CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer 1D (Ethics Commission Filers)	2 Total pages filed:
The C/OH instruction G	uide explains how to complete this form.	,	43
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST Adre Laura	мі А	OFFICE USEONLY
NAME	Mrs. Laura	^	Date Received
	NICKNAME LAST	SUFFIX	⊢ m ≥
_	Pressley, Ph.D.		<u> </u>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE: ZIP CODE Austin, TX 78753	oceri ed on 4
Change of Address			
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		Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	Acevedo		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 3807 Prairie		ZIP CODE 8728
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 775-7276	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07/01/2017	THROUGH 12/	31 /2017
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	X Runoff Other Description	
	12 16 /2014 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	7)
	n/a	Austin City Cour	ncil District 4
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Filer ID (Ethics Commission Filers)			
La	aura Pressley, P	h.D.		
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	5,137.44	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,790.44	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 1,958.01	
	4. TOTAL POLITICAL EXPENDITURES \$ 19,539.70			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 16,465.41			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 58,039.90			
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. Notary ID 130198533				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said LAURA PRESSUEY, this the 117H				
day of ANVAR	, 20 <u>(\$</u> ,	to certify which, witness my hand and seal of office.		
Signature of officer a	administering oath	ROBERTO A COSTA Printed name of officer administering oath	NoTARY PUBLIC Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		miss	ion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1,	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	28,643.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	-
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	10,000.00
4.	X SCHEDULE E: LOANS		\$	58,039.90
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	17,581.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	x SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	14,548.62
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	
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	TIONS	\$	

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 (\$) Dut-of-state PAC (ID#: Lesta Frank \$60 7/21/17 6 Contributor address: City; State; Zip Code 135 Evans San Antonio, TX 78209 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Mary Anderson 7/21/17 Contributor address; City; State; Zip Code \$95 5019 Placid Place Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Health Care Self Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Wendell Cossey 7/21/17 \$25 Contributor address; City; State; Zip Code Canton, TX 75103 1358 VZ CR 1211 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) William Bailey 7/21/17 \$20 Contributor address; City; State; Zip Code 5380 Medical Dr. #816 San Antonio, TX 78240 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

		SCHEDOLE AT
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Laura Pr	ressley, Ph.D.	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7/27/2017	MerryLynn Gerstenschlager 6 Contributor address; City; State; Zip Code	100
	105 HIGH VIEW CT WEATHERFORD, TX 76086	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor	Amount of contribution (\$)
8/4/17	Contributor address; City; State; Zip Code	\$25
	1358 VZ CR 1211 Canton, TX 75103	
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor) Amount of contribution (\$)
7/29/17	Contributor address; City; State; Zip Code	300
	105 Dawson Trail Georgetown, TX 78633	
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
7/19/17	Cathy E Jaster Contributor address; City; State; Zip Code	100
	317 Ridgeview Georgetown, TX 78628	
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	SNEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ 8/2/17 David Oberg 100 6 Contributor address: City; State; Zip Code 3404 St. Christopher St. Round Rock, TX 78665 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Mike and Marika Olcott 8/23/17 1.000 Contributor address: City; State; Zip Code 405 ALEDO CREEKS RD E Fort Worth, TX 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 100 8/28/17 Robert Belanger Contributor address; City; State; Zip Code West Lake Hills, TX 78746 711 Lost Canyon Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ 8/8/17 Leilei Bao 100 Contributor address: City; State; Zip Code 3729 Pilot Dr. Plano, TX 75025 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:__ 8/18/17 \$25 Wendell Cossey 6 Contributor address; City; State; Zip Code 1358 VZ CR 1211 Canton, TX 75103 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) William Bailey 8/17/17 \$20 Contributor address; City; State; Zip Code 5380 Medical Dr. #816 San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) James Skaggs 250 9/18/17 City; State; Zip Code Contributor address; 4700 Toreador Dr. Austin TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ FRANK DOBROVOLNY 9/18/2017 100 Contributor address: City; State; Zip Code 217 SOUTH RAGSDALE STREET JACKSONVILLE TX 75766 Employer (See Instructions) Principal occupation / Job title (See Instructions) DOBROVOLNY LAW FIRM **ATTORNEY** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

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 ut-of-state PAC (ID#:____ ... Frank Dobrovolny 100 9/22/2017 6 Contributor address; City; State; Zip Code 217 South Ragsdale Street Jacksonville TX 75766 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) DOBROVOLNY LAW FIRM **ATTORNEY** Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 9/22/2017 Darren Meyer 100 Contributor address; City; State; Zip Code 1203 Tucker St. McKinney TX 75069 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:___ Amount of contribution (\$) 9/30/2017 Barbara Harless 100 Contributor address; City; State; Zip Code 709 Summer Place Murphy TX 75094 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:___ Louise Lagmanson ... 10/4/2017 100 Contributor address; City; State; Zip Code 10601 Hill Drive Leander TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Miles Opheim 100 9/5/17 6 Contributor address; City; State; Zip Code Lubbock, TX 79403 7413 E. County Rd 6900 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) 9/8/17 Buzz Ferweda 100 Contributor address; City; State; Zip Code 101 Hollyberry Ln Georgetown, TX 78633 Employer (See Instructions) Principal occupation / Job title (See Instructions) Maj. USAF Retired Retired Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) 9/28/17 Mary Anderson 30 Contributor address; City; State; Zip Code 5019 Placid Place Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Health Care** Self Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ 25 . . . Wendell Cossey 9/20/17 Contributor address: City; State; Zip Code 1358 VZ CR 1211 Canton, TX 75103 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: Steve Smith 10/6/17 100 6 Contributor address; City; State; Zip Code 3301 Brent Rd Longview, TX 75604 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) Rick McGinnis 100 10/10/17 Contributor address; City; State; Zip Code 612 W. 34th Austin, TX 7805 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) 3.000 Larry Bartoli 10/13/17 Contributor address: City; State; Zip Code Weatherford, TX 76087 105 Harmony Circle Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:__ FRANK DOBROVOLNY 250 10/23/2017 Contributor address; City; State; Zip Code 217 South Ragsdale Street Jacksonville TX 75766 Principal occupation / Job title (See Instructions) Employer (See Instructions) DOBROVOLNY LAW FIRM ATTORNEY

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#: 10/24/2017 Sofia Shafquat 300 6 Contributor address; City; State; Zip Code P.O. BOX 698, CARDIFF CA 92007 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Writer Self Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) 10/25/2017 Mark Schruben 250 Contributor address; City; State; Zip Code 2253 SH 71 W Cedar Creek TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Architect** Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Michael Black 10/26/2017 200 Contributor address; City; State; Zip Code 8614 Kardla San Antonio TX 78251 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Self Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Allen Tharp 100 10/27/2017 Contributor address; City; State; Zip Code 16109 University Oak San Antonio TX 78249 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ 10/31/2017 Dean DIGHELLO 100 6 Contributor address; City; State; Zip Code PO Box 1984 Seabrook NH 3874 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) 10/31/2017 100 Contributor address; City; State; Zip Code 228 Mount Zion Rd BONAIRE GA 31005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 10/31/2017 Judith Haller Contributor address; 100 City; State; Zip Code 5319 Woodrow Ave Austin TX 78756 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 500 11/1/2017 Davis Chase Contributor address: City; State; Zip Code 1150 CR 224 Valley Mills TX 76689 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Rancher 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 AT
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
11/1/2017	6 Contributor address; City; State 3712 WERNER AVE AUSTIN TX	· ·	250
•	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/1/2017	1/2017 Daryl Chestney Contributor address; City; State; Zip Code		250
	10685 B Hazelhurst Drive 13344 Ho	uston TX 77043	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Physicia	an	Self	
Date	Full name of contributor		Amount of contribution (\$)
11/1/2017	11/1/2017 John Bacile Contributor address; City; State; Zip Code		200
	1208 N Riverfront #A Dalla	s TX 75207	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Ant	tique Furniture Shop Owner	Self	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/1/2017		, ,	100
	346 VanDusen Drive Marlboro NJ 7	7746	
Principal occupation / Job title (See Instructions) Employer (See Instruc			tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

			001.12022 711
The	Instruction Guide explains how to complete this	form.	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 out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/1/2017	Robert Mansfield 6 Contributor address; City; State		100
	32 Hall Rd Stoneham MA 2180		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/30/17	Ronald Britton Contributor address; City; State	; Zip Code	1,000
	2708 W. 35th St Austir	n, TX 78703	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Retir	ed	Retired	
Date	Full name of contributor Out-of-state PAC	{ID#:)	Amount of contribution (\$)
	_		. ,
10/30/17	Mary Anderson Contributor address; City; State	; Zip Code	140
	5019 Placid Place, Au	stin, TX 78731	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Health	Care	Self	
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
10/22/17	· · · Karen Renick · · · · · · · · · · · · · · · · · · ·	; Zip Code	150
	2500 Tower Austir	n, TX 78703	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Architecture Self			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Gulde 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#: 10/20/17 25 6 Contributor address; City; State; Zip Code 1358 VZ CR 1211 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 (\$) 10/28/17 500 James McNeel Keller Contributor address; City; State; Zip Code Wimberley, TX 78676 201 Water Park Rd Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) William Bailey Contributor address; City; State; Zip Code 10 10/18/17 5380 Medical Drive, #816 San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Allen Area Patriots 10/25/17 250 Contributor address; City; State; Zip Code 6618 Estados Dr. Allen, TX 75002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Political Club

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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) 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Dout-of-state PAC (ID#: 11/2/2017 Julie K Byrnes 200 6 Contributor address; City; State; Zip Code 49707 203 Sunset Blvd Alpena MI g Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Retired Retired Teacher Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) 11/2/201 Mark Bassett 200 Contributor address; City; State; Zip Code 2900 NW 32nd Street Gainesville FL 32605 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired None Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 11/2/2017 108 Ladd Bogdonoff Contributor address: City: State; Zip Code 910 D. Street #1282 San Rafael CA 94915-1282 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ JAY FRIESEN 11/3/2017 200 Contributor address; City; State; Zip Code 4110 WOODSTOCK DRIVE FORT WAYNE IN 46815 Principal occupation / Job title (See Instructions) Employer (See Instructions) **SPM** Medical Laser Engineer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:_____ 300 11/4/2017 Lance Phillips 6 Contributor address: City; State; Zip Code 131 CR 37 Tyler TX 75706 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Halliburton Driver Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Derek Bishop 100 11/5/2017 Contributor address; City; State; Zip Code 74923 US HWY 111 PMB 185 Indian Wells CA 92210 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) 100 11/15/2017 Martin Salm Contributor address; City; State; Zip Code 276 Kingsbury Grade Stateline NV 89449 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Susan Marriner 500 10/31/17 Contributor address: City; State; Zip Code Lake Charles, LA 70605 1100 Henrietta Ln 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. 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#:__ 11/6/17 1,000 Selina Mo 6 Contributor address: City; State; Zip Code 447 Dooley Crossville, TN 38555 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 (\$) 11/2/17 M. J. Whitt 100 Contributor address; City; State; Zip Code Murphy, TX 75094 316 Heatherbrook Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 250 11/5/17 Vickie Karp Contributor address; City; State; Zip Code 9300 Lauralan Austin, TX 78736 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Craig Cosgray Contributor address; 300 11/6/17 City; State; Zip Code 27206 Waterfall Hill Pkwy Spicewood, TX 78669 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marengo Films Owner ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ 11/15/17 100 Mac McClure 6 Contributor address; City; State; Zip Code Granbury, TX 4406 Cove Timber Circle 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) 11/15/17 Richard and Rosemary Edwards 200 Contributor address; City; State; Zip Code 6528 Heron Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:___ Amount of contribution (\$) 100 11/22/2017 JoAnn Fleming Contributor address; City; State; Zip Code 13128 TIMBER CREEK DR FLINT TEXAS 75762 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 11/27/17 Selina Mo 6,000 Contributor address; City; State; Zip Code 447 Dooley Crossville, TN 38555 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 AT
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Laura Pres	ssley, Ph.D.	İ	
4 Date	5 Full name of contributor out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
12/11/17	Travis Snavely 6 Contributor address; City; State	e; Zip Code	200
	2006-A Kenneth Ave Austin TX 78	3741	
B Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
С	lient Services Representative	Tango Health	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
12/18/17	Contributor address; City; Stat	e; Zip Code	7,000
	447 Dooley	Crossville, TN 38555	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 11/17/17	-		Amount of contribution (\$)
	1	e; Zip Code nio, TX 78240	10
	3300 Medical DI. #010 Gall Allo	1110, 17, 70240	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
12/16/17	Cecil Taylor Contributor address; City; Stat		250
	4406 Ave. C #103 Aust	in, TX 78751	
Principal occu	pation / Job title (See Instructions)		
Server Papa Johns and Pizz			zza Hut
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED

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 fo	rm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Laura Pres	sley, Ph.D.		
4 Date	5 Full name of contributor ut-of-state PAC (ID	#:)	7 Amount of contribution (\$)
12/8/17	Vickie Karp City; State;	Zip Code	250
	9300 Lauralan Aus	stin, TX 78736	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
RealEsta	te	Self	
Date	-	#:	Amount of contribution (\$)
12/8/17	Megan Gutierrez Contributor address; City; State;	Zip Code	100
•	2625 Roop Rd Gilroy, CA	95020	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
11/20/17	Wendeli Cossey Contributor address; City; State;	, ,	25
	1358 VZ CR 1211 Canton, TX 7510	กร	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
i iliopai occa	patient cos une (see membere)	Employor (555 mondo	,
	ATTACH ADDITIONAL COSTOCIO		COLD
	ATTACH ADDITIONAL COPIES OF 1		

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 Amount 9 In-kind contribution Dut-of-slate PAC (ID#:_ 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. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) **Photographer** Self Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code 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 Out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Full name of pledgor Date Out-of-state PAC (IDE:_ description Pledge \$ 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 Ti ges hedule E: —7
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filer ID (Ethics Commission Filen
4 TOTAL OF UN	IITEMIZED LOANS		\$ 0
5 Date of loan 20150408	7 Name of lender out-of-state Mrs. Laura Pressley, Ph.D	PAG (IÚI).	
6 ts lander a tinencial Institution?	5	State; Zip Code	10 interest rate 0
YNX	10203 Woodglen Cove	Austin Tx 7	78753 11 Manufity date N/A
12 Principal occupation OWNER	on / Job litte (See Instructions)	13 Employer (See Institute Pure Rain, LLC	ctions)
14 Description at Call	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political itons)
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (5)
not applicable	18 Guerantor address; City: N/A	State: Zip Code	N/A
20 Principal Occupat N/A	ion (See Instructions)	21 Employer (See Instruc N/A	ctions)
Date of loan 20150602	Name of lender ☐ out-of-state Mrs. Laura Pressley, Ph.D		
ls lender a financial		State; Zip Code	Interest rate O
Institution?	10203 Woodglen Cove	Austin TX 7	8753 Maturity date N/A
Principal occupation OWNES	on / Job title (See Instructions)	Employer (See Instru Pure Rain, LLC	ctions)
Gescription of Coll	otoral	Check if personal fund account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guerariced (\$)
· • • not applicable		State; Zip Code	N/A
*	On (See Instructions)	/Employer (See Instruction N	clions)
40-1	ATTACH ADDITIONAL CO		

LOANS			SCHEDULE E
The	instruction Guide explains how to comp	plete this form.	
2 FILER NAME Mrs. Laura F	Pressley, Ph.D.		3
4 TOTAL OF UN	NITEMIZED LOANS		\$ ₀
5 Date of loan 20150102	7 Name of lender Out-of-state Mrs. Laura Pressley, Ph.C		9 Loan Amount (\$) 1,900
6 is tender a financial Institution?		State; Zip Code	10 Interest rate 0
Y N X	10203 Woodglen Cove	Austin Tx 78753	11 Maturity date N/A
12 Principal occupation Owner	on / Job title (See Instructions)	13 Emptoyer (See tristructions) Pure Rain, LLC	<u> </u>
14 Description of Colli	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	} ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·	State; Zip Code	19 Amount Guaranteed (\$) N/A
not applicable 20 Principal Occupat N/A	Land the state of	21 Employer (See Instructions) N/A	
Date of loan 20150406	Name of lender out-of-state Mrs. Laura Pressley, Ph.D		Loan Amount (\$) 2,000
is lender a financial		State; Zip Code	Interest rate O
Institution?	10203 Woodglen Cove	Austin TX 78753	Maturity date N/A
Principal occupation Owner	on / Job title (See (natractions)	Employer (See Instructions) Pure Rain, LLC	
Description of Calls	ateral	Check if personal funds were account (See Instructions)	deposited Into political
GUARANTOR INFORMATION	Name of guarantor N/A	A To an think of	Amount Guaranteed (\$)
and applicable	Guarantor address; City;	Stale: Zip Code	N/A
	ion (See Instructions)	/Employer (See Instructions) N	A
M.1	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NE Instruction guide for additional re	

LOANS	· · · · · · · · · · · · · · · · · · ·		SCHEDULE E
The	instruction Guide explains how to comp	lete this form.	1 Tarel pages Schedule E:
2 FILER NAME Mrs. Laura F	Pressley, Ph.D.		a Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS	•	\$ ₀
5 Date of loan 20160413	7 Name offender out-of-state Mrs. Laura Pressley, Ph.C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 Loan Amount (\$) 15,000
6 is lander a Knancisi Institution?	8 Lander address; City;	State: Zip Code	10 Interest rate 0
YNX	10203 Woodglen Cove	Austin Tx 78753	11 Meturity date N/A
12 Principal occupation Owner	n / Jab title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Colle	atoral ·	15 Check if personal funds wen account (See tranuctions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranised (\$)
not applicable		State; Zip Code	N/A
20 Principal Occupat N/A	ion (See Instructions)	21 Employer (See Instructions) N/A	
Date of loan 20160413	Name of lander out-of-above Mrs. Laura Pressiey, Ph.D		Loan Amount (\$) 1,000
is lender a financial		State: Zip Code	Interest rate O
Institution?	10203 Woodglen Cove	Austin TX 78753	Maturky date N/A
Principal occupation OWNER	n / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
Description of Colli	itoral	Check If personal funds were account (See Instructions)	e deposited into political
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION In not applicable	N/A Guerantor eddress; City; N/A	State: Zip Code	N/A
Principal Occupation N/A	on (See Instructions)	Memployer (See Instructions) N	2000
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Il lender in out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS	·		SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ 0
5 Date of loan 20160415	7 Name of tender □ out-of-state Mrs. Laura Pressley, Ph.D	PAG (IDN:)	9 Loan Amount (\$) 3,500
6 is lender a financial	8 Lender address: City:	State; Zip Code	10 Interest rate 0
institution?	10203 Woodglen Cove	Austin Tx 7875	3 11 Meanity data N/A
12 Principal occupati Owner	on / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Col	steral	15 Check if personal funds wer account (See Instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guerantor N/A		19 Amount Guarenteed (\$)
applicable	18 Guarantor address; City;	Stata; Zip Code	N/A
20 Principal Occupa N/A	lion (See Instructions)	21 Employer (See Instructions) N/A	
Date of loan 20160603	Name of lender Out-of-state Mrs. Laura Pressley, Ph.D.		Loan Amouni (\$) 20,000
is lender a financial		State; Zip Code	Interest rate O
tristitution?	10203 Woodglen Cove	Austin TX 78753	Meturity date N/A
Principal occupati Owner	on / Job title (See Instructions)	Employer (See Instructions) Pure Rain, LLC	
Description of Coll	ataral	Check if personal funds wer account (See Instructions)	e deposited into political
GUARANTOR INFORMATION	Name of guerantor		Amount Guaranteed (5)
!		State; Zip Code	· N/A
not epplicable			<u></u>
Principal Occupati N/A	ion (Sea Instructions)	/Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 19 out-of-state PAC, please see instruction guide for additional reporting requirements.			

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LOANS			····	SCHEDULE E
The	Instruction Guide explains how to comp	late this form.		1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mrs. Laura I	Pressley, Ph.D.			·
4 TOTAL OF UN	HITEMIZED LOANS			\$ 0
5 Date of loan 20160608	7 Name of tender □ out-of-state Mrs. Laura Pressley, Ph.C	,	1	9 Loan Amount (\$) 500
6 is lender a financial	8 Lender address; City;	State: Zip Code		10 Interest rate 0
Institution?	10203 Woodglen Cove	Austin Tx	78753	11 Maturity date N/A
12 Principal occupation Owner	on / Job title (See Instructions)	13 Employer (See Int Pure Rain, LL	*	
14 Description at Coll	ateral	15 Chack if personal account (See Inst		deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A			19 Amount Guaranteed (\$)
y not applicable	18 Guarantor address: City: N/A	State; Zip Code		N/A
20 Principal Occupat N/A	tien (See instructions)	21 Employer (See Inc. N/A	nructions)	
Date of loan 20161031	Name of lender out-of-state Mrs. Laura Pressley, Ph.D	PAC RDe:)	Loan Amount (\$) 110
ls lender a financial	Lender address; City;	State: Zip Code		Interest rate O
institution?	10203 Woodglen Cove	Austin TX	78753	Maturity date N/A
· · · · · · · · · · · · · · · · · · ·	on / Job title (See Instructions)	Employer (See In:		
Description of Coll	ateral		funds were d	deposited into political
GUARANTOR	Neme of guarantor			Amount Guaranteed (5)
INFORMATION	N/A	State; Zip Code		N/A
Principal Occupati	on (See Instructions)	Employer (See In:	structions)	
N/A	one form instantones	N		
at a	ATTACH ADDITIONAL CO			

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	ilete this form.	1 Total pages Schedule E:
2 FILER NAME	}		3 Filer ID (Ethics Commission Filers)
Laura Press	sley, Ph.D.	<u> </u>	
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 20161102	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$) 133
6 is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0
YN	10203 Woodglen Cove Austi		11 Maturity date N/A
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Owner	<u> </u>	Pure Rain, LLC	- MAN TO THE RESERVE OF THE PARTY OF THE PAR
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	n/a	State; Zip Code 21 Employer (See Instructions)	n/a
20 Principal Occupat	ion (See instructions)	n/a	
Date of loan	Name of lender out-of-state	PAC (IDII:	Loan Amount (\$)
20161128	Discover		4,896.90
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0%
Institution?	P.O.Box 790213 St. Louis MC	63179	Maturity date N/A
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	n/a
x not applicable		<u></u>	the state of the s
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	n/a	n/a	
(f)	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NI	

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Laura Press	sley, Ph.D.		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan 20180828	7 Name of lender □ out-of-star Mrs. Laura Pressley, Ph.D.	te PAC (ID#:)	9 Loan Amount (\$) 1000
6 is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0
Institution?	10203 Woodglen Cove Aus	tin, TX 78753	11 Maturity date N/A
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	<u> </u>
Owner		Pure Rain, LLC	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
🗶 not applicable	n/a 18 Guarantor address; City; π/a	State; Zip Code	n/a
20 Principal Occupat	ion (See Instructions)	21 Employer (See instructions)	
Date of loan	Name of lender out-of-stat	te PAC (IDI:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State: Zip Code	Interest rate
Institution?			Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
·.	Guarantor address; City;	State; Zip Code	, n/a
x not applicable	* <u>* </u>		and the state of the second se
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
11 1		OPIES OF THIS SCHEDULE AS NI	

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/17	5 Payee name Bank of America		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
400.00	P.O. Box 85100 Dallas, TX 75		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	l -	utside of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	CC Payment		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/2/17	Bank of America		
Amount (\$)	Payee address; City; State; Zip Code	· · · · · ·	
846.00	P.O. Box 85100 Dallas, TX 7528	35	
PURPOSE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T.
OF EXPENDITURE	cc Payment	Check if Austin	, TX, officaholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/17/17	Discover		
Amount (\$)	Payee address; City; State; Zip Code		
500.00	P.O. Box 790213 St. Louis MO 63	179	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	1	tside of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	cc payment	CHECK II AUSTIN	, ra, anderiologi living experise
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NES	nen -

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 Gitt/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 externor and listed above)

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 10/26/17 Discover 6 Amount (\$) 7 Payee address: City; State; Zip Code 1500.00 P.O. Box 790213 St. Louis MO 63179 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, afficeholder 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 11/13/17 Discover Amount (\$) Payee address; City; State; Zip Code 2000.00 P.O. Box 790213 St. Louis MO 63179 Category (See Categories listed at the top of this schedule) 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 Payee name Date 11/17/17 Discover Amount (\$) Payee address; City; State; Zip Code 4P.O. Box 790213 St. Louis MO 63179 900.00 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 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

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

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

Printing Expens 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Payee name 7/28/17 Discover 6 Amount (\$) 7 Payee address; City; State; Zip Code 500.00 P.O. Box 790213 St. Louis MO 63179 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, afficeholder living expense **CC Payment EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 8/8/17 Discover Amount (\$) Payee address; City; State; Zip Code 350.00 P.O. Box 790213 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 held Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date 10/12/17 Paper Place Amount (\$) Payee address; City; State; Zip Code 114.69 4001 N. Lamar Ste 540 TX 78756 Austin 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** Paper Products Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense **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 9/6/17 Discover 6 Amount (\$) 7 Payee address; City; State; Zip Code 500.00 P.O. Box 790213 St. Louis MO 63179 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **CC Payment** EXPENDITURE Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/2/17 Discover Amount (\$) Payee address; City; State; Zip Code 250.00 P.O. Box 790213 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 held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/11/17 Discover Amount (\$) Payee address; City; State; Zip Code 500.00 P.O. Box 790213 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** 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 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

Event Expense Fees Food/Beverage Expense Giff/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)

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 10/23/17 Discover 6 Amount (\$) 7 Pavee address: City: State: Zip Code 2.000.00 P.O. Box 790213 St. Louis MO 63179 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **CC Payment** EXPENDITURE Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/18/17 Discover Amount (\$) Payee address: City; State; Zip Code 221.00 P.O. Box 790213 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 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/22/17 Discover Amount (\$) Payee address; City; State; Zip Code 6,00000 P.O. Box 790213 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** 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 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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 shove)

Continuous/Donations Made e Candidate/Officeholder/Politica		rpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	
Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	
8/28/17	Harmon Taylor	
i Amount (\$)	7 Payee address; City; State; Zip Code	
(4)	5.17, 5.11.01	
1,000		75230
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, afficeholder living expense
EXPENDITURE	Case Law Research	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
	N/A	
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
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
	N/A	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL CODICO OF THE	COUEDIN E AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS	OCUENOTE VO MEENER

	EXPEN	IDITURE CATEG	ORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		e Expense lemorials Expense	Loan Repayment Office Overhead Polling Expense Printing Expense Salaries/Wages/	•	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a calegory not listed above)
	The Instru	ction Guide explain	s how to compl	ete this form.	
1 Total pages Schedule F4:	2 FILER NAME Laur	a Pressley, Ph	ı. D .		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURI	ESCHARGED	TOACRED	IT CARD	\$ 814.45
5 Date	6 Payee name				
7/10/17	Eby Law Fi	rm			
7 Amount (\$)	8 Payee address;	City; State;	Zip Code		
298.81	302 N. Lam	pasas Street R	ound Rock.	Texas 78664	4
9 TYPE OF					-
EXPENDITURE	Political	_,	Non-Politica	l	
10	(a) Category (See Catego	ries listed at the top of thi	is schedule)	(b) Description	on
PURPOSE	Legal Fees			Check if	travel outside of Texas. Complete Schedule T,
OF Expenditure	Legarices			Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Offic	eholder name	Office	sought	Office held
	D-44				
Date 9/8/17	Payee name	Ehu Law E	irm		
Amount (\$)		Eby Law Fi			A PARTY.
Amount (D)	Payee address;	City; State;	Zip Gode		
636.00	302 N. La	ampasas Stree	t Round Roo	ck, Texas 78	664
TYPE OF EXPENDITURE	Political		x Non-Politica	àl	
	Category (See Catego	ries listed at the top of th	is schedule)	Description	on
PURPOSE	1				travel outside of Texas. Complete Schedule T.
OF Expenditure	Legal Fees			Check	if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Office	ceholder name	Office	sought	Office held
expenditure to benefit C/O	Н				
			·		· · · · · · · · · · · · · · · · · · ·
10.00		,			
	ATTACH ADDITIO	ONAL COPIES C	F THIS SCH	EDULE AS NE	EDED

		EXPENDITURE CA	regories for	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead Polling Expense Printing Expens		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide ex	plains how to comp	lete this form.	
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	EDTOACRED	DITCARD	\$ 814.45
5 Date	6 Payee	name			-
10/16/17	E	Eby Law Firm			
7 Amount (\$)	8 Payee	address; City; Sta	te; Zip Code		
1,140.00	302	N. Lampasas Street R	ound Rock, Te	exas 78664	
9 TYPE OF EXPENDITURE		Political	× Non-Politica	al	
10	(a) Catego	ory (See Categories listed at the top	of this schedule)	(b) Description	on
PURPOSE				Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Le	gal Fees		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Ol		didate / Officeholder name	Office	sought	Office held
Date	Payee	name		· · ·	
11/10/17		Eby Law Firm			
Amount (\$)	Payee	•	te; Zip Code		
	3	02 N. Lampasas Stre	et Round Rock	, Texas 7866	4
175.00				•	ALATRA V.
TYPE OF Expenditure		Political	x Non-Politic	al	
	Catego	Dry (See Categories listed at the top	of this schedule)	Description	on
PURPOSE				Check	I travel outside of Texas. Complete Schedule T.
OF Expenditure				Check	if Austin, TX, afficeholder living expense
	Lea	al Fees			
Complete ONLY if direct expenditure to benefit C/O	Car	didate / Officeholder name	Office	e sought	Office held
	ATTA	CH ADDITIONAL COPIE	S OF THIS SCH	EDULE AS NE	EDED

	EXPENDITURE CATEG	ORIES FOR E	3OX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/ Office Overhead/ Polling Expense Printing Expense Salaries/Wages/G	Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The instruction Guide explain	s how to comple	ete this form.	
1 Total pages Schedule F4:	2 FILER NAME Laura Pressley, Ph	.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACREDI	TCARD	\$ 814.45
5 Date 11/15/17	6 Payee name Eby Law Fir	m		
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
10,000	302 N. Lampassas St. Round F	Rock , TX 78	8664	
9 TYPE OF EXPENDITURE	Political x	Non-Political		
10	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description	on
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.
OF Expenditure	Legal Fees		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office	sought	Office held
^{Date} 7/28/17	Payee name Office Depot			
Amount (\$)	Payee address; City; State;	Zip Code		·
164.83	816 TIRADO STREET, US HWY.	290 & I-35,	AUSTIN, T	X 78752
TYPE OF EXPENDITURE	Political	x Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule)		on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held
Enter v		· ;;;		
· —	ATTACH ADDITIONAL COPIES O	F THIS SCHE	DULE AS NE	EDED

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	EXPENDITURE CATEGORIES FOR	R BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politica	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Al Committee Legal Services Salaries/Wage	nse es/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 com	plete this form.	
1 Total pages Schedule F4:	2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CRE	DITCARD	\$ 814.45
5 Date 9/1/17	6 Payee name Office Depot		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
530.40	TIRADO STREET, US HWY. 290 & I-3	85, AUSTIN, T	X 78752
9 TYPE OF EXPENDITURE	Political x Non-Politic	cal	1.2.3
10	(a)	(b) Descripti	on
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.
OF Expenditure	Printing Supplies	Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		ce sought	Office held
Date 11/4/17	Payee name Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
229.47	816 TIRADO STREET, US HWY. 290 & I-3	5, AUSTIN, T	X 78752
TYPE OF EXPENDITURE	Political X Non-Politi	cal	
	Category (See Categories listed at the top of this schedule)	Descripti	
PURPOSE OF			if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Supplies	[]Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ce sought	Office held
			· · · · · · · · · · · · · · · · · · ·
	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS N	EEDED

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		EXPEN	DITURE CATEG	iORIES FOR E	3OX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Legal Services	Expense morials Expense tion Guide explain	Loan Repayment/ Office Overhead/ Polling Expense Printing Expense Sataries/Wages/O as how to comple	Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER I		essley, Ph.D.			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXP			TOACREDI	TCARD	\$ 814.45
5 Date	6 Payee	name				
7/28/17	Pa	per Place				
7 Amount (\$)	8 Payee	address;	City; State;	Zip Code		
144.22	4	001 North L	_amar Bouleva	ard Suite 540) Austin, T	TX 78756
9 TYPE OF EXPENDITURE	F	Political		Non-Political		
10	(a) Catego	ry (See Categoric	es listed at the top of thi	is schedule)	(b) Description	nc
PURPOSE OF					Check if	f travel outside of Texas. Complete Schedule T.
OF Expenditure	P	rinting Suppli	es		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh		didate / Office	sholder name	Office :	sought	Office held
Date	Payee	name				1 11 11 11 11 11 11 11 11 11 11 11 11 1
11/4/17			er Place			<u> </u>
Amount (\$)	Payee	address;	City; State;	Zip Code		
220.59		4001 N	lorth Lamar Bo	oulevard Suit	te 540 Au	stin, TX 78756
TYPE OF EXPENDITURE		Political		x Non-Political	I 	
PURPOSE OF EXPENDITURE		ory (See Categorie Printing Supplie	es listed at the top of thi	is schedule)		on f travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
	'	Gubbik	· -			
Complete ONLY if direct expenditure to benefit C/Oł		didate / Office	eholder name	Office	sought	Office held
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		EXPENDITURE CAT	EGORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B; Candidate/Officeholder/Politica	y	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Overhead Polling Expense Printing Expense Salaries/Wages/	e Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERN			•	3 Filer ID (Ethics Commission Filers)
		_aura Pressley, Ph.D			
4 TOTAL OF UNITEM	IZED EXPE	NDITURES CHARG	EDTOACRED	ITCARD	\$ 814.45
5 Date	6 Payee na				
11/27/17		Paper Pla			· · · · · · · · · · · · · · · · · · ·
7 Amount (\$)	8 Payee a	ddress; City; Stat	e; Zip Code		
194.85	400	1 North Lamar Boul	evard Suite 540	Austin, T	X 78756
9 TYPE OF EXPENDITURE	Po	olitical	x Non-Political	l	•
· 10	(a) Categor	(See Categories listed at the top	of this schedule)	(b) Description	on
PURPOSE OF	100	rol Food		Check if	travel outside of Texas. Complete Schedule T.
EXPENDITURE	Leç	gal Fees		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	Office	sought	Office held
Date	Payee n	ame			
Amount (\$)	Payee a	ddress; City; Sta	te; Zip Code		
TYPE OF EXPENDITURE	Po	olitical	x Non-Politica	ıt	
PURPOSE OF Expenditure					on it travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		idate / Officeholder name	Office	sought	Office held
	ATTACI	ADDITIONAL COPIE	S OF THIS SCH	EDULE AS NE	EDED

BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year. Mrs. Laura Pressley, Ph. D. Name of candidate, officeholder or campaign committee: For each checking, savings or other financial institution account maintained during 2017, enter the following information indicated. For each additional institution, use a copy of this schedule. Frost Bank The name of the financial institution: Checking Type of account: \$433.15 The beginning balance: \$16,465.41 The ending balance: Enter the following information for checks issued on that account that have not cleared by December 31: Payee Amount Date n/a Enter the following information for checks received as contributions and deposited but dishonored by

Contributor

Date of receipt

the contributor's financial institution:

Amount

All deposits and withdrawals not disc		
Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
n/a		

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

Date of receipt	Contributor	Amount
n/a		