

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: 25	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Laura A. NICKNAME LAST SUFFIX Pressley, Ph.D.			OFFICE USE ONLY Date Received DCC RECEIVED AT JAN 15 '19 PM2:38	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10203 Woodglen Cove, Austin, TX 78753 <input type="checkbox"/> Change of Address			Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION () 512-762-3825				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Fidel NICKNAME LAST SUFFIX Acevedo			Date Processed Date Imaged	
	7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3807 Prairie, Austin, TX 78728 (Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () 512-775-7276				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	Month Day Year Month Day Year 7/1/18 THROUGH 12/31/18				
11 ELECTION	ELECTION DATE Month Day Year 12/16/14		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) Austin City Council District 4		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Laura Pressley, Ph.D.

15 Filer ID (Ethics Commission Filers)

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

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

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

\$ 455.36

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,3336.36

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 2,057.64

4. TOTAL POLITICAL EXPENDITURES

\$ 21,442.89

**CONTRIBUTION
BALANCE**

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

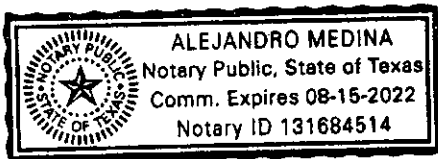
\$ 2,242.87

**OUTSTANDING
LOAN TOTALS**

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

\$ 46,143.00

18 AFFIDAVIT



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

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 15th day of January, 20 19, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Alejandro Medina

Printed name of officer administering oath

notary

Title of officer administering oath

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

19 FILER NAME Laura Pressley, Ph.D.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,336.36
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 10,000
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 46,143.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,442.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,985.40
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 500.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Laura Pressley, Ph.D.

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

20180723

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

Susan Jarrett

7 Amount of contribution (\$)

\$200.00

6

City; State; Zip Code

P.O. Box 312 Austin TX 78767

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

Date

20180723

Steven Hannah

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

City; State; Zip Code

2603 Jones Rd #240 Austin TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

20180726

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

James Skowbo

\$100.00

Contributor address;

City; State; Zip Code

310 Mustang Way Georgetown TX 78633

Principal occupation / Job title (See Instructions)

Date

20180728

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Maurice N Lambert

\$100.00

Contributor address;

City; State; Zip Code

6 FAIRWAY DRIVE FRISCO TX 75034

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:

5

2 FILER NAME

Laura Pressley, Ph.D.

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

20180801

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

Courtney Lebedzinski

6 City; State; Zip Code

P.O. box 698 Mary Esther FL 32569

7 Amount of contribution (\$)

\$100.00

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

Date

20180827

Jody and Maryann Quimby

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$236.00

City; State; Zip Code

P.O. Box 3103 Bryan TX 77805

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

20180827

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Leif Allred

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

10203 Woodglen Cove Austin TX 78753

Principal occupation / Job title (See Instructions)

Date

20180827

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bryan College Station Tea Party

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

P.O. Box 3103 Bryan TX 77805

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:

5

2 FILER NAME

Laura Pressley, Ph.D.

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

20180827

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

Billie Zimmerman

6

City: State: Zip Code

4018 Skylark Ave San Antonio TX 78215

7 Amount of contribution (\$)

\$100.00

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

Date

20180827

Lee Baldwin

☐ out-of-state PAC (ID# _____)

City: State: Zip Code

P.O. Box 75357 Dallas TX 75357

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

20180827

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mary Anderson

Contributor address:

City: State: Zip Code

5019 Placid Place Austin TX 78731

Amount of contribution (\$)

\$86.00

Principal occupation / Job title (See Instructions)

Date

20180827

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mary Anderson

Contributor address:

City: State: Zip Code

5019 Placid Place Austin TX 78731

Amount of contribution (\$)

\$84.00

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:

5

2 FILER NAME

Laura Pressley, Ph.D.

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

20180906

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

Rick McGinnis

6

City; State; Zip Code

612 West 34th St., Austin, TX 78705

7 Amount of contribution (\$)

\$100.00

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

Date

20180906

☐ out-of-state PAC (ID#: _____)

Penny Story

City; State; Zip Code

106B S. Summit Red Oak TX 75154

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

20180906

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lesta Frank

Contributor address:

City; State; Zip Code

135 Evans Ave San Antonio TX 78209

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

20181105

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Travis Snavelly

Contributor address:

City; State; Zip Code

2006A Kenneth Ave Austin TX 78741

Amount of contribution (\$)

\$100.00

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: 5**2** FILER NAME

Laura Pressley, Ph.D.

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

20181116

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

James Tang

6

City; State; Zip Code

13106 Sycamore Houston TX 77065

7 Amount of contribution (\$)

\$100.00

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

Date

N/A

☐ out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

N/A

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

N/A

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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: 1**2** FILER NAME

Laura Pressley, Ph.D.

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

\$ 0

5 Date

6/30/17

6 Full name of pledgor☐ out-of-state PAC (ID# _____)

Jim Keller

7 Pledgor address;

City; State; Zip Code

201 WATER PARK RD, WIMBERLEY, TX 78676

8 Amount of Pledge \$

10,000

9 In-kind contribution description☐ Check if travel outside of Texas. Complete Schedule T.**10** Principal occupation / Job title (See instructions)

Rancher

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission File) 6

2 FILER NAME

Mrs. Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission File)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
20150408**7 Name of lender** ☐ out-of-state PAC (See instructions)

Mrs. Laura Pressley, Ph.D.

9 Loan Amount (\$)

2,000

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

18 Guarantor address: City: State: Zip Code

N/A

☒ not applicable**20 Principal Occupation (See instructions)**

N/A

21 Employer (See instructions)

N/A

Date of loan
20150602**Name of lender** ☐ out-of-state PAC (See instructions)

Mrs. Laura Pressley, Ph.D.

Loan Amount (\$)

8,000

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

Guarantor address: City: State: Zip Code

N/A

☒ not applicable**Principal Occupation (See instructions)**

N/A

Employer (See instructions)

N

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 2 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20150102	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 1,900
6 Is lender a financial institution? Y N X	8 Lender address: City: State: Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 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 20150408	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 2,000
Is lender a financial institution? Y N X	Lender address: City: State: Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address: City: State: Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See instructions) N/A		Employer (See instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Mrs. Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20160415	7 Name of lender <input type="checkbox"/> out-of-state PAC (See _____) Mrs. Laura Pressley, Ph.D.	6 Loan Amount (\$) 3,500
8 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	9 Lender address: City: State: Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A	18 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 <input type="checkbox"/> out-of-state PAC (See _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 14,000
Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	Lender address: City: State: Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A	Amount Guaranteed (\$) N/A
	Guarantor address: City: State: Zip Code N/A	
Principal Occupation (See instructions) N/A		Employer (See instructions) N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 20181102	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 133
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 10203 Woodglen Cove Austin, TX 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor n/a 18 Guarantor address; City; State; Zip Code n/a	19 Amount Guaranteed (\$) n/a
20 Principal Occupation (See instructions) n/a		21 Employer (See instructions) n/a
Date of loan n/a	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) n/a	Loan Amount (\$) n/a
Is lender a financial institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code n/a	Interest rate Maturity date
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
Description of Collateral <input checked="" type="checkbox"/> none n/a		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor n/a Guarantor address; City; State; Zip Code n/a	Amount Guaranteed (\$) n/a
Principal Occupation (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 Date 20180710		5 Payee name Mary Lou Serafine			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code 4011 Avenue D, Austin, TX 78752			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Legal Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 20180712		Payee name OFFICE DEPOT			
Amount (\$) \$257.60		Payee address; City; State; Zip Code IH 35, Austin, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 20180810		Payee name CONSTANTCONTACT.COM			
Amount (\$) \$106.60		Payee address; City; State; Zip Code ConstantContact.com			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 20180828		5 Payee name DISCOVER			
6 Amount (\$) \$1,141.09		7 Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CC payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 20180831		Payee name Leif Allred			
Amount (\$) \$152.33		Payee address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office/Battery for computer		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 20180905		Payee name Laura Pressley			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment for 6/3/16 Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 20180911	5 Payee name Eby Law Firm	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 20181002	Payee name DISCOVER	
Amount (\$) \$784.21	Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CC payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 20181002	Payee name Eby Law Firm	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 20181009		5 Payee name Laura Pressley			
6 Amount (\$) \$5,000.00		7 Payee address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment for 6/3/16 Legal Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 20181017		Payee name DISCOVER			
Amount (\$) \$568.79		Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 20181120		Payee name DISCOVER			
Amount (\$) \$491.31		Payee address; City; State; Zip Code P.O. Box 6103, Carol Stream, IL 60197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CC payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 20181227	5 Payee name Leif Allred	
6 Amount (\$) \$3,943.32	7 Payee address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment/Car Repair	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 20181030	Payee name True Texas Elections, LLC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2		2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 1,198.10 (\$100 or less)	
5 Date 20181115		6 Payee name Eby Law Firm			
7 Amount (\$) 1016.31		8 Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Legal Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	
Date 20181018		Payee name Eby Law Firm			
Amount (\$) 663.37		Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Legal Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete 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	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ See above
5 Date 20180724	6 Payee name TCRP	
7 Amount (\$) 107.62	8 Payee address; City; State; Zip Code 807 Brazos St., Ste. 408 Austin, Texas, 78701	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name n/a	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
4 Date 20181030	5 Business name True Texas Elections, LLC	
6 Amount (\$) 500.00	7 Business address; City; State; Zip Code 10203 Woodglen Cove, Austin, TX 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	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 2018, 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: \$16,465.41

The ending balance: \$ 2,242.87

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		

SCHEDULE ATX. 4 - attach to form C/OH (C&E)
Reference § 2-2-25, Austin City Code

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		