

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 43
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Laura A		OFFICE USE ONLY Date Received 2017 JUL 17 PM 3 53 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked
	NICKNAME LAST SUFFIX Pressley, Ph.D.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10203 Woodglen Cove Austin, TX 78753		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 762-3825		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Fidel		Receipt #
	NICKNAME LAST SUFFIX Acevedo		Amount \$
			Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3807 Prairie Austin, TX 78728		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 775-7276		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2017 THROUGH 06 / 30 / 2017		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description 12 / 16 / 2014 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) n/a		13 OFFICE SOUGHT (if known) Austin City Council District 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

Laura Pressley, Ph.D.

15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 6,519.09

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**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

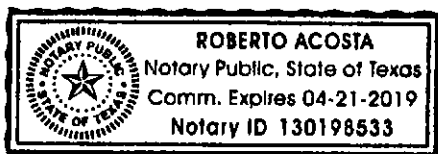
\$ 1,054.06

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 57,712.28

18 AFFIDAVIT



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

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LAURA A. PRESSLEY, this the 17th day of JULY, 20 17, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

ROBERTO ACOSTA

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,731
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,950
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 10,000
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 57,712.28
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,741.40
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,569.28
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7,964.89
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

20

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 Date

1/5/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Billie Zimmerman

6 Contributor address;

City; State; Zip Code

4018 Skylark

San Antonio, TX 78210

7 Amount of contribution (\$)

150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/5/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William S. May

Contributor address;

City; State; Zip Code

21202 National Dr.

Lago Vista, TX 78645

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/9/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Skobo

Contributor address;

City; State; Zip Code

15301 MALLARD GREEN LN AUSTIN, TX 78728

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/10/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Glynn Schanen

Contributor address;

City; State; Zip Code

3 Colorado Trail

Wimberley, TX 78676

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

1/11/17

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

King Walker

6 Contributor address;

City; State; Zip Code

3602 Briargrove Lane

San Angelo, TX 76904

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

1/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Dobrovlny

Contributor address;

City; State; Zip Code

217 South Ragsdale Street

Jacksonville, TX 75766

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Dobrovlny Law Firm, P.

Date

1/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mr. and Mrs. Sammy Bickham

Contributor address;

City; State; Zip Code

13901 Midway

Farmers Branch, TX 75244

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Bickham Consulting

Date

1/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kurt Hyde

Contributor address;

City; State; Zip Code

2701 Yellowstone Park, Corinth, TX 76210

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Journalist

Employer (See Instructions)

The New American

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

1/13/17

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

Paul Petkoff

6 Contributor address;

City; State; Zip Code

7914 Ruskin Cir.

Frisco, TX 75034

7 Amount of contribution (\$)

300

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

1/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ruben Corvalan

Contributor address;

City; State; Zip Code

407 Cayanosa Falls

San Antonio, TX 78258

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Dobrovoly Law Firm, P.

Date

1/25/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gary Thorpe

Contributor address;

City; State; Zip Code

9815 Moorberry Ln.

Houston, TX 77080

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self

Date

1/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gail Abbott

Contributor address;

City; State; Zip Code

7701 Pasatiempo

Frisco, TX 75034

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Journalist

Employer (See Instructions)

The New American

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

1/17/17

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

Dr. Gil Robinson, MD.

7 Amount of contribution (\$)

250

6 Contributor address;

City; State; Zip Code

5150 Broadway Ste 610 San Antonio, TX 78209

8 Principal occupation / Job title (See Instructions)

Physician

9 Employer (See Instructions)

Self

Date

1/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dottie Barnes

Amount of contribution (\$)

55

Contributor address;

City; State; Zip Code

519 N. Garity St. Frost, TX 76641

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Dobrovlny Law Firm, P.

Date

1/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jack Finger

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

P.O. Box 12048 San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

1/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Anderson

Amount of contribution (\$)

40

Contributor address;

City; State; Zip Code

5019 Placid Place Austin, TX 78731

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

1/28/17

5 Full name of contributor

Josie Schoolcraft

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

City; State; Zip Code

611 CR 1316

Rusk, TX 75785

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

1/28/17

Full name of contributor

Hugh Higgins

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

8115 East Ct.

Austin, TX 78759

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Dobrovlny Law Firm, P.

Date

1/30/17

Full name of contributor

Travis Snaveley

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2006A Kenneth Ave

Austin, TX 7841

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Client Services

Employer (See Instructions)

Tango Health

Date

1/31/17

Full name of contributor

Larry Korkmas

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

10810 Holly Springs

Houston, TX 77042

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

2/6/17

5 Full name of contributor

Dana Ambs

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

City; State; Zip Code

3712 WERNER AVE

AUSTIN, TX 78722

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Real Estate

9 Employer (See Instructions)

Self

Date

2/14/17

Full name of contributor

Lesta Frank

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

135 Evans Ave.

San Antonio, TX 78209

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Artist

Employer (See Instructions)

Self

Date

2/14/17

Full name of contributor

Bradley Parsons

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3706 Greystone

Austin, TX 78731

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/14/17

Full name of contributor

Julie Byrnes

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

203 Sunset Blvd

Alpena, MI 49707

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

2/11/17

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

Mrs. and Mrs. Sammy Bickham

6 Contributor address;

City; State; Zip Code

13901 Midway

Farmers Branch, TX 75244

7 Amount of contribution (\$)

48

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Bickham Consulting

Date

2/12/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Budge McDonnald, Jr.

Contributor address;

City; State; Zip Code

505 N. Big Spring,

Midland, TX 79701

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Davis

Contributor address;

City; State; Zip Code

924 East Bryan

Kermit, TX 79745

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Cox

Contributor address;

City; State; Zip Code

2109 W. Texas

Midland, TX 79701

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

2/21/17

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

Shaun Ireland

6 Contributor address;

City; State; Zip Code

1006 Banister Lane

Austin, TX 78704

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

Graduate Student

9 Employer (See Instructions)

SFASU

Date

2/23/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Angela Relder

Contributor address;

City; State; Zip Code

8304 Luree Lane

Hermitage, TN 37076

Amount of contribution (\$)

75

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Anderson

Contributor address;

City; State; Zip Code

5019 Placid Place

Austin, TX 78731

Amount of contribution (\$)

55

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeffrey McManus

Contributor address;

City; State; Zip Code

788 Terrell Rd

San Antonio, TX 78209

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

2/24/17

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

Dee and Susan Carter

7 Amount of contribution (\$)

200

6 Contributor address;

City; State; Zip Code

1030 Andrews Hwy Ste 205

Midland, TX 79701

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Carter Financial Group

Date

2/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hood County Tea Party

Amount of contribution (\$)

300

Contributor address;

City; State; Zip Code

PO BOX 1496

Granbury, TX 76048

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Anderson

Amount of contribution (\$)

95

Contributor address;

City; State; Zip Code

5019 Placid Place

Austin, TX 78731

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/25/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

D. Kalk

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

15 Benchwood Cir

San Antonio, TX 78248

Principal occupation / Job title (See Instructions)

Director, San Antonio Tea Party

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

2/24/17

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

George and Sandra Norrell

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

2107 Lakewood Trl

Granbury, TX 78049

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Carter Financial Group

Date

2/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gary T. Gool

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

2317 W. Cuthbert Ave.

Midland, TX 79701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nicholas Taylor

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

214 W. Texas Ave., Ste 1101 Midland, TX 79701

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marilyn Story Wood

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

3914 Northfield Ct.

Midland TX 79707

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelia Foster 6 Contributor address; City; State; Zip Code 4511 Island Cove Austin, TX 78731	7 Amount of contribution (\$) 5000
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Carter Financial Group
Date 3/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherokee County Republican Club Contributor address; City; State; Zip Code P.O. Box 23 Jacksonville, TX 75766	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josie Schoolcraft Contributor address; City; State; Zip Code 611 CR 1316 Rusk, TX 75787	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grassroots America We The People Contributor address; City; State; Zip Code POBox 130012 Tyler, TX 75713	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

3/17/17

5 Full name of contributor

Tina Bryan

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

14 Elmwood

City; State; Zip Code

Tyler, TX 75604

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Carter Financial Group

Date

3/17/17

Full name of contributor

Jim Stanley

☐ out-of-state PAC (ID#: _____)

Contributor address;

P.O. Box 23

City; State; Zip Code

Henderson, TX

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/17

Full name of contributor

Mary Anderson

☐ out-of-state PAC (ID#: _____)

Contributor address;

5019 Placid Place

City; State; Zip Code

Austin, TX 78731

Amount of contribution (\$)

80

Principal occupation / Job title (See Instructions)

Retired

Retired

Employer (See Instructions)

Retired

Date

4/15/17

Full name of contributor

M.W. Hodge

☐ out-of-state PAC (ID#: _____)

Contributor address;

601 CR 3608

City; State; Zip Code

Bullard, TX 75757

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myles Openheim 6 Contributor address; City; State; Zip Code 7413 E. CR Lubbock, TX 79403	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Carter Financial Group
Date 4/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A. Neeley Contributor address; City; State; Zip Code 942 Crockett Rusk, TX 75785	Amount of contribution (\$) 80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Griffin Cole, DDS Contributor address; City; State; Zip Code 4708 Toreador Dr Austin, TX 78746	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Doyle Contributor address; City; State; Zip Code 3431 North Hills Dr 218 Austin, TX 78731	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions) Employee		Employer (See Instructions) Governement
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

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

4/18/17

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

Jolie Nichols

6 Contributor address;

City; State; Zip Code

Dallas, TX

7 Amount of contribution (\$)

100

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

Date

4/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ronald and Ingalill Toles

Contributor address;

City; State; Zip Code

612 Hereford Lane

Millsap, TX 76066

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan Straus

Contributor address;

City; State; Zip Code

232 Argyle Ave, San Antonio, TX 78209

Amount of contribution (\$)

125

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

5/18/17

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

Andre and Tommi Kulisz

6 Contributor address;

City; State; Zip Code

1627 Rio Ranch Rd Pipe Creek, TX 78063

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

Doctor

9 Employer (See Instructions)

Self

Date

5/16/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hugh Higgins

Contributor address;

City; State; Zip Code

8115 East Court

Austin, TX 78759

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired CPA

Employer (See Instructions)

Retired

Date

5/23/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Schruben

Contributor address;

City; State; Zip Code

2253 SH 71 W

Austin, TX 78612

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

City of Austin

Date

5/19/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gary Gool

Contributor address;

City; State; Zip Code

2317 W. Cuthbert Ave Midland, TX 79701

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

5/30/17

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

JoAnn Fleming

7 Amount of contribution (\$)

250

6 Contributor address;

City; State; Zip Code

13128 Timber Creek Drive Flint, TX 75762

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

5/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan Straus

Amount of contribution (\$)

125

Contributor address;

City; State; Zip Code

232 Argyle

San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

5/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Larry Korkmas

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

10810 Holly Springs Dr. Houston, TX 77042

Principal occupation / Job title (See Instructions)

Mediator

Employer (See Instructions)

Self

Date

5/25/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Craig and Suzy Cosgray

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

27206 Waterfall Hill Pkwy Spicewood, TX 78669

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Marengold Films

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

5/19/17

5 Full name of contributor

Wendell Cossey

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

1358 VZCR

City; State; Zip Code

Canton, TX 75103

7 Amount of contribution (\$)

75

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

Date

5/31/17

Full name of contributor

Meredith Chiles

☐ out-of-state PAC (ID#: _____)

Contributor address;

104 Scissortail Trail

City; State; Zip Code

Georgetown, TX 78633

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

6/2/17

Full name of contributor

ALAN BARR

☐ out-of-state PAC (ID#: _____)

Contributor address;

7706 STONEYWOOD DR AUSTIN, TX 78731

City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

6/9/17

Full name of contributor

Rayford Brown

☐ out-of-state PAC (ID#: _____)

Contributor address;

3702 Jaguar Trail;

City; State; Zip Code

Temple, TX

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Pilot

Beech Aero Club

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

6/16/17

5 Full name of contributor

King Walker

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

City; State; Zip Code

3602 Briargrove Lane San Angelo, TX 76904

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

6/21/17

Full name of contributor

Guadalupe County Libertarian Party

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1004 Bromley Ct Seguin, TX 78155

Amount of contribution (\$)

64

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

6/21/17

Full name of contributor

Pter Craig

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

620 Craig Rd Marshall, TX 75670

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

6/21/17

Full name of contributor

Bob Brewer

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1800 DesCharles Tyler, TX 75701

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Laura Pressley, Ph.D.

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

6/21/17

5 Full name of contributor

Anthony Bruner

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

100

6 Contributor address;

2640 1 CR 457

City; State; Zip Code

Mineola, TX 75773

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

6/21/17

Full name of contributor

Robert Keseg

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

2265 CR 3990

City; State; Zip Code

Winnsboro, TX 75494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

6/21/17

Full name of contributor

Lewis Bishop

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200

Contributor address;

4211 FM 49

City; State; Zip Code

Gilmer, TX 75644

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

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.

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <div style="text-align: center;">Laura Pressley, Ph.D.</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>0</u>	
5 Date 6/30/17	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Jim Keller</div> 7 Pledgor address; City; State; Zip Code <div style="text-align: center;">201 WATER PARK RD, WIMBERLEY, TX 78676</div>	8 Amount of Pledge \$ 10,000	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions) <div style="text-align: center;">Photographer</div>		11 Employer (See Instructions) <div style="text-align: center;">Self</div>	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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.			

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 46
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20150102	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 1,900
6 Is lender a financial institution? Y N X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A	19 Amount Guaranteed (\$) N/A
	18 Guarantor address; City; State; Zip Code N/A	
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan 20150406	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 2,000
Is lender a financial institution? Y N X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A	Amount Guaranteed (\$) N/A
	Guarantor address; City; State; Zip Code N/A	
Principal Occupation (See Instructions) N/A		Employer (See Instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: # 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20150408	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 2,000
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address; City; State; Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan 20150602	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 6,000
Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address; City; State; Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See Instructions) N/A		Employer (See Instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 7 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20160413	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 15,000
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A	19 Amount Guaranteed (\$) N/A
	18 Guarantor address; City; State; Zip Code N/A	
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan 20160413	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 1,000
Is lender a financial institution? Y N <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A	Amount Guaranteed (\$) N/A
	Guarantor address; City; State; Zip Code N/A	
Principal Occupation (See Instructions) N/A		Employer (See Instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

6

2 FILER NAME

Mrs. Laura Pressley, Ph.D.

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

\$ 0

5 Date of loan
20160415**7** Name of lender ☐ out-of-state PAC (ID# _____)
Mrs. Laura Pressley, Ph.D.**9** Loan Amount (\$)
3,500**6** Is lender
a financial
institution?

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

N/A

☒ not applicable**18** Guarantor address: City: State: Zip Code
N/A**20** Principal Occupation (See instructions)
N/A**21** Employer (See instructions)
N/ADate of loan
20160603Name of lender ☐ out-of-state PAC (ID# _____)
Mrs. Laura Pressley, Ph.D.Loan Amount (\$)
20,000Is lender
a financial
institution?

Y N ☒ XLender address: City: State: Zip Code
10203 Woodglen Cove Austin TX 78753Interest rate
0Maturity date
N/APrincipal occupation / Job title (See instructions)
OwnerEmployer (See instructions)
Pure Rain, LLCDescription of Collateral
☒ noneCheck if personal funds were deposited into political
account (See instructions)
☒GUARANTOR
INFORMATIONName of guarantor
N/A

Amount Guaranteed (\$)

N/A

☒ not applicableGuarantor address: City: State: Zip Code
N/APrincipal Occupation (See instructions)
N/AEmployer (See instructions)
N**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20160608	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 500
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address; City; State; Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan 20161031	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 110
Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address; City; State; Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See Instructions) N/A		Employer (See Instructions) N
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LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 20161102	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 133
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin, TX 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor n/a	19 Amount Guaranteed (\$) n/a
	18 Guarantor address; City; State; Zip Code n/a	
20 Principal Occupation (See Instructions) n/a		21 Employer (See Instructions) n/a
Date of loan 20161128	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Discover	Loan Amount (\$) 5,569.28
Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code P.O.Box 790213 St. Louis MO 63179	Interest rate 0%
		Maturity date N/A
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor n/a	Amount Guaranteed (\$) n/a
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions) n/a		Employer (See Instructions) n/a

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">9</div>	2 FILER NAME <div style="text-align: center;">Laura Pressley, Ph.D.</div>	3 Filer ID (Ethics Commission Filers)																															
4 Date <div style="text-align: center;">1/17/17</div>	5 Payee name <div style="text-align: center;">Discover</div>																																
6 Amount (\$) <div style="text-align: center;">249.00</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">P.O. Box 790213 St. Louis MO 63179</div>																																
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">CC Payment</div>																																
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense																																
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held																												
Candidate / Officeholder name	Office sought	Office held																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date <div style="text-align: center;">1/25/17</div></td> <td colspan="2">Payee name <div style="text-align: center;">Chase</div></td> </tr> <tr> <td>Amount (\$) <div style="text-align: center;">2500</div></td> <td colspan="2">Payee address; City; State; Zip Code <div style="text-align: center;">P.O. Box 94014 Palatine IL 60094</div></td> </tr> <tr> <td rowspan="2"><div style="text-align: center;">PURPOSE OF EXPENDITURE</div></td> <td colspan="2">Category (See Categories listed at the top of this schedule) <div style="text-align: center;">cc Payment</div></td> </tr> <tr> <td colspan="2">Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="3">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> </tr> <tr> <td colspan="3"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date <div style="text-align: center;">2/1/17</div></td> <td colspan="2">Payee name <div style="text-align: center;">Karmakaze Productions</div></td> </tr> <tr> <td>Amount (\$) <div style="text-align: center;">2500</div></td> <td colspan="2">Payee address; City; State; Zip Code <div style="text-align: center;">4300 MANZANILLO DR TX 78749</div></td> </tr> <tr> <td rowspan="2"><div style="text-align: center;">PURPOSE OF EXPENDITURE</div></td> <td colspan="2">Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Website Work</div></td> </tr> <tr> <td colspan="2">Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="3">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> </tr> </table> </td> </tr> </table>			Date <div style="text-align: center;">1/25/17</div>	Payee name <div style="text-align: center;">Chase</div>		Amount (\$) <div style="text-align: center;">2500</div>	Payee address; City; State; Zip Code <div style="text-align: center;">P.O. Box 94014 Palatine IL 60094</div>		<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">cc Payment</div>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date <div style="text-align: center;">2/1/17</div></td> <td colspan="2">Payee name <div style="text-align: center;">Karmakaze Productions</div></td> </tr> <tr> <td>Amount (\$) <div style="text-align: center;">2500</div></td> <td colspan="2">Payee address; City; State; Zip Code <div style="text-align: center;">4300 MANZANILLO DR TX 78749</div></td> </tr> <tr> <td rowspan="2"><div style="text-align: center;">PURPOSE OF EXPENDITURE</div></td> <td colspan="2">Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Website Work</div></td> </tr> <tr> <td colspan="2">Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="3">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> </tr> </table>			Date <div style="text-align: center;">2/1/17</div>	Payee name <div style="text-align: center;">Karmakaze Productions</div>		Amount (\$) <div style="text-align: center;">2500</div>	Payee address; City; State; Zip Code <div style="text-align: center;">4300 MANZANILLO DR TX 78749</div>		<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Website Work</div>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <div style="text-align: center;">1/25/17</div>	Payee name <div style="text-align: center;">Chase</div>																																
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 2/6/17		5 Payee name Office Depot			
6 Amount (\$) 213.63		7 Payee address; City; State; Zip Code 816 TIRADO STREET, US HWY. 290 & I-35 AUSTIN, TX 78752			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Supplies		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/6/17		Payee name Paper Place			
Amount (\$) 161.18		Payee address; City; State; Zip Code 4001 North Lamar Blvd.Suite 540 Austin, Texas 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printing supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/8/17		Payee name Comfort Inn			
Amount (\$) 131.20		Payee address; City; State; Zip Code 800 W. Interstate 20, Stanton, TX, 79782			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) travel		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 2/16/17		5 Payee name Discover			
6 Amount (\$) 244.00		7 Payee address; City; State; Zip Code P.O. Box 790213 St. Louis, MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CC payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/3/17		Payee name US Bank			
Amount (\$) 1,307.28		Payee address; City; State; Zip Code P.O. Box 790408 St. Louis, MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/3/17		Payee name Chase			
Amount (\$) 311.95		Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/17		5 Payee name Paper Place			
6 Amount (\$) 178.77		7 Payee address; City; State; Zip Code 4001 N. Lamar, Ste 540, Austin, TX 78756			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing supplies		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/7/17		Payee name Travis County			
Amount (\$) 148.69		Payee address; City; State; Zip Code Airport Blvd, Austin, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Public Information Request		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/16/17		Payee name Discover			
Amount (\$) 239.00		Payee address; City; State; Zip Code PO Box 790213 St. Louis, MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/21/17		5 Payee name Discover			
6 Amount (\$) 3499.16		7 Payee address; City; State; Zip Code PO Box 790213 St. Louis, MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/21/17		Payee name Capital One			
Amount (\$) 2194.99		Payee address; City; State; Zip Code PO Box 60599 City of Industry, CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC paymentt		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/21/17		Payee name Bank of America			
Amount (\$) 750		Payee address; City; State; Zip Code PO Box 851001 Dallas, TX 75285			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/7/17		5 Payee name Dana Carter			
6 Amount (\$) 500		7 Payee address; City; State; Zip Code Austin, TX (address requested) 11204 South West Oaks 78737			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Paralegal Expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/19/17		Payee name Mary Lou Serafine			
Amount (\$) 142.50		Payee address; City; State; Zip Code 4011 AVENUE D AUSTIN TX 78751			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/21/17		Payee name Discover			
Amount (\$) 750		Payee address; City; State; Zip Code PO Box 790213 St. Louis, MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/21/17		5 Payee name Discover			
6 Amount (\$) 1000		7 Payee address; City; State; Zip Code P.O. Box 790213, St. Louis, MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/2/17		Payee name Discover			
Amount (\$) 1500		Payee address; City; State; Zip Code P.O. Box 790613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/9/17		Payee name Discover			
Amount (\$) 600		Payee address; City; State; Zip Code PO Box 790213 St. Louis, MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 5/16/17		5 Payee name Discover			
6 Amount (\$) 500		7 Payee address; City; State; Zip Code P.O. Box 790213, St. Louis, MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/17/17		Payee name Discover			
Amount (\$) 1000		Payee address; City; State; Zip Code P.O. Box 790613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/24/17		Payee name Discover			
Amount (\$) 1000		Payee address; City; State; Zip Code PO Box 790213 St. Louis, MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 6/12/17		5 Payee name Discover			
6 Amount (\$) 1000		7 Payee address; City; State; Zip Code P.O. Box 790213, St. Louis, MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) cc payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/26/17		Payee name Discover			
Amount (\$) 750		Payee address; City; State; Zip Code P.O. Box 790613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/10/17		Payee name Paper Place			
Amount (\$) 120.05		Payee address; City; State; Zip Code 4001 North Lamar, Ste 540, Austin, TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) cc payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 6/30/17	6 Payee name Discover
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7 Amount (\$) 5,569.28	8 Payee address; City; State; Zip Code P.O. Box 790613 St. Louis MO 63179
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Balance as of 6/30/17	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name n/a
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 879.74
5 Date 2/15/17	6 Payee name Anna Eby	
7 Amount (\$) 1232.28	8 Payee address; City; State; Zip Code 302 N. Lampasas Round Rock, TX 78664	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/2/17	Payee name Anna Eby	
Amount (\$) 2194.99	Payee address; City; State; Zip Code 302 N. Lampasas Round Rock, TX 78664	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF 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/Officeholder/Political Committee

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 879.74	
5 Date 4/7/17		6 Payee name Anna Eby			
7 Amount (\$) 1058.21		8 Payee address; City; State; Zip Code 302 N. Lampasas Round Rock, TX 78664			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Legal Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/16/17		Payee name Anna Eby			
Amount (\$) 2599.67		Payee address; City; State; Zip Code 302 N. Lampasas Round Rock, TX 78664			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					