Code 450 County Road NW 1051 Talco TX 75487 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Selah Inn Owner Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Kent Judy 9/11/2016 120 Contributor address: City; State; Zip Code 900 CR 422 Mr. Pleasant TX 75455 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Mary Anderson 9/12/2016 5019 Placid Austin TX City 8731 Zip Code 105 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 9/12/2016 Contributor address; 100 City; State; Zip Code Dallas TX 75206 6119 Greenville 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#:_ Story Penny 9/12/2016 100 6 Contributor address; City; State; Zip Code 06B S. Summit 75154 Red Oak Tx 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Jacquet Richard 100 9/12/2016 Contributor address; City; State; Zip Code 77040 Jersey Village TX 16313 Koester Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor aut-of-state PAC (ID#:__ Date Amount of contribution (\$) Bay Area Pachyderm Club 248 N/A Contributor address; City; State; Zip Code 9/23/2016 77573 2526 Montclair League City Tx Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Anderson Mary 108 N/Aontributor address; City; State; Zip Code 9/23/2016 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:___ 9/23/2016 Holland Maurva 100 6 Contributor address; City; State; Zip Code 6117 FM 1993 TX Cookville 75558 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:__ Date Amount of contribution (\$) Hale Robert 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) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Straus Susan 10/3/2016 . . 100 Contributor address; City; State; Zip Code San Antonio TX 78209 232 Argyle Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) uut-of-state PAC (ID#:__ Doyle William 10/7/2016 Contributor address; 50 City; State; Zip Code 78731 3431 N Hills Dr Apt 218 Austin TX 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 10/12/2016 Wendell Cossev 100 6 Contributor address; City; State; Zip Code 75103 1358 VZ County Road 1211 TX Canton 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Veith William 10/14/2016 100 Contributor address; City; State; Zip Code 5632 Republic of Texas Austin Tx 78735 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) **Brown Rayford** 250 10/21/20/16 Contributor address; City; State; Zip Code 75103 1358 VZ County Road 1211 Canton TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Skowbo James 10/21/2016 Contributor address; 100 City; State; Zip Code 78728 15301 Mallard Green Ln Austin TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Consultant 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (fD#:_ 10/31/2016 Morris Tom 50 6 Contributor address; City; State; Zip Code 89509 890 Maplewood Drive Reno NV 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) 9 Emplo Retired Retired Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Kuhns Nikki 100 10/28/2016 City; State; Zip Code Contributor address; 78216 331 Twisted Wood Dr San Antonio TX Employer (See Instructions) Principal occupation / Job title (See Instructions) AMER Technology Computer Programmer Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Janice Liverman 10/31/2016 50 Contributor address; City; State; Zip Code 78652 12607 Mystic Oak Manchaca TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Harrison Peggy 10/31/2016 1000 Contributor address; City; State; Zip Code 4381 FM 995 Atlanta TX 75551 Principal occupation / Job title (See Instructions) Employer (See Instructions) Ranchers 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (1D#:_ 10/31/2016 Parker Margaret 1000 6 Contributor address; City; State; Zip Code 715 FM 2888 Naples TX 75568 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Highland Lakes Tea Party 310 10/31/2016 Contributor address; City; State; Zip Code 27206 Waterfall Hill Spicewood TX 78654 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Cosgray Craig 10/31/2016 200 Contributor address; City; State; Zip Code 27206 Waterfall Hill Spicewood 78669 TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Marengo Films Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: Presslev Alma 150 10/31/2016 Contributor address; City; State; Zip Code 76063 1292Hwy 157N Mansfield TX Employer (See Instructions) Principal occupation / Job title (See Instructions) Owner 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 10/31/2016 Anderson Mary 158 6 Contributor address; City; State; Zip Code 5019 Placid Austin TX 78731 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Health Care** Se Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Moore Margaret 10/31/2016 100 Contributor address; City; State; Zip Code 311 Yellow Ribbon BurnetTX 78611 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Northshore Republicans 10/31/2016 100 Contributor address; City; State; Zip Code P.O. Box 4113 Lago Vista TX 78645 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Beasley John 100 10/31/2016 City; State; Zip Code Contributor address: 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 10/31/2016 Adams Arthur 100 6 Contributor address; City; State; Zip Code 1911 Clubhouse HillSpicewood TX 78669 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Renick Karen 10/31/2016 100 Contributor address: City; State; Zip Code 2500 Tower Austin TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Central Texas Tea Party 10/31/2016 100 Contributor address; City; State; Zip Code 76513 P.O. Box 215Belton TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Anderson Mary 11/25/2016 120 Contributor address: City; State; Zip Code 5019 Placid Austin TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Health Care** 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 11/25/2016 Sartor Robert 100 6 Contributor address; City; State; Zip Code 78280 P.O. Box 16065 San Antonio TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (iD#:_ Date Amount of contribution (\$) Pat 100 11/25/2016 Contributor address; City; State; Zip Code 9777 SE 962 Red Mountain TX 78663 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Akers Diane 100 11/25/2016 Contributor address; City; State; Zip Code 201 Tarbet Trl Horseshoe Bay TX 78657 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Blanton Gloria 100 11/24/2016 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#: GloverSue 11/24/2016 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) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Pat and Stuart Nelson 150 11/24/2016 Contributor address; City; State; Zip Code 75252 Dallas TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ul-of-state PAC (ID#:__ Date Amount of contribution (\$) Gary and Kay Francis 11/28/2016 100 City; State; Zip Code Contributor address; 2010 Old Mill Rd TX 76571 Salado Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Mayer William 11/25/2016 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.

NON-MONETARY (IN-KIND) POLITICAL

SCHEDULE A2

CONT	RIBUTIONS		
Th	e Instruction Guide explains how to complete this form	n	1 Total pages Schedule A2:
2 FILER NAMI Mrs. La	aura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 625
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
19/7	7 Contributor address; City; State; Zip Coc		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of . In-kind contribution Contribution \$. description
N/A	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
lf.	ATTACH ADDITIONAL COPIES OF 1		

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	LOANS			SCHEDULE E
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2	FILER NAME Mrs. Laura I	Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		\$ 0
5	Date of loan 20150102	7 Name of lender □ out-of-state P Mrs. Laura Pressley, Ph.D	PAC (ID#:)	9 Loan Amount (\$) 1,900
6	ls lender a financial Institution?	8 Lender address; City; S 10203 Woodglen Cove	Austin Tx 78753	10 Interest rate 0 11 Maturity date N/A
12	Principal occupation Owner	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
14	Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)
	not applicable		itate; Zip Code	· N/A
20	Principal Occupa N/A	ion (See Instructions)	21 Employer (See Instructions) N/A	
	Date of loan 20150406	Name of lender	PAC (ID#:)	Loan Amount (\$) 2,000
	is lender a financial Institution?		State; Zip Code Austin TX 78753	Interest rate 0
	Y N x	10203 Woodglen Cove	Austin TX 78753	Maturity date N/A
	Principal occupati Owner	on / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
	Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
	GUARANTOR INFORMATION	Name of guarantor N/A		Amount Guaranteed (\$)
	not applicable	<i>.</i>	State; Zip Code	N/A
	Principal Occupat	on (See Instructions)	Memployer (See Instructions)	
	lf I	ATTACH ADDITIONAL COI ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NI struction guide for additional re	

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0
5 Date of loan 20150408	7 Name of lender □ out-of-state Mrs. Laura Pressley, Ph.D		9 Loan Amount (\$) 2,000
6 Is lender a financial Institution?	8 Lender address; City; 5	State; Zip Code Austin Tx 78753	10 Interest rate 0 11 Maturity date N/A
	ion / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	1070
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)
x not applicable	N/A	State; Zip Code	N/A
20 Principal Occupa N/A	tion (See Instructions)	21 Employer (See Instructions) N/A	
Date of loan 20150602	Name of lender		Loan Amount (\$) 6,000
Is lender a financial	,	State; Zip Code	Interest rate
Institution?	10203 Woodglen Cove	Austin TX 78753	Maturity date N/A
Principal occupati Owner	ion / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
Description of Col	lateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor N/A		Amount Guaranteed (\$)
not applicable	N/A	State; Zip Code	N/A
Principal Occupat N/A	ion (See Instructions)	/Amployer (See Instructions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME Mrs. Laura	Pressley, Ph.D.	<u> </u>	3 Filer ID (Ethics Commission Filers
4 TOTAL OF U	NITEMIZED LOANS		\$ 0
5 Date of loan 20160413	7 Name of lender 🗀 out-ot-state Mrs. Laura Pressley, Ph.I		9 Loan Amount (\$) 15,000
6 is lender a financial Institution?	8 Lender address; City; 10203 Woodglen Cove	State; Zip Code Austin Tx 78753	10 Interest rate 0 11 Maturity date
Y N X 12 Principal occupa	ion / Job title (See Instructions)	13 Employer (See Instructions)	N/A
Owner		Pure Rain, LLC	
14 Description of Co	llateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
🙀 not applicable	18 Guarantor address; City;	State; Zip Code	N/A
20 Principal Occup. N/A	ation (See Instructions)	21 Employer (See Instructions) N/A	
		IN/A	
Date of loan 20160413	Name of lender	PAC (ID#:)	Loan Amount (\$) 1,000
20160413 Is lender a financial	Name of lender	PAC (ID#:)	i ' '
20160413	Name of lender	PAC (ID#:)	1,000 Interest rate
Is lender a financial Institution?	Name of lender	PAC (ID#:)). State; Zip Code	1,000 Interest rate 0 Maturity date
Is lender a financial Institution? Y Nx Principal occupa	Name of lender out-of-state Mrs. Laura Pressley, Ph.D Lender address; City; 10203 Woodglen Cove ion / Job title (See Instructions)	State; Zip Code Austin TX 78753 Employer (See Instructions)	1,000 Interest rate 0 Maturity date N/A
Is lender a financial Institution? Y Nx Principal occupa Owner	Name of lender out-of-state Mrs. Laura Pressley, Ph.D Lender address; City; 10203 Woodglen Cove ion / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC Check if personal funds were account (See Instructions)	1,000 Interest rate 0 Maturity date N/A deposited into political Amount Guaranteed (\$)
Is lender a financial Institution? Y NX Principal occupa Owner Description of Co	Name of lender	Employer (See Instructions) Pure Rain, LLC Check if personal funds were account (See Instructions)	1,000 Interest rate 0 Maturity date N/A deposited into political

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME Mrs. Laura Pressley, Ph.D. \$ 4 TOTAL OF UNITEMIZED LOANS O Date of loan 20160415 9 Loan Amount (\$) 7 Name of lender out-of-state PAC (ID#:_ Mrs. Laura Pressley, Ph.D. 3.500 10 Interest rate Is lender 8 Lender address: State; Zip Code a financial Institution? 10203 Woodglen Cove Austin Tx 78753 11 Maturity date NX N/A 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Owner Pure Rain, LLC 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X v ∩one 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION N/A N/A 18 Guarantor address; City; State; Zip Code N/A not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) N/A Loan Amount (\$) Date of loan out-of-state PAC (ID#:__ 20,000 20160603 Mrs. Laura Pressley, Ph.D. Interest rate Is lender a financial 0 Institution? 10203 Woodglen Cove Austin TX 78753 Maturity date N/A Employer (See Instructions) Principal occupation / Job title (See Instructions) Owner Pure Rain, LLC Check if personal funds were deposited into political Description of Collateral account (See Instructions) x none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION N/A N/A Guarantor address; City; State; Zip Code N/A not applicable Principal Occupation (See Instructions) Amployer (See Instructions) Ν N/A ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$ 0
5 Date of loan 20160608	7 Name of lender out-of-state Mrs. Laura Pressley, Ph.D	PAC (ID#:	9 Loan Amount (\$) 500
6 Is lender a financial Institution?	,	State; Zip Code	10 Interest rate 0
YNX	10203 Woodglen Cove	Austin Tx 78	8753 11 Maturity date N/A
12 Principal occupati Owner	ion / Job title (See Instructions)	13 Employer (See Instruct Pure Rain, LLC	ions)
14 Description of Co	llateral	15 Check if personal funds account (See Instruction	s were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	N/A	State; Zip Code	N/A
· · · · · · · · · · · · · · · · · · ·	ation (See Instructions)	21 Employer (See Instruct	ions)
Date of loan 20161031	Name of lender	PAC (ID#:	Loan Amount (\$) 110
ls lender a financial	7,	State; Zip Code	Interest rate 0
Institution?	10203 Woodglen Cove	Austin TX 78	Maturity date N/A
Principal occupati Owner	tion / Job title (See Instructions)	Employer (See Instruct Pure Rain, LLC	lions)
Description of Co	ilateral	Check if personal funds account (See Instruction	s were deposited into political ns)
GUARANTOR INFORMATION	Name of guarantor N/A	,	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	N/A
*	tion (See Instructions)	/Employer (See Instruct	(ions)
N/A		N	
. Of	ATTACH ADDITIONAL CO		

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mrs. Laura Pressley, Ph.D. 4 TOTAL OF UNITEMIZED LOANS \$ 0 Date of loan 9 Loan Amount (\$) 7 Name of lender out-of-state PAC (ID#:_ 20161102 133 Mrs. Laura Pressley, Ph.D. 10 Interest rate 6 is lender 8 Lender address; State; Zip Code a financial Institution? 10203 Woodglen Cove Austin Tx 78753 11 Maturity date NX N/A 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Owner Pure Rain, LLC 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) X enon 🗶 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION N/A N/A 18 Guarantor address; City; State; Zip Code N/A not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) N/A N/A Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ 2,815 20151028 Chase Interest rate Is lender City; a financial 0 Institution? Palatine IL 60094 P.O. Box Maturity date N/A Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) x none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION N/A N/A Guarantor address; City; State; Zip Code N/A not applicable Amployer (See Instructions) Principal Occupation (See Instructions) N/A ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0
5 Date of loan 20161128	7 Name of lender ut-of-state Discover	e PAC (ID#:)	9 Loan Amount (\$) 12,403
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YNX	P.O.Box 790213 St. Louis	s MO 63179	11 Maturity date N/A
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A	· · · · · · · · · · · · · · · · · · ·	19 Amount Guaranteed (\$) N/A
🙀 not applicable	18 Guarantor address; City; N/A	State; Zip Code	N/A
20 Principal Occupa N/A	tion (See Instructions)	21 Employer (See Instructions) N/A	
Date of loan 20161228	Name of lender	te PAC (ID#;)	Loan Amount (\$) 86
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate 0
Institution?	P.O. Box 6059 City of Indust	try CA 91716	Maturity date N/A
	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal funds were account (See Instructions)	e deposited into political
none 💢			
GUARANTOR INFORMATION	Name of guarantor N/A		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	N/A
not applicable Principal Occupat N/A	ion (See Instructions)	Amployer (See Instructions)	
lf	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS N	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Polling Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mrs. Laura Pressley, Ph.D. 5 Payee name 4 Date **US Bank** 7/5/2016 7 Payee address; 6 Amount (\$) City; State; Zip Code 3500 P.O. Box790408 MO 63179 St. Louis (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check it travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense **CC Payment** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/5/2016 Paper Place City; State; Zip Code Amount (\$) Payee address; 78756 Austin TX 4001 N. Lamar 114.62 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE **Printing Supplies** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/18/2016 **US Bank** Payee address; Amount (\$) City; State; Zip Code 223 63179 P.O. Box790408 St. Louis MO Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF **CC Payment** Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mrs. Laura Pressley, Ph.D. 5 Payee name 4 Date **US Bank** 8/2/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 800 P.O. Box790408 St. Louis MO 63179 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE ☐ Check if Austin, TX, officeholder living expense OF EXPENDITURE **CC Payment** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 7/28/2016 Capital One Amount (\$) Payee address; City; State; Zip Code 311 P.O. Box 60599 City of Industry CA Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense **CC Payment** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **US Bank** 8/2/2016 Amount (\$) Pavee address: City; State; Zip Code

P.O. Box790408

Category (See Categories listed at the top of this schedule)

St. Louis

700

PURPOSE OF

EXPENDITURE

63179

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

MO

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mrs. Laura Pressley, Ph.D. 5 Payee name 4 Date **US Bank** 8/17/2016 7 Payee address; City; State; Zip Code 6 Amount (\$) 156 P.O. Box790408 St. Louis MO 63179 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule 7. **PURPOSE** ☐ Check if Austin, TX, officeholder living expense. **OF CC Payment** EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY it direct expenditure to benefit C/OH Payee name Date Capital One 8/29/2016 Payee address; Zip Code Amount (\$) City; State; City of Industry CA 91716 P.O. Box 60599 313 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE CC Payment OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Paper Place 9/8/2016 Amount (\$) Pavee address: City; State; Zip Code Austin TX 78756 4001 N. Lamar 189.11 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE **Printing Supplies** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)
Credit Card Payment	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	5 Payee name	··	
9/12/2016	US Bank		
6 Amount (\$)	7 Payee address; City; State; Zip	o Code	
2500	P.O. Box790408	St. Louis MO 63	3179
8 PURPOSE	(a) Category (See Categories listed at the top of this sci		utside of Texas. Complete Schedule T.
OF EXPENDITURE	CC Payment	Check if Auslin	n, TX, officeholder living expense
	Jor aymom		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	tu,	
9/9/2016	Eby Law Firm		
Amount (\$)	Payee address; City; State; Zig	Code	
394.72	302 N. Lampasas St	Round Rock TX	78664
	Category (See Categories listed at the top of this sc		nside of Texas. Complete Schedute T.
PURPOSE OF EXPENDITURE	Legal Fees		ı, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/16/2016	US Bank		
Amount (\$)	Payee address; City; State; Zip	Code	
2000	P.O. Box790408 S	t. Louis MO 63	179
PURPOSE	Category (See Categories listed at the top of this sci		itside of Texas. Complete Schedule T.
OF EXPENDITURE	CC Payment	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office saught	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

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)

Candidate/Officeholder/Politica Credit Card Payment		s/Wages/Contract Labor Other (enter a category not listed above) o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Mrs. Laura Pressley, Ph.D.	· · · · · · · · · · · · · · · · · · ·
9/19/2016	5 Payee name US Bank	<u>-</u>
6 Amount (\$)	7 Payee address; City; State; Zip Code	
114	P.O. Box790408 St. Lo	ouis MO 63179
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	CC Payment	Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/28/2016	Capital One	
Amount (\$)	Payee address; City; State; Zip Code	
310	P.O. Box 60599 City o	f Industry CA 91716
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Yexas. Complete Schedule T.
OF EXPENDITURE	CC Payment	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	Payee name	
9/29/2016	US Bank	
Amount (\$)	Payee address; City; State; Zip Code	
1081.9	P.O. Box790408 St. Lo	ouis MO 63179
	Category (See Categories listed at the lop of this schedule)	Description
PURPOSE OF EXPENDITURE	CC Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mrs. Laura Pressley, Ph.D. 5 Payee name 10/28/2016 Capital One City; State; Zip Code 6 Amount (\$) 7 Payee address; 302 City of Industry CA P.O. Box 60599 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **CC Payment** EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/3/2016 Capital One Amount (\$) Payee address; City; State; Zip Code 3500 P.O. Box 60599 City of Industry CA 91716 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE **CC Payment** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 11/3/2016 Discover Payee address; City; State; Zip Code Amount (\$) 63179 P.O.Box 790213 St. Louis MO 893.71 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE **CC Payment** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mrs. Laura Pressley, Ph.D. 5 Payee name 4 Date 11/3/2016 **US Bank** 6 Amount (\$) 7 Payee address; City; State; Zip Code 150 MO 63179 P.O. Box790408 St. Louis (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense **CC Payment** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/28/2016 Capital One Payee address; Zip Code Amount (\$) City; State; City of Industry CA 91716 1500 P.O. Box 60599 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE CC Payment Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/28/2016 Discover Payee address; Amount (\$) City: State: Zip Code P.P.O.Box 790213 St. Louis MO 63179 226.76 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE CC Payment** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mrs. Laura Pressley, Ph.D. 5 Payee name Paper Place 4 Date 11/28/2016 6 Amount (\$) 7 Pavee address: City; State; Zip Code 213.69 4001 N. Lamar Austin TX 78756 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE **Printing Supplies** OF EXPENDITURE ☐ Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/29/2016 Capital One Amount (\$) Payee address; City; State; Zip Code 267 CA City of Industry 91716 P.O. Box 60599 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE **CC Payment** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

BANK RECONCILIATION

eholder or campa	aign committee: Mrs. La	ura Pressley, Ph.D.
ıl institution:F	Frost Bank	
ecking		
2142.17		
433.15		
mation for check	cs issued on that account tha	at have not cleared by December 31:
T	Payee	Amount
	Payee	Amount
ormation for checal institution:		
		ns and deposited but dishonored by Amount
	cks received as contribution	ns and deposited but dishonored by
	cks received as contribution	ns and deposited but dishonored by
	cks received as contribution	ns and deposited but dishonored by
	provide the followerholder or campaings or other final dicated. For each linstitution: 2142.17 433.15	2142.17

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:		
		ľ

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