CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	мі А	OFFICE USE ONLY
NAME	Mrs. Laura	SUFFIX	Date Received
	Pressley, Ph.D.	551114	STI JUL
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE Austin, TX 78753	N CITY C ECEIVED 17 PM
Change of Address) 3) 3
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 762-3825	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Fidel	SUFFIX	Date Processed
	Acevedo		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
(Residence or Business)	3807 Prairie	Austin, TX 78	8728
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 775-7276	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 01 2017	Month THROUGH Month	Day Year / 30 / 2017
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 12 16 2014 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
** OFFICE	n/a	Austin City Cour	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)			
L	aura Pressley, P	Ph.D.				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	OMMITTEE TYPE COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 26,250.09					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 2,215.54					
	4. TOTAL POLITICAL EXPENDITURES \$ 24,956.94					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1,054.06			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 57,712.28			
18 AFFIDAVIT						
ROBERTO ACOSTA Notary Public, State of Texas Comm. Expires 04-21-2019 Notary ID 130198533 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 of Candidate or Officeholder						
AFFIX NOTARY STAM	P/SEALABOVE					
Sworn to and subsc	ribed before me, t	by the said LAURA A. PRESLEY	, this the			
day of July		to certify which, witness my hand and seal of office.				
Bla Dios	Bla Lista POBERTO ALOSTA NOTARY PUBLIC					
Signature of officer administering 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	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,731
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 4,950
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 10,000
4.	SCHEDULE E: LOANS		\$ 57,712.28
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 22,741.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 5,569.28
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	-	\$ 7,964.89
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	ions	\$

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
		Laura Pressley, Ph.D.		
4	Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
	1/5/17	6 Contributor address; City; State	; Zip Code	150
		4018 Skylark San Antonio	o, TX 78210	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	1/5/17		; Zip Code	100
		21202 National Dr. Lago Vista,	TX 78645	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	1/9/17	James Skobo Contributor address; City; State 15301 MALLARD GREEN LN AUST		100
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	1/10/17	Contributor address; City; State	; Zip Code	150
		3 Colorado Trail Wimberley	, TX 78676	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
i				

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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ King Walker Contributor address; 1/11/17 100 City; State; Zip Code 3602 Briargrove Lane San Angelo, TX 76904 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 1/13/17 . . . Frank Dobrovolny Contributor address: 250 Jacksonville, TX 75766 217 South Ragsdale Street Principal occupation / Job title (See Instructions) Employer (See Instructions) The Dobrovolny Law Firm, P. Attorney Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Mr. and Mrs. Sammy Bickham 1/13/17 Contributor address: City; State; Zip Code 1000 13901 Midway Farmers Branch, TX 75244 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Principal Bickham Consulting** Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Kurt Hyde 1/13/17 500 Contributor address: City; State; Zip Code 2701 Yellowstone Park, Corinith, TX 76210 Principal occupation / Job title (See Instructions) Employer (See Instructions) The New American Journalist ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

		·				
	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
L		Laura Pressley, Ph.D.				
4	Date	5 Full name of contributor Out-of-state PAC	(ID#:) :	7 Amount of contribution (\$)		
	1/13/17	6 Contributor address; City; State;		300		
		7914 Ruskin Cir. Frisco, TX	75034			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
	Retired	r	Retired			
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	1/13/17	Ruben Corvalan	Zip Code	100		
		407 Coyanosa Falls San Antonio	o, TX 78258			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Attorn	ey	The Dobrovoln	y Law Firm, P.		
=						
	Date		(tD#:)	Amount of contribution (\$)		
	1/25/17	Gary Thorpe Contributor address; City; State;	Zip Code	500		
		9815 Moorberry Ln. Houston, TX	77080			
	Principal occup	certain / Job title (See Instructions)	Employer (See Instruct	ions)		
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	1/20/17	Gail Abbott Contributor address; City; State;	Zip Code	100		
		7701 Pasatiempo Frisco, T	X 75034			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Journa	list	The New America	ın		
			· · · · · · · · · · · · · · · · · · ·			
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED		
		If contributor is out-of-state PAC, please see instru				

Revised 9/8/2015

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) Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Dr. Gil Robinson, MD. 1/17/17 250 6 Contributor address; City; State; Zip Code San Antonio, TX 78209 5150 Broadway Ste 610 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Physician** Self > Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 1/28/17 Dottie Barnes Contributor address; City; State; Zip Code 55 519 N. Garity St. Frost, TX 76641 Principal occupation / Job title (See Instructions) Employer (See Instructions) The Dobrovolny Law Firm, P. Attorney Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) **Jack Finger** 1/28/17 Contributor address; City; State; Zip Code 100 P.O. Box 12048 San Antonio, TX 78212 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Mary Anderson 1/28/17 40 Contributor address: City; State; Zip Code 5019 Placid Place Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4. Data			
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
1/28/17	Josie Schoolcraft 6 Contributor address; City; State;	Zip Code	100
	611 CR 1316 Rusk, TX 7	75785	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Retire	1	Retired	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
1/28/17		Zip Code	100
	8115 East Ct. Austin, TX	78759	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Attori	ney	The Dobrovoln	y Law Firm, P.
Date	Full name of contributor out-of-state PAC (II	D#:	Amount of contribution (\$)
1/30/17	Travia Casuali		, , , , , , , , , , , , , , , , , , ,
	Travis Snavely		
	Contributor address; City; State;	,	250
	2006A Kenneth Ave Austin, T.	X /841	
Principal occu	pation / Job title (See Instructions) Client Services	Employer (See Instructi Tango Health	ons)
Date		D#:)	Amount of contribution (\$)
1/31/17	Larry Korkmas Contributor address; City; State;	Zip Code	100
<u> </u>	10810 Holly Springs Houston, T	X 77042	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Retire	d l	Retired	
			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruc		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ Dana Ambs 500 2/6/17 6 Contributor address; City; State; Zip Code 3712 WERNER AVE **AUSTIN, TX 78722** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Real Estate Self Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) 2/14/17 Contributor address; City; State; Zip Code 150 135 Evans Ave. San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self **Artist** Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 2/14/17 **Bradley Parsons** Contributor address: City; State; Zip Code 500 Austin, TX 78731 3706 Greystone Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Julie Byrnes 2/14/17 500 Contributor address; City; State; Zip Code Alpena, MI 49707 203 Sunset Blvd Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:_ Mrs. and Mrs. Sammy Bickham 48 2/11/17 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75244 13901 Midway 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Bickham Consulting Principal** Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) 2/12/17 Budge McDonnald, Jr. City; State; Zip Code Contributor address; 100 Midland, TX 79701 505 N. Big Spring, Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) 2/13/17 James Davis Contributor address: City; State; Zip Code 100 79745 924 East Bryan Kermit, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: Mark Cox 2/13/17 100 Contributor address: City; State; Zip Code 2109 W. Texas Midland, TX 79701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Shaun Ireland 250 2/21/17 6 Contributor address: City; State; Zip Code 1006 Banister Lane Austin, TX 78704 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **SFASU Graduate Student** Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) 2/23/17 Angela Relder Contributor address; City; State; Zip Code 75 Hermitage, TN 37076 8304 Luree Lane Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 2/23/17 Mary Anderson Contributor address; City; State; Zip Code 55 5019 Placid Place Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Jeffrey McManus 2/24/17 100 Contributor address: City; State; Zip Code 788 Terrell Rd San Antonio, TX 78209 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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ Dee and Susan Carter 200 2/24/17 6 Contributor address; City; State; Zip Code Midland, TX 79701 1030 Andrews Hwy Ste 205 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Carter Financial Group Principal Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 2/24/17 Hood County Tea Party Contributor address; City; State; Zip Code 300 PO BOX 1496 Granbury, TX 76048 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 2/23/17 Mary Anderson Contributor address; City; State; Zip Code 95 5019 Placid Place Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ D. Kalk 2/25/17 500 Contributor address: City; State; Zip Code 15 Benchwood Cir San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director, San Antonio Tea Party Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ George and Sandra Norrell 100 2/24/17 6 Contributor address; City; State; Zip Code Granbury, TX 78049 2107 Lakewood Trl 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Carter Financial Group **Principal** Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 2/24/17 .Gary.T. Gool . . Contributor address; City; State; Zip Code 100 Midland, TX 79701 2317 W. Cuthbert Ave. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 2/24/17 Nicholas Taylor Contributor address; City; State; Zip Code 100 214 W. Texas Ave., Ste 1101 Midland, TX 79701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Marilyn Story Wood 2/24/17 100 Contributor address; City; State; Zip Code 3914 Northfield Ct. Midland TX 79707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

_				
	The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Laura Pressley, Ph.D.		
4	Date	5 Full name of contributor	C (ID#:	7 Amount of contribution (\$)
		Cornelia Foster		
	3/15/17 6 Contributor address; City; State; Zip Code		5000	
		4511 Island Cove Austin, T	•	
		· · · · · · · · · · · · · · · · · · ·		
8	•	pation / Job title (See Instructions)	9 Employer (See Instruc	
	Princip	al	Carter Financia	Group
	Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	3/15/17			200
			•	200
		P.O. Box 23 Jacksonv	ille, TX 75766	
Principal occupation / Job title (See Instructions) Employer (See Instruc			ctions)	
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	3/15/17	Josie Schoolcraft		, mount of definition (4)
l		Contributor address; City; State 611 CR 1316 Rusk, TX	a; Zip Code	100
		OTICK 1310 Rusk, 1A	15161	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
İ		Retired	Retired	
	0-1-			
	Date		C (ID#:)	Amount of contribution (\$)
	3/17/17	Grassroots America We The People		
		Contributor address; City; Stat	e; Zip Code	200
		POBox 130012 Tyler, TX	75713	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Retired	1	Retired	
F				

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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Tina Bryan 100 3/17/17 6 Contributor address; City; State; Zip Code 14 Elmwood Tyler, TX 75604 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Carter Financial Group **Principal** Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 3/17/17 Jim Stanley. Contributor address; 100 City; State; Zip Code P.O. Box 23 Henderson, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 4/15/17 Mary Anderson Contributor address: City; State; Zip Code 80 5019 Placid Place Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ M.W. Hodge 4/15/17 100 Contributor address; City; State; Zip Code 601 CR 3608 75757 Bullard, TX 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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:___ Myles Openheim 100 4/15/17 6 Contributor address; City; State; Zip Code 7413 E. CR Lubbock, TX 79403 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Carter Financial Group Principal Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 4/15/17 .A. Neelev. Contributor address; 80 City; State; Zip Code 942 Crockett Rusk, TX 75785 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 4/18/17 Dr. Griffin Cole, DDS Contributor address; City; State; Zip Code 100 4708 Toreador Dr Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ William Doyle 4/18/17 150 Contributor address; State; Zip Code City; 3431 North Hills Dr 218 Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Employee** Governement

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Jolie Nichols 100 4/18/17 6 Contributor address; City; State; Zip Code Dallas, TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Carter Financial Group **Principal** Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 4/18/17 .David .Smith 100 Contributor address; City; State; Zip Code 611 West Forest Drive Houston, TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor __ out-of-state PAC (ID#:____ Amount of contribution (\$) 4/18/17 **David Anderson** Contributor address; City; State; Zip Code 100 7403 Northrup Dr. San Diego, CA 92126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Patricia Rupley 4/21/17 100 Contributor address; City; State; Zip Code 11385 James Watt Dr. Ste B16 El Paso, TX 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Laura Pressley, Ph.D.			
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
	Jolie Nichols			
4/18/17	6 Contributor address; City; State; Zip Code	100		
	Dallas, TX			
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)		
Date	Full name of contributor	Amount of contribution (\$)		
		Amount of contribution (\$)		
4/22/17	Ronald and Ingalill Toles			
	Contributor address; City; State; Zip Code	200		
	612 Hereford Lane Milsap, TX 76066			
Principal occur	pation / Job title (See Instructions) Employer (See Ins	structions)		
Retir	red Retired	j		
Date	Full name of contributor	Amount of contribution (\$)		
4/24/17	Susan Straus			
	Contributor address; City; State; Zip Code	425		
	5,, 5,5,5	125		
	232 Argyle Ave, San Antonio, TX 78209			
	pation / Job title (See Instructions) Employer (See Ins	structions)		
Retired Retired				
	etired Retired			
Date		Amount of contribution (\$)		
Date	Full name of contributor out-of-state PAC (ID#:			
	Full name of contributor	Amount of contribution (\$)		
Date	Full name of contributor out-of-state_PAC (ID#:			
Date 4/24/17	Full name of contributor out-of-state PAC (ID#: Steve Frohling Contributor address; City; State; Zip Code 7300 S. Ute Trail Austin, TX 78729	100		
Date 4/24/17	Full name of contributor out-of-state_PAC (ID#:	100		
Date 4/24/17	Full name of contributor out-of-state PAC (ID#: Steve Frohling Contributor address; City; State; Zip Code 7300 S. Ute Trail Austin, TX 78729	100		
Date 4/24/17	Full name of contributor out-of-state PAC (ID#: Steve Frohling Contributor address; City; State; Zip Code 7300 S. Ute Trail Austin, TX 78729	100		
Date 4/24/17	Full name of contributor out-of-state PAC (ID#: Steve Frohling Contributor address; City; State; Zip Code 7300 S. Ute Trail Austin, TX 78729	100		
Date 4/24/17	Full name of contributor out-of-state PAC (ID#: Steve Frohling Contributor address; City; State; Zip Code 7300 S. Ute Trail Austin, TX 78729	100		
Date 4/24/17	Full name of contributor out-of-state PAC (ID#: Steve Frohling Contributor address; City; State; Zip Code 7300 S. Ute Trail Austin, TX 78729	100		
Date 4/24/17	Full name of contributor out-of-state PAC (ID#: Steve Frohling Contributor address; City; State; Zip Code 7300 S. Ute Trail Austin, TX 78729	100		
Date 4/24/17	Full name of contributor out-of-state PAC (ID#: Steve Frohling Contributor address; City; State; Zip Code 7300 S. Ute Trail Austin, TX 78729	100		

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

www.ethics.state.tx.us

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
	Laura Pressley, Ph.D.		
Date	5 Full name of contributor out-of-state PAC	(iD#:)	7 Amount of contribution (\$)
5/18/17	Andre and Tommi Kulisz		200
3/10/17	6 Contributor address; City; State	; Zip Code	200
	1627 Rio Ranch Rd Pipe Cree	k, TX 78063	
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
D	octor	Self	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/16/17		; Zip Code	100
	8115 East Court Austin, TX	78759	
Principal occupation / Job title (See Instructions) Employer (See In			ons)
Retired CPA Retire			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/23/17	Mark Schruben		
	Contributor address; City; State;	; Zip Code	250
	2253 SH 71 W Austin, 1	TX 78612	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Pr	oject Manager	City of Austin	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
5/10/17	Gary Gool		
5/19/17	Contributor address; City; State	; Zip Code	25
	2317 W. Cuthbert Ave Midland, T	X 79701	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
		Retired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME	Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
		<u> </u>		
4	Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
	5/30/17	JoAnn Fleming		250
	5/30/17	6 Contributor address; City; State;		200
		13128 Timber Creek Drive Flint,	TX 75762	
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	R	etired	Retired	
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	5/24/17		; Zip Code	125
		232 Argyle San Antonio	o, TX 78209	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Retir	ed	Retired	
F	5	Sull and of any DAC		
	Date		(ID#:)	Amount of contribution (\$)
	5/22/17	Larry Korkmas		
		Contributor address; City; State;	Zip Code	100
		10810 Holly Springs Dr. Housto	on, TX 77042	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Me	ediator	Self	
	Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
	5/25/17	Craig and Suzy Cosgray		
ł		Contributor address; City; State;	; Zip Code	200
		27206 Waterfall Hill Pkwy Spicewo	ood, TX 78669	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Owner		Marengold	Films
			-	
 -	,			
		ATTACH ADDITIONAL COPIES OF		

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) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Wendell Cossey 5/19/17 75 6 Contributor address; City; State; Zip Code 1358 VZCR Canton, TX 75103 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 5/31/17 .Meredith Chiles . . . Contributor address; City; State; Zip Code 100 104 Scissortail Trail Georgetown, TX 78633 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 6/2/17 **ALAN BARR** Contributor address; City; State; Zip Code 250 7706 STONEYWOOD DR AUSTIN, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: 6/9/17 Rayford Brown 100 City; State; Zip Code Contributor address; 3702 Jaguar Trail; Temple, TX Employer (See Instructions) Principal occupation / Job title (See Instructions) **Pilot** Beech Aero Club 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 Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ King Walker 100 6/16/17 6 Contributor address; City; State; Zip Code San Angelo, TX 76904 3602 Briargrove Lane 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 (\$) 6/21/17 . . Guadalupe County Libertarian Party . . Contributor address: City; State; Zip Code 64 1004 Bromley Ct Seguin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) 6/21/17 Pter Craig Contributor address; City; State; Zip Code 100 620 Craig Rd Marshall, TX 75670 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ 6/21/17 **Bob Brewer** 100 Contributor address; City; State; Zip Code Tyler, TX 75701 1800 DesCharles Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ Anthony Bruner 100 6/21/17 6 Contributor address; City; State; Zip Code 2640 1 CR 457 Mineola, TX 75773 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 6/21/17 Robert Keseg City; State; Zip Code Contributor address; 100 2265 CR 3990 Winnsboro, TX 75494 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full name of contributor aut-of-state PAC (ID#:____ Amount of contribution (\$) 6/21/17 Lewis Bishop Contributor address; City; State; Zip Code 200 Gilmer, TX 75644 4211 FM 49 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ 100 Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:		
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 450		
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution description \$4,500 - Case Law Research		
	1127 E 52 ST , Austin, TX 78723		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ Retire	cupation / 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)		
Retir		Reti			
	employer/law firm (FOR JUDICIAL)		n of contributor's spouse (if any) (FOR JUDICIAL) tired		
	etired is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Ne.	ured		
n/a					
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description		
	Contributor address; City; State; Zip Cod		Check if travel outside of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	irm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
16	ATTACH ADDITIONAL COPIES OF T				

SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 TOTAL OF UNITEMIZED PLEDGES 0 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ 8 Amount . 9 In-kind contribution of Pledge \$ description Jim Keller 6/30/17 7 Pledgor address; City; State; Zip Code 10,000 201 WATER PARK RD, WIMBERLEY, TX 78676 Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) <u>Photographer</u> Self Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of pledgor Out-of-state PAC (ID#:_ Pledge \$ description City: State: Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. 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.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.		1 Total pages Schedule E:
2 FILER NAME Mrs. Laura F	Pressley, Ph.D.			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		:	\$ 0
5 Date of loan 20150102	7 Name of lander	PAC (IDE:	,	9 Loan Amount (\$) 1,900
6 is lender a financial institution?		State; Zip Code		10 Interest rate 0
YNX	10203 Woodglen Cove	Austin Tx	78753	11 Maturity date N/A
12 Principal occupation OWNER	12 Principal occupation / Job title (See Instructions) Owner 13 Employer (See Instructions) Pure Rain, LLC			
14 Description of Coll	ateral	15 Check if personal account (See Inst		deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A	<u> </u>		19 Amount Guaranteed (\$)
not applicable		State; Zip Code		N/A
20 Principal Occupat	ion (See Instructions)	21 Employer (See In:	structions)	
Date of loan 20150406	Name of lender out-of-state Mrs. Laura Pressley, Ph.D	PAC (ID#:)	Loan Amount (\$) 2,000
ls lender a financial	1	State; Zip Code		Interest rate 0
Institution?	10203 Woodglen Cove	Austin TX	78753	Maturity date N/A
Principal occupation Owner	on / Job title (See Instructions)	Employer (See In: Pure Rain, LL		
Description of Colla	ateral	Check if personal account (See Inst		deposited Into political
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
v not applicable	Guarantor address; City;	State; Zip Code	• • • • •	N/A
	(See Instructions)	/Amployer (See Ins	structions)	
H I	ATTACH ADDITIONAL CO			

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	Hete 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-or-state Mrs. Laura Pressley, Ph.1	PAC (ID#:)	9 Loan Amount (\$) 2,000
6 is lender a financial Institution?	8 Lender address; City;	10 Interest rate 0 11 Maturity date		
YNX	10203 Woodglen Cove	Austin Tx	78753	N/A
12 Principal occupation Owner	on / Job title (See Instructions)	13 Employer (See In: Pure Rain, LL		
14 Description of Coll	lateral	15 Check if personal account (See Inst		deposited into political
16 GUARANTOR INFORMATION				19 Amount Guaranteed (\$)
18 Guarantor address; City: State; Zip Code N/A				N/A
20 Principal Occupat N/A	tion (See Instructions)	21 Employer (See In:	structions)	
Date of loan 20150602	Name of lender	9 PAC (IDE:)_	,	Loan Amount (\$) 6,000
Is lender a financial Institution?		State; Zip Code		Interest rate O
Y 1%	10203 Woodglen Cove	Austin TX	78753	Maturity date N/A
Principal occupation Owner	on / Job title (See Instructions)	Employer (See In: Pure Rain, LL	•	
Description of Colla	ateral		funds were o	deposited into political
GUARANTOR INFORMATION	Name of guarantor			Amount Gueranteed (\$)
	N/A Guarantor address; City; N/A	State; Zip Code		N/A
not applicable		/A		
Principal Occupation N/A	ion (See Instructions)	/Amployer (See In:	structions)	
10.1	ATTACH ADDITIONAL CO			

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 UN	IITEMIZED LOANS		\$ o
5 Date of loan 20160413	7 Name of lender Out-of-state Mrs. Laura Pressley, Ph.D	PAC (10#:)	9 Loan Amount (\$) 15,000
6 is lender a linancial Institution? Y N X	10 Interest rate 0 11 Maturity date N/A		
	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	N/A
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		State; Zîp Code	N/A
20 Principal Occupal N/A	ion (See Instructions)	21 Employer (See Instructions) N/A	
Date of loan 20160413	Name of tender Dut-of-state Mrs. Laura Pressley, Ph.D.	PAC (ID#)	Loan Amount (\$) 1,000
is lender a financial Institution?		State: Zip Code	Interest rate 0
Y 1%	10203 Woodglen Cove	Austin TX 78753	Maturity date N/A
Principal occupation 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		Amount Guaranteed (\$)
not applicable	,	State; Zip Code	N/A
	on (See Instructions)	/Employer (See Instructions)	
H 1	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS Ni struction guide for edditional re	

LOANS				SCHEDULE E
The	instruction Guide explains how to comp	lete 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	ITEMIZED LOANS			\$ 0
5 Date of loan 20160415	7 Name of lender □ out-of-state Mrs. Laura Pressley, Ph.□	PAC (ID#:)	1	9 Loan Amount (\$) 3,500
6 Is lender a financial Institution?	,	State; Zip Code	70750	10 Interest rate 0
YNX	10203 Woodglen Cove	Austin Tx	78753	11 Maturity date N/A
12 Principal occupation Owner	on / Job title (See instructions)	13 Employer (See Inc. Pure Rain, LL		
14 Description of Coll	ateral	15 Check if personal account (See inst		deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A			19 Amount Gueranteed (\$)
18 Guarantor address; City; State; Zip Code N/A				N/A
20 Principal Occupal N/A	tion (See Instructions)	21 Employer (See Int. N/A	atructions)	
Date of loan 20160603	Name of lender	PAC (ID#:)	Loan Amount (\$) 20,000
ls lender a financial	,	State; Zip Code		Interest rate O
Institution?	10203 Woodglen Cove	Austin TX	78753	Maturity dele N/A
Principal occupation Owner	on / Job title (See Instructions)	Employer (See In: Pure Rain, LL		
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		deposited Into political
GUARANTOR INFORMATION	Name of guarantor		-	Amount Guaranteed (\$)
anot applicable	N/A	State; Zip Code		N/A
<u> </u>	on (See Instructions)	/Amployer (See Ins N	structions)	
U I	ATTACH ADDITIONAL CO			

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete 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	ITEMIZED LOANS			\$ ₀
5 Date of loan 20160608	7 Name of tender □ out-of-state Mrs. Laura Pressley, Ph.□	PAC (IDT:)	9 Loan Amount (\$) 500
6 Is lender a financial Institution?	2 ,	State; Zip Code Austin Tx	78753	10 Interest rate 0 11 Maturity date
YNX	10203 Woodglen Cove	Austria	70133	N/A
12 Principal occupation Owner	on / Job title (See Instructions)	13 Employer (See Inte Pure Rain, LLC	•	
14 Description at Call	ateral	15 Check if personal account (See Inst		deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A			19 Amount Guaranteed (\$)
(x) not applicable		N/A		
20 Principal Occupat N/A	ion (See Instructions)	21 Employer (See Ins N/A	tructions)	
Date of loan 20161031	Name of lender	PAC (ID#:)	Loan Amount (\$) 110
Is lender a financial		State; Zip Code		Interest rate 0
Institution?	10203 Woodglen Cove	Austin TX	78753	Maturity date N/A
Principal occupation Owner	on / Job title (See Instructions)	Employer (See Ins Pure Rain, LL		
Description of Collateral Check if personal funds were account (See Instructions)				deposited into political
GUARANTOR INFORMATION	GUARANTOR Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		N/A
Principal Occupation N/A	on (See Instructions)	/Employer (See Ins	tructions)	
(1)	ATTACH ADDITIONAL CO			

	LOANS			SCHEDULE E
	The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Laura Pres	sley, Ph.D.		
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
	20161102	133		
6	Is lender	Mrs. Laura Pressley, Ph.D. 8 Lender address; City; S	State; Zip Code	10 Interest rate
	a financial Institution?	20,,20, 200,000,	•	0
	V N	n, TX 78753	11 Maturity date	
	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>			N/A
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
	Owner	- 	Pure Rain, LLC	
14	Description of Coll in none	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code				n/a
	not applicable	n/a		
20	Principal Occupat	cion (See Instructions)	21 Employer (See Instructions)	
	n/a		n/a	
	Date of loan	Name of lender out-of-state	PAC (iD#;)	Loan Amount (\$)
	20161128	Discover		5,569.28
		· · · · · · · · · · · · · · · · · · ·		Interest rate
	ls lender a financial	Lender address; City; S	State; Zip Code	0%
_	Institution?	P.O.Box 790213 St. Louis MO	63179	Maturity date
L	<u> </u>	7.0.00, 700210 01. 2000 1110		N/A
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Coll	ateral	Check if personal funds were	deposited into political
		account (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	n/a
	x not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
		n/a	n/a	
		ATTACH ADDITIONAL CO	DIES OF THIS SCHEDI II E AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	2 FILER NAME		3 Filer ID (Ethics Commission Filers		
9	Laura Pressley, Ph.D.		(2		
Date 1/17/17	5 Payee name				
1/1//1/	Discover				
Amount (\$)	7 Payee address; City; State; Zip Code				
249.00	P.O. Box 790213 St. Louis MO 631	79			
	(a) Category (See Categories fisted 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	n, TX, officsholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1/25/17	Chase				
Amount (\$)	Payee address; City; State; Zip Code				
2500	P.O. Box 94014 Palatine IL (60094			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	cc Payment	L Check if Austin,	, TX, afficeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2/1/7	Karmakaze Productions				
Amount (\$)	Payee address; City; State; Zip Code				
Amount (#)					
2500	4300 MANZANILLO DR TX 78749				
	4300 MANZANILLO DR TX 78749 Category (See Categories listed at the top of this schedule)	Description	•••••		
2500 PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.		
2500		Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense 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 Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 4 Date 2/6/17 5 Payee name Office Depot 6 Amount (\$) 7 Pavee address: City: State: Zip Code 213.63 816 TIRADO STREET, US HWY. 290 & I-35 (a) Category (See Dategories 45652) the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE **Printing Supplies** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/6/17 Paper Place Amount (\$) Payee address; City; State; Zip Code 161.18 4001 North Lamar Blvd.Suite 540 Austin, Texas 78756 Category (See Categories listed at the top of this schedula) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF 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 Payee name Date 2/8/17 Comfort Inn City; State; Zip Code Amount (\$) Payee address; 800 W. Interstate 20, Stanton, TX, 79782 131.20 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 travel Candidate / Officeholder name Office sought Office held 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 Accounting/Banking Event Expense Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 5 Payee name 2/16/17 Discover 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 790213 St. Louis, MO 63179 244.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE CC payment Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name **US Bank** 3/3/17 Amount (\$) Payee address; City; State; Zip Code 1.307.28 P.O. Box 790408 St. Louis, MO 63179 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 cc payment Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 3/3/17 Chase Amount (\$) Payee address: City; State: Zip Code Palatine, IL 60094 P.O. Box 94014 311.95 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 cc payment Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above) complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)			
4 Date 3/6/17	5 Payee name Paper Place	<u> </u>			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
178.77	4001 N. Lamar, Ste 540, Austin, TX	X 78756			
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	Printing supplies	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/7/17	Travis County	,			
Amount (\$)	Payee address; City; State; Zip Code				
148.69	Airport Blvd, Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/16/17	Discover				
Amount (\$)	Payee address; City; State; Zip Code				
239.00	PO Box 790213 St. Louis, MO 63	179			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	cc payment	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh		Office sought Office held			
İ	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expense on not listed above)

Candidate/Officeholder/Politica Credit Card Payment	•	Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	T
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3/21/17	Discover		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	PO Box 790213 St. Louis, MO 6	3179	
3499.16	1 0 20x 1002 10		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check il travel o	utside of Texas. Complete Schedule T.
OF		Check if Austi	n, TX, officeholder living expense
EXPENDITURE	cc payment		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Data	Payee name		
Date	1 ayee name		
3/21/17	Capital One		
Amount (\$)	Payee address; City; State; Zip Code		
	=		
2194.99	PO Box 60599 City of Indu	ıstry, CA 91716	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	CC novmontt	Check if Austin	n, TX, officeholder living expense
EXPERIMENT	CC paymentt	•	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/21/17	Bank of America		
Amount (\$)	Payee address; City; State; Zip Code		
750	PO Box 851001 Dailas, TX 752	85	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		<u> </u>	utside of Texas. Complete Schedule T.
OF		Check if Austir	n, TX, officeholder living expense
EXPENDITURE	cc payment		
,			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Pollino Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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 Laura Pressley, Ph.D. 4 Date 5 Payee name 4/7/17 Dana Carter 6 Amount (\$) 7 Pavee address: City: State: Zip Code 11204 South West Oaks Austin, TX (address requested) 78737 500 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Li Check if Austin, TX, officeholder living expense **EXPENDITURE** Paralegal Expenses Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/19/17 Mary Lou Serafine City: State: Zip Code Amount (\$) Pavee address: 142.50 4011 AVENUE D AUSTIN TX 78751 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 fiving expense EXPENDITURE **Legal Fees** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4/21/17 Discover Payee address: Amount (\$) City; State; Zip Code PO Box 790213 St. Louis, MO 63179 750 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 held Office sought 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
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 (approximately)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer 1D (Ethics Commission Filers)
4 Date 4/21/17	5 Payee name Discover	
6 Amount (\$)	7 Payee address; City; State; Zip Code P.O. Box 790213, St. Louis, MO 631	79
1000		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	cc payment	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
5/2/17	Discover	
Amount (\$)	Payee address; City; State; Zip Code	
1500	P.O. Box 790613	
	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 fiving expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/9/17	Discover	
Amount (\$)	Payee address; City; State; Zip Code	
600	PO Box 790213 St. Louis, MO 63	179
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	cc payment	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

3 Filer ID (Ethics Commission Filers) In Iravel cutside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Iravel outside of Texas. Complete Schedule T.
Iravel outside of Texas. Complete Schedule T.
travel outside of Texas. Complete Schedule T.
travel outside of Texas. Complete Schedule T.
travel outside of Texas. Complete Schedule T.
if Austin, TX, officeholder living expense
ght Office held
n
travel outside of Texas. Complete Schedule T.
f Austin, TX, officeholder living expense
ght Office held
n
travel outside of Texas. Complete Schedule T.
•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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 Laura Pressley, Ph.D. 4 Date 5 Payee name 6/12/17 Discover 6 Amount (\$) 7 Payee address: City; State; Zip Code P.O. Box 790213, St. Louis, MO 63179 1000 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE ☐ Check it Austin, TX, afficeholder living expense cc payment Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/26/17 Discover Amount (\$) Payee address; City; State; Zip Code 750 P.O. Box 790613 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 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name 5/10/17 **Paper Place** Amount (\$) Payee address; City; State; Zip Code 4001 North Lamar, Ste 540, Austin, TX 78756 120.05 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 cc payment Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Fouriement & Relat

Consulting Expense Contributions/Donations Made By		cd/Beverage Expense t/Awards/Memorials Expense	Polling Expense Printing Expense		Travel In District Travel Out Of District				
Candidate/Officeholder/Political		gal Services	Salaries/Wages/		Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F2:	2 FILER NAM				3 Filer ID (Ethics Commission Filers)				
1	1 Laura Pressley, Ph.D.								
4 TOTAL OF UNITEN	1IZED UNPA	ID INCURRED OF	BLIGATIONS		\$				
5 Date	6 Payee nam	e							
6/30/17	Discover								
7 Amount (\$)	8 Payee address; City; State; Zip Code								
5,569.28	P.O. Box 790613 St. Louis MO 63179								
9 TYPE OF EXPENDITURE	Politi	ical	× Non-Political						
10	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on				
PURPOSE				Checki	f travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Cradi	t Card Balance as	of 6/20/17	Check	if Austin, TX, officeholder living expense				
	Ciedi	Caro Dalance as	01 6/30/17						
11 Complete ONLY if direct expenditure to benefit C/OF		ite / Officeholder name	Office	sought	Office held				
Date	Payee nam	ne							
		n/a							
Amount (\$)	Payee add	ress; City; Sta	te; Zip Code						
TYPE OF EXPENDITURE	Politi	ical	Non-Political						
	Category (See Categories listed at the top	of this schedule)	Descripti	on				
PURPOSE					f travel outside of Texas. Complete Schedule T.				
OF Expenditure				Check	if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office	sought	Office held				
,									
-	ATTACH A	ADDITIONAL COPIE	S OF THIS SCH	EDULE AS NE	EDED				
									

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursemer Office Overhead/Rental Expens					
Consulting Expense Contributions/Donations Made E	Food/Beverage Expense By Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District				
Candidate/Officeholder/Politic	Other (enter a category not listed above)						
	The Instruction Guide explains	s how to complete this form	1.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
2	Laura Pressley, Ph.D.						
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 879.74				
5 Date	6 Payee name						
2/15/17	Anna Eby						
7 Amount (\$)	8 Payee address; City; State; 2	Zip Code					
1232.28	302 N. Lampasas Round Ro	ock, TX 78664					
9 TYPE OF EXPENDITURE	Political	Non-Political					
10	(a) Category (See Categories listed at the top of this	schedule) (b) Descri	iption				
PURPOSE		Ch	eck if travel outside of Texas. Complete Schedule T.				
OF Expenditure	Legal Fees	Ch	eck if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held				
Date	Payee name						
3/2/17	Anna Eby						
Amount (\$)	Payee address; City; State;	Zip Code					
2194.99	302 N. Lampasas Round Roo	±, TX 78664					
TYPE OF EXPENDITURE	Political	x Non-Political					
	Category (See Categories listed at the top of this	schedule) Descri	iption				
PURPOSE		L Chi	eck if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE		LJChi	eck if Austin, TX, officeholder living expense				
	Legal Fees						
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
	•						
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS	NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/wards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Canadasac Officencia Committee Tale Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Laura Pressley, Ph.D. 3 Filer ID (Effice Commission Filers 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 4/7/17 Anna Eby 7 Amount (\$) 8 Payee naddress; City: State: Zip Code 302 N. Lampasas Round Rock, TX 78664 9 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Date Payee name Anna Eby Anna Eby Payee address; City: State: Zip Code Candidate / Officeholder name Office sought Office held Office held Anna Eby Payee address; City: State: Zip Code Candidate / Officeholder name Office sought Office held Office held Office held Anna Eby Purpose Office Category (See Categories listed at the top of this schedule) Date Payee name Anna Eby Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description Office held	Consulting Expense Contributions/Donations Made I		Polling Expense Printing Expense	Travel In District Travel Out Of District
1 Total pages Schedule F4: 2 FILER NAME Laura Pressley, Ph.D. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 4/7/17 Amount (\$) 8 Payee address; City: State; Zip Code 1058.21 302 N. Lampasas Round Rock, TX 78664 10 PURPOSE EXPENDITURE Date Candidate / Officeholder name Office sough Office held Payee name Anna Eby Payee name Anna Eby Payee address; City: State; Zip Code Candidate / Officeholder name Office sough Office held Date Payee name Anna Eby Payee address; City: State; Zip Code 2599.67 302 N. Lampasas Round Rock, TX 78664 TYPE OF EXPENDITURE Payee address; City: State; Zip Code 302 N. Lampasas Round Rock, TX 78664 TYPE OF EXPENDITURE Political X Non-Political X Non-Political Description Category (See Categories listed at the top of this scheduler) Date Category (See Categories listed at the top of this scheduler) Political Political Category (See Categories listed at the top of this scheduler) Political Category (See Categories listed at the top of this scheduler) Category (See Categories listed at the top of this scheduler) Category (See Categories listed at the top of this scheduler) Category (See Categories listed at the top of this scheduler) Complete ONLY if direct categories listed at the top of this scheduler) Complete ONLY if direct categories listed at the top of this scheduler) Complete ONLY if direct categories listed at the top of this scheduler) Complete ONLY if direct categories listed at the top of this scheduler) Complete Only if direct categories listed at the top of this scheduler) Complete Only if direct categories listed at the top of this scheduler) Complete Only if direct categories listed at the top of this scheduler) Complete Only if direct categories listed at the top of this scheduler) Complete Only if the categories listed at the top of this scheduler) Complete Only if the categories listed at the top of this scheduler)	Candidate/Officeholder/Politic		-	
Laura Pressley, Ph.D. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 47/1/7 Anna Eby 7 Amount (\$) 8 Payee name Anna Eby 302 N. Lampasas Round Rock, TX 78664 9 TYPE OF EXPENDITURE (a) Catagory (see Categories islated at the top of this schedule) PURPOSE COPE EXPENDITURE (b) Description Check if Auslin, TX, efficiented living expense The Complete ONLY if direct expenditure Payee address; City: State: Zip Code 2599.67 302 N. Lampasas Round Rock, TX 78664 TYPE OF EXPENDITURE Payee name	1 Tatal annua Cabadula Ed.		no non to complete the	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 4/7/17 Annual Eby 7 Amount (\$) 8 Payee address; City: State; Zip Code 1058.21 302 N. Lampasas Round Rock, TX 78664 9 TYPE OF EXPENDITURE Political Non-Political	i lotal pages Schedule F4:			3 Filer ID (Ethics Commission Filers)
S Date Anna Eby		<u></u>		
### Anna Eby ### Amount (\$) 8 Payee address; City; State; Zip Code ### 1058.21 302 N. Lampasas Round Rock, TX 78664 ### On-Political #### Office Sought Office Inverse Inverse superiors #### Office Note: A frame Judicide of Texas. Complete Schedule T. On-Political #### Office Note: A frame Judicide of Texas. Complete Schedule T. On-Political #### Office Note: A frame Judicide of Texas. Complete Schedule T. On-Political #### Office Note: A frame Judicide of Texas. Complete Schedule T. On-Political #### On-Political #### Office Note: A frame Judicide of Texas. Complete Schedule T. On-Political ####	4 TOTAL OF UNITEM	AIZED EXPENDITURES CHARGED	TO A CREDIT CA	RD \$ 879.74
7 Amount (\$) 8 Payee address; City; State; Zip Code 1058.21 302 N. Lampasas Round Rock, TX 78664 1058.21 302 N. Lampasas Round Rock, TX 78664 100 PURPOSE OF EXPENDITURE (a) Catagory (see Caregories issted at the top of this schedule) (b) Description Check if rewell cubicide of Texas. Complete Schedule T. Check if Aussin, TX, officeholder fiving expenses 11 Complete CMLX if direct oxpenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	5 Date	6 Payee name		
1058.21 302 N. Lampasas Round Rock, TX 78664 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Legal Fees (b) Description Check if Austin, TX, officaholder living expenses 11 Complete ONLY if direct expenditure to benefit C/OH Date 5/16/17 Anna Eby Amount (\$) Payee address; City; State; Zip Code 2599.67 302 N. Lampasas Round Rock, TX 78664 TYPE OF EXPENDITURE Pullical X Non-Political Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officaholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held Office held Office held Office held	4/7/17	Anna Eby		
9 TYPE OF EXPENDITURE Political Non-Political Non-Political Non-Political Non-Political Purpose OF EXPENDITURE Legal Fees Office Schedule	7 Amount (\$)	8 Payee address; City; State;	Zip Code	
Political Non-Political	1058.21	302 N. Lampasas Round I	Rock, TX 78664	
Check if Iravel outside of Texas. Complete Schedule T.	TARE OF	Political	x Non-Political	
Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense	10	(a) Category (See Categories listed at the top of t	his schedule) (b) I	Description
Legal Fees Legal Fees Legal Fees Candidate / Officeholder name Office sought Office held Office held Office held Candidate / Officeholder name Office sought Office held Office held Date 5/16/17 Anna Eby Amount (\$) Payee address; City: State; Zip Code 2599.67 302 N. Lampasas Round Rock, TX 78664 TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal Fees Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	PURPOSE			Check if travel outside of Texas. Complete Schedule T.
11 Complete ONLY if direct expenditure to benefit C/OH Date		LandStan		Check if Austin, TX, officeholder living expense
Date Payee name 5/16/17 Anna Eby Amount (\$) Payee address; City; State; Zip Code 2599.67 302 N. Lampasas Round Rock, TX 78664 TYPE OF EXPENDITURE Political x Non-Political Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Legal Fees		
Amount (\$) Payee address; City; State; Zip Code 2599.67 302 N. Lampasas Round Rock, TX 78664 TYPE OF EXPENDITURE Political X Non-Political Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Legal Fees Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Date	Payee name		
2599.67 TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal Fees Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	5/16/17	Anna Eby		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal Fees Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal Fees Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	2599.67	302 N. Lampasas Round R	ock, TX 78664	
PURPOSE OF EXPENDITURE Legal Fees Candidate / Officeholder name Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Office sought Office held		Political [x Non-Political	,
Check if Austin, TX, officeholder living expense Legal Fees Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Office sought Office held		Category (See Categories listed at the top of t	his schedule)	Description
Legal Fees Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		·		Check if travel outside of Texas. Complete Schedule T.
Legal Fees Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
expenditure to benefit C/OH	Complete ONDA S disc.		C#:	المادة المادة
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED			Office sough	t Office neid
ATTACH ADDITIONAL CODIES OF THIS SOMEDINE AS NEEDED			.	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED				
		ATTACH ADDITIONAL OCCURS	DE TUIO COMEDIU:	A O NEEDED