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

	NICKNAME	LAST	SUFFIX
		Pressley, Ph.D.	

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ 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	

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
	Mr. Fidel	

NICKNAME	LAST	SUFFIX
	Acevedo	

Receipt #	Amount $

Date Processed

Date Imaged

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

☒ January 15   ☐ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15   ☐ 8th day before election   ☐ Exceeded $500 limit   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month	Day	Year		Month	Day	Year
07 /	01 /	2017	THROUGH	12 /	31 /	2017

11 ELECTION

ELECTION DATE	ELECTION TYPE
Month Day Year	☐ Primary ☒ Runoff ☐ Other Description
12 / 16 / 2014	☐ General ☐ 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

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

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

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

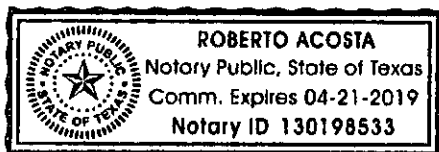| 17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 5,137.44
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 33,790.44
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 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

ROBERTO ACOSTA
Notary Public, State of Texas
Comm. Expires 04-21-2019
Notary ID 130198533

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

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LAURA PRESSLEY , this the 17TH

day of JANUARY , 20 18 , to certify which, witness my hand and seal of office.

RA Acosta	ROBERTO ACOSTA	NOTARY PUBLIC
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 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 CONTRIBUTIONS	$ 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 FUNDS	$
10.	[ ] SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ] SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	[ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 ($)
7/21/17	Lesta Frank	$60
	6 Contributor address; City; State; Zip Code	
	135 Evans San Antonio, TX 78209	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
7/21/17	Mary Anderson	$95
	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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
7/21/17	Wendell Cossey	$25
	Contributor address; City; State; Zip Code	
	1358 VZ CR 1211 Canton, TX 75103	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
7/21/17	William Bailey	$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

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** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
7/27/2017	MerryLynn Gerstenschlager	100
	6 Contributor address; City; State; Zip Code	
	105 HIGH VIEW CT WEATHERFORD, TX 76086	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/4/17	Wendell Cossey	$25
	Contributor address; City; State; Zip Code	
	1358 VZ CR 1211 Canton, TX 75103	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
7/29/17	Wilma Joy Putnam	300
	Contributor address; City; State; Zip Code	
	105 Dawson Trail Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
7/19/17	Cathy E Jaster	100
	Contributor address; City; State; Zip Code	
	317 Ridgeview Georgetown, TX 78628	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/23/17	Mike and Marika Olcott	1,000
	Contributor address; City; State; Zip Code	
	405 ALEDO CREEKS RD E Fort Worth, TX 76126	

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/28/17	Robert Belanger	100
	Contributor address; City; State; Zip Code	
	711 Lost Canyon West Lake Hills, TX 78746	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
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)

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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	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
8/18/17	Wendell Cossey	$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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/17/17	William Bailey	$20
	Contributor address; City; State; Zip Code	
	5380 Medical Dr. #816 San Antonio, TX 78240	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
9/18/17	James Skaggs	250
	Contributor address; City; State; Zip Code	
	4700 Toreador Dr. Austin TX 78746	

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
9/18/2017	FRANK DOBROVOLNY	100
	Contributor address; City; State; Zip Code	
	217 SOUTH RAGSDALE STREET JACKSONVILLE TX 75766	

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
DOBROVOLNY LAW FIRM

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** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
9/22/2017	Frank Dobrovolny	100
	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)
ATTORNEY	DOBROVOLNY LAW FIRM

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

Date	Full name of contributor ☐ out-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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/4/2017	Louise Lagmanson	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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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** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
9/5/17	Miles Opheim	100
	6 Contributor address; City; State; Zip Code 7413 E. County Rd 6900 Lubbock, TX 79403	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
9/8/17	Buzz Ferweda	100
	Contributor address; City; State; Zip Code 101 Hollyberry Ln Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Maj. USAF Retired	Retired

Date	Full name of contributor ☐ 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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
9/20/17	Wendell Cossey	25
	Contributor address; City; State; Zip Code 1358 VZ CR 1211 Canton, TX 75103	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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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	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10/6/17	Steve Smith	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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/10/17	Rick McGinnis	100
	Contributor address; City; State; Zip Code	
	612 W. 34th Austin, TX 7805	

Principal occupation / Job title (See Instructions)　　　　Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/13/17	Larry Bartoli	3,000
	Contributor address; City; State; Zip Code	
	105 Harmony Circle Weatherford, TX 76087	

Principal occupation / Job title (See Instructions)　　　　Employer (See Instructions)

Retired　　　　　　　　　　　　　　　　Retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/23/2017	FRANK DOBROVOLNY	250
	Contributor address; City; State; Zip Code	
	217 South Ragsdale Street Jacksonville TX 75766	

Principal occupation / Job title (See Instructions)　　　　Employer (See Instructions)

ATTORNEY　　　　　　　　　　　　　DOBROVOLNY LAW FIRM

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

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
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)	**9** Employer (See Instructions)
Writer	Self

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/26/2017	Michael Black	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 ($)
10/27/2017	Allen Tharp	100
	Contributor address; City; State; Zip Code	
	16109 University Oak San Antonio TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME	**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 ($)
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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/31/2017	Jeffrey Herman	100
	Contributor address; City; State; Zip Code	
	228 Mount Zion Rd BONAIRE GA 31005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/31/2017	Judith Haller	100
	Contributor address; City; State; Zip Code	
	5319 Woodrow Ave Austin TX 78756	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/1/2017	Davis Chase	500
	Contributor address; City; State; Zip Code	
	1150 CR 224 Valley Mills TX 76689	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Rancher	Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME Laura Pressley, Ph.D.	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
11/1/2017	Dana Ambs	250
	6 Contributor address; City; State; Zip Code 3712 WERNER AVE AUSTIN TX 78722	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/1/2017	Daryl Chestney	250
	Contributor address; City; State; Zip Code 10685 B Hazelhurst Drive 13344 Houston TX 77043	

Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions) Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/1/2017	John Bacile	200
	Contributor address; City; State; Zip Code 1208 N Riverfront #A Dallas TX 75207	

Principal occupation / Job title (See Instructions) Antique Furniture Shop Owner	Employer (See Instructions) Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/1/2017	Igor Koyfman	100
	Contributor address; City; State; Zip Code 346 VanDusen Drive Marlboro NJ 7746	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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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	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
11/1/2017	Robert Mansfield	100
	6 Contributor address; City; State; Zip Code	
	32 Hall Rd Stoneham MA 2180	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/30/17	Ronald Britton	1,000
	Contributor address; City; State; Zip Code	
	2708 W. 35th St Austin, TX 78703	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/30/17	Mary Anderson	140
	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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/22/17	Karen Renick	150
	Contributor address; City; State; Zip Code	
	2500 Tower Austin, TX 78703	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Architecture	Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10/20/17	Wendell Cossey	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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/28/17	James McNeel Keller	500
	Contributor address; City; State; Zip Code	
	201 Water Park Rd Wimberley, TX 78676	

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	William Bailey	
10/18/17	Contributor address; City; State; Zip Code	10
	5380 Medical Drive, # 816 San Antonio, TX 78240	

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Allen Area Patriots	
10/25/17	Contributor address; City; State; Zip Code	250
	6618 Estados Dr. Allen, TX 75002	

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Political Club

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
11/2/2017	Julie K Byrnes	200
	6 Contributor address; City; State; Zip Code	
	203 Sunset Blvd Alpena MI 49707	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/2/201	Mark Bassett	200
	Contributor address; City; State; Zip Code	
	2900 NW 32nd Street Gainesville FL 32605	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	None

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/2/2017	Ladd Bogdonoff	108
	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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/3/2017	JAY FRIESEN	200
	Contributor address; City; State; Zip Code	
	4110 WOODSTOCK DRIVE FORT WAYNE IN 46815	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medical Laser Engineer	SPM

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:

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
11/4/2017	Lance Phillips	300
	6 Contributor address; City; State; Zip Code	
	131 CR 37 Tyler TX 75706	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/5/2017	Derek Bishop	100
	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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/15/2017	Martin Salm	100
	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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/31/17	Susan Marriner	500
	Contributor address; City; State; Zip Code	
	1100 Henrietta Ln Lake Charles, LA 70605	

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	**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 ($)
11/6/17	Selina Mo	1,000
	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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/2/17	M. J. Whitt	100
	Contributor address; City; State; Zip Code	
	316 Heatherbrook Murphy, TX 75094	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/5/17	Vickie Karp	250
	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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/6/17	Craig Cosgray	300
	Contributor address; City; State; Zip Code	
	27206 Waterfall Hill Pkwy Spicewood, TX 78669	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner	Marengo Films

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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	**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 ($)
11/15/17	Mac McClure	100
	6 Contributor address; City; State; Zip Code	
	4406 Cove Timber Circle Granbury, TX	

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

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/22/2017	JoAnn Fleming	100
	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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
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

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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	**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 ($)
12/11/17	Travis Snavely	200
	6 Contributor address; City; State; Zip Code	
	2006-A Kenneth Ave Austin TX 78741	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Client Services Representative	Tango Health

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
12/18/17	Selina Mo	7,000
	Contributor address; City; State; Zip Code	
	447 Dooley Crossville, TN 38555	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/17/17	William Bailey	10
	Contributor address; City; State; Zip Code	
	5380 Medical Dr. #816 San Antonio, TX 78240	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
12/16/17	Cecil Taylor	250
	Contributor address; City; State; Zip Code	
	4406 Ave. C #103 Austin, TX 78751	

Principal occupation / Job title (See Instructions)	
Server	Papa Johns and Pizza Hut

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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	**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 ($)
12/8/17	Vickie Karp	250
	6 Contributor address; City; State; Zip Code	
	9300 Lauralan Austin, TX 78736	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
12/8/17	Megan Gutierrez	100
	Contributor address; City; State; Zip Code	
	2625 Roop Rd Gilroy, CA 95020	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11/20/17	Wendell Cossey	25
	Contributor address; City; State; Zip Code	
	1358 VZ CR 1211 Canton, TX 75103	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule B:
2 FILER NAME Laura Pressley, Ph.D.	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES	$ 0

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Pledge $	**9** In-kind contribution description
6/30/17	Jim Keller		
	7 Pledgor address; City; State; Zip Code 201 WATER PARK RD, WIMBERLEY, TX 78676	10,000	
		☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (See Instructions) Photographer	**11** Employer (See Instructions) Self

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		☐ Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		☐ Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		☐ Check if travel outside of Texas. Complete Schedule T.	

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Mrs. Laura Pressley, Ph.D.	

4 TOTAL OF UNITEMIZED LOANS	$ 0

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
20150408	Mrs. Laura Pressley, Ph.D.	2,000

6 Is lender a financial institution?	8 Lender address: City: State: Zip Code	10 Interest rate
		0
	10203 Woodglen Cove Austin Tx 78753	11 Maturity date
Y N ☒		N/A

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
Owner	Pure Rain, LLC

14 Description of Collateral	15 Check if personal funds were deposited into political account (See Instructions)
☒ none	☒

16 GUARANTOR INFORMATION	17 Name of guarantor	19 Amount Guaranteed ($)
	N/A	
	18 Guarantor address: City: State: Zip Code	N/A
☒ not applicable	N/A	

20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
N/A	N/A

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
20150602	Mrs. Laura Pressley, Ph.D.	6,000

Is lender a financial institution?	Lender address: City: State: Zip Code	Interest rate
		0
	10203 Woodglen Cove Austin TX 78753	Maturity date
Y N ☒		N/A

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner	Pure Rain, LLC

Description of Collateral	Check if personal funds were deposited into political account (See Instructions)
☒ none	☒

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
	N/A	
	Guarantor address: City: State: Zip Code	N/A
☒ not applicable	N/A	

Principal Occupation (See Instructions)	Employer (See Instructions)
N/A	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

	1
The instruction Guide explains how to complete this form.	

2 FILER NAME	3
Mrs. Laura Pressley, Ph.D.	

4 TOTAL OF UNITEMIZED LOANS	$ 0

5 Date of loan 20150102	7 Name of lender ☐ 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 ☒ none	15 Check if personal funds were deposited into political account (See Instructions) ☒

16 GUARANTOR INFORMATION ☒ 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 ☐ 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 ☒ none	Check if personal funds were deposited into political account (See Instructions) ☒

GUARANTOR INFORMATION ☒ not applicable	Name of guarantor N/A	Amount Guaranteed ($) N/A
	Guarantor address; City; State; Zip Code N/A	

Principal Occupation (See Instructions) N/A	Employer (See Instructions) N

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: ⌐7

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 ☐ out-of-state PAC (ID#:_____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount ($) 15,000
6 Is lender a financial institution? Y N X	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0 11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Owner	13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Collateral ☑ none	15 Check if personal funds were deposited into political account (See Instructions) ☑	
16 GUARANTOR INFORMATION	17 Name of guarantor N/A	19 Amount Guaranteed ($) 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/A	

Date of loan 20160413	Name of lender ☐ out-of-state PAC (ID#:_____) Mrs. Laura Pressley, Ph.D.	Loan Amount ($) 1,000
Is lender a financial institution? Y N X	Lender address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0 Maturity date N/A
Principal occupation / Job title (See Instructions) Owner	Employer (See Instructions) Pure Rain, LLC	
Description of Collateral ☑ none	Check if personal funds were deposited into political account (See Instructions) ☑	
GUARANTOR INFORMATION	Name of guarantor N/A	Amount Guaranteed ($) N/A
☑ not applicable	Guarantor address; City; State; Zip Code N/A	
Principal Occupation (See Instructions) N/A	Employer (See Instructions) N	

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E: 7
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 ☒	**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 ☒ not applicable	**17** Name of guarantor N/A	**19** Amount Guaranteed ($) N/A
	18 Guarantor address; City; State; Zip Code N/A	

20 Principal Occupation (See Instructions) N/A	**21** Employer (See Instructions) N/A

Date of loan 20160603	Name of lender ☐ out-of-state PAC (ID#:_____) Mrs. Laura Pressley, Ph.D.	Loan Amount ($) 20,000
Is lender a financial institution? Y N ☒	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 ☒ none	Check if personal funds were deposited into political account (See Instructions) ☒

GUARANTOR INFORMATION ☒ not applicable	Name of guarantor N/A	Amount Guaranteed ($) N/A
	Guarantor address; City; State; Zip Code N/A	

Principal Occupation (See Instructions) N/A	Employer (See Instructions) N

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E: 1

2 FILER NAME Mrs. Laura Pressley, Ph.D.	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS	**$** 0

5 Date of loan 20160608	**7** Name of lender ☐ out-of-state PAC (ID#:_____) Mrs. Laura Pressley, Ph.D.	**9** Loan Amount ($) 500
6 Is lender a financial institution? Y 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 ☒ none	**15** Check if personal funds were deposited into political account (See Instructions) ☒

16 GUARANTOR INFORMATION ☒ 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 ☐ out-of-state PAC ID#:_____ Mrs. Laura Pressley, Ph.D.	Loan Amount ($) 110
Is lender a financial institution? Y N ☒	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 ☒ none	Check if personal funds were deposited into political account (See Instructions) ☐

GUARANTOR INFORMATION ☒ 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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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:	⌐

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

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

6 Is lender a financial Institution?	**8** Lender address; City; State; Zip Code	**10** Interest rate
Y **N**	10203 Woodglen Cove Austin, TX 78753	0
		11 Maturity date
		N/A

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)
Owner	Pure Rain, LLC

14 Description of Collateral	**15** Check if personal funds were deposited into political account (See Instructions)
☑ none	☐

16 GUARANTOR INFORMATION	**17** Name of guarantor	**19** Amount Guaranteed ($)
	n/a	n/a
	18 Guarantor address; City; State; Zip Code	
☒ not applicable	n/a	

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)
n/a	n/a

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
20161128	Discover	4,896.90

Is lender a financial Institution?	Lender address; City; State; Zip Code	Interest rate
Y N	P.O.Box 790213 St. Louis MO 63179	0%
		Maturity date
		N/A

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral	Check if personal funds were deposited into political account (See Instructions)
☒ none	☒

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
	n/a	n/a
	Guarantor address; City; State; Zip Code	
☒ not applicable		

Principal Occupation (See Instructions)	Employer (See Instructions)
n/a	n/a

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:	7

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
20180828	Mrs. Laura Pressley, Ph.D.	1000

6 Is lender a financial Institution?	**8** Lender address; City; State; Zip Code	**10** Interest rate
Y ☐ N	10203 Woodglen Cove Austin, TX 78753	0
		11 Maturity date
		N/A

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)
Owner	Pure Rain, LLC

14 Description of Collateral	**15** Check if personal funds were deposited into political account (See Instructions)
☐ none	☐

16 GUARANTOR INFORMATION	**17** Name of guarantor	**19** Amount Guaranteed ($)
	n/a	
	18 Guarantor address; City; State; Zip Code	n/a
☒ not applicable	n/a	

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)
n/a	n/a

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
	N/A	

Is lender a financial Institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral	Check if personal funds were deposited into political account (See Instructions)
☒ none	☒

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
		n/a
	Guarantor address; City; State; Zip Code	
☒ not applicable		

Principal Occupation (See Instructions)	Employer (See Instructions)
n/a	n/a

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)

4 Date 8/8/17	5 Payee name Bank of America	
6 Amount ($) 400.00	**7 Payee address; City; State; Zip Code** P.O. Box 85100 Dallas, TX 75285	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CC Payment	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 10/2/17	Payee name Bank of America	
Amount ($) 846.00	Payee address; City; State; Zip Code P.O. Box 85100 Dallas, TX 75285	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) cc Payment	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/OH	Candidate / Officeholder name	Office sought	Office held

Date 7/17/17	Payee name Discover	
Amount ($) 500.00	Payee address; City; State; Zip Code P.O. Box 790213 St. Louis MO 63179	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) cc payment	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)

4 Date 10/26/17	5 Payee name Discover

6 Amount ($) 1500.00	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

---

Date 11/13/17	Payee name Discover

Amount ($) 2000.00	Payee address; City; State; Zip Code P.O. Box 790213 St. Louis MO 63179

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) cc Payment	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

---

Date 11/17/17	Payee name Discover

Amount ($) 900.00	Payee address; City; State; Zip Code 4P.O. Box 790213 St. Louis MO 63179

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) cc Payment	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/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)

4 Date 7/28/17	5 Payee name Discover

6 Amount ($) 500.00	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 8/8/17	Payee name Discover

Amount ($) 350.00	Payee address; City; State; Zip Code P.O. Box 790213 St. Louis MO 63179

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) cc Payment	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/12/17	Payee name Paper Place

Amount ($) 114.69	Payee address; City; State; Zip Code 4001 N. Lamar Ste 540 Austin TX 78756

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Paper Products	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/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)

4 Date 9/6/17	5 Payee name Discover	
6 Amount ($) 500.00	**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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 10/2/17	Payee name Discover	
Amount ($) 250.00	Payee address; City; State; Zip Code P.O. Box 790213 St. Louis MO 63179	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) cc Payment	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/11/17	Payee name Discover	
Amount ($) 500.00	Payee address; City; State; Zip Code P.O. Box 790213 St. Louis MO 63179	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) cc Payment	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)

4 Date 10/23/17	5 Payee name Discover

6 Amount ($) 2,000.00	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

☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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 12/18/17	Payee name Discover

Amount ($) 221.00	Payee address; City; State; Zip Code P.O. Box 790213 St. Louis MO 63179

PURPOSE OF EXPENDITURE

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

cc Payment

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 12/22/17	Payee name Discover

Amount ($) 6,00000	Payee address; City; State; Zip Code P.O. Box 790213 St. Louis MO 63179

PURPOSE OF EXPENDITURE

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

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

cc Payment

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)

4 Date 8/28/17	5 Payee name Harmon Taylor

6 Amount ($) 1,000	7 Payee address; City; State; Zip Code 7014 Mason Dells Dallas Tx 75230

8 PURPOSE OF EXPENDITURE

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

Case Law Research

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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	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/OH

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/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	$ 814.45

5 Date 7/10/17	6 Payee name Eby Law Firm
7 Amount ($) 298.81	8 Payee address; City; State; Zip Code 302 N. Lampasas Street Round Rock, Texas 78664

9 TYPE OF EXPENDITURE   ☐ Political   ☒ Non-Political

10 PURPOSE OF EXPENDITURE

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

Legal Fees

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date 9/8/17	Payee name Eby Law Firm
Amount ($) 636.00	Payee address; City; State; Zip Code 302 N. Lampasas Street Round Rock, Texas 78664

TYPE OF EXPENDITURE   ☐ Political   ☒ Non-Political

PURPOSE OF EXPENDITURE

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

Legal Fees

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/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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ 814.45

5 Date 10/16/17	6 Payee name Eby Law Firm

7 Amount ($) 1,140.00	8 Payee address; City; State; Zip Code 302 N. Lampasas Street Round Rock, Texas 78664

9 TYPE OF EXPENDITURE ☐ Political ☒ Non-Political

10 PURPOSE OF EXPENDITURE

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

Legal Fees

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date 11/10/17	Payee name Eby Law Firm

Amount ($) 175.00	Payee address; City; State; Zip Code 302 N. Lampasas Street Round Rock, Texas 78664

TYPE OF EXPENDITURE ☐ Political ☒ Non-Political

PURPOSE OF EXPENDITURE

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

Legal Fees

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/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	$ 814.45

5 Date 11/15/17	6 Payee name Eby Law Firm

7 Amount ($) 10,000	8 Payee address; City; State; Zip Code 302 N. Lampassas St. Round Rock , TX 78664

9 TYPE OF EXPENDITURE ☐ Political   ☒ Non-Political

10 PURPOSE OF EXPENDITURE

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

Legal Fees

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date 7/28/17	Payee name Office Depot

Amount ($) 164.83	Payee address; City; State; Zip Code 816 TIRADO STREET, US HWY. 290 & I-35, AUSTIN, TX 78752

TYPE OF EXPENDITURE ☐ Political   ☒ Non-Political

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/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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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	$ 814.45

5 Date 9/1/17	6 Payee name Office Depot

7 Amount ($) 530.40	8 Payee address; City; State; Zip Code TIRADO STREET, US HWY. 290 & I-35, AUSTIN, TX 78752

9 TYPE OF EXPENDITURE   ☐ Political   ☒ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Printing Supplies

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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Date 11/4/17	Payee name Office Depot

Amount ($) 229.47	Payee address; City; State; Zip Code 816 TIRADO STREET, US HWY. 290 & I-35, AUSTIN, TX 78752

TYPE OF EXPENDITURE   ☐ Political   ☒ Non-Political

PURPOSE OF EXPENDITURE

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

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/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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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	$ 814.45

5 Date 7/28/17	6 Payee name Paper Place

7 Amount ($) 144.22	8 Payee address; City; State; Zip Code 4001 North Lamar Boulevard Suite 540 Austin, TX 78756

9 TYPE OF EXPENDITURE ☐ Political   ☒ Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Supplies	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date 11/4/17	Payee name Paper Place

Amount ($) 220.59	Payee address; City; State; Zip Code 4001 North Lamar Boulevard Suite 540 Austin, TX 78756

TYPE OF EXPENDITURE ☐ Political   ☒ Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Supplies	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/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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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	$ 814.45

5 Date 11/27/17	**6** Payee name Paper Place

7 Amount ($) 194.85	**8** Payee address; City; State; Zip Code 4001 North Lamar Boulevard Suite 540 Austin, TX 78756

9 TYPE OF EXPENDITURE	☐ Political ☒ Non-Political

10 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Legal Fees	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	☐ Political ☒ Non-Political

PURPOSE OF EXPENDITURE		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/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

BANK RECONCILIATION

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

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

For each checking, savings or other financial institution account maintained during 2017, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: **Frost Bank**

Type of account: **Checking**

The beginning balance: **$433.15**

The ending balance: **$16,465.41**

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

Date	Payee	Amount
n/a		

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

Date of receipt	Contributor	Amount
n/a		

Amount of interest or dividends earned: ___0_____

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

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

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

Date of receipt	Contributor	Amount
n/a		