CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction 6	Guide explains how to complete this form.	:	25
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mrs. Laura Laura Last		Date Received
	Pressley, Pr	1.D.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; O	OCC RECEIVED AT JAN 15'19 PM2:38	
	1000 000 000 000 000 000 000 000 000 00	EV75101011	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER () 512-762-3825	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Mr. Fidel	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Acevedo		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 3807 Prairie, Austin, TX 78		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 512-775-7276	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year / / / / / / / / / / / / / / / / / / /	Month THROUGH 12/3	Day Year 31/18
11 ELECTION	Month Day Year Primary 12/16/14 General	ELECTION TYPE A Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1
	N/A	Austin City Co	uncil District 4
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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 P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ 455.36		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,3336.36				
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 2,057.64			
	4. TOTAL POLITICAL EXPENDITURES \$ 21,442.89				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DON'T 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					
Not Not	ALEJANDRO MEDINA ALEJANDRO MEDINA True and correct and includes all information required to be reported by me under Title 15, Election Code.				
of the Co	mm. Expires 08-15- Notary ID 1316845	2022			
Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	AFFIX NOTARY STAMP / SEALABOVE				
Company to and and a	wibod bof	Marca Proselay	this the 15th		
Sworn to and subscribed before me, by the said Laura Pressley , this the 15 th day of Lanuxy , 2019 , to certify which, witness my hand and seal of office.					
Algub Ma	lu	Alejando Medina	notary		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
1	Laura Pressley, Ph.D.	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.		\$ 2,336.36
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 10,000
4.	SCHEDULE E: LOANS	\$ 46,143.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,442.89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,985.40
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 500.00
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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Dut-of-state PAC (1D#:____ Susan Jarrett \$200.00 20180723 City; State; Zip Code P.O. Box 312 Austin TX 78767 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dut-of-state PAC (ID#:____ Date Amount of contribution (\$) Steven Hannah 20180723 \$100.00 City; State; Zip Code 2603 Jones Rd #240 Austin TX 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:____ Amount of contribution (\$) James Skowbo 20180726 \$100.00 Contributor address: City; State; Zip Code 310 Mustang Way Georgetown TX 78633 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Maurice N Lambert \$100.00 20180728 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Dut-of-state PAC (ID#:___ Courtney Lebedzinski 20180801 \$100.00 City; State; Zip Code P.o. box 698 Mary Esther FL 32569 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Jody and Maryann Quimby \$236.00 20180827 City; State; Zip Code P.O. Box 3103 Bryan TX 77805 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Leif Alfred 20180827 \$100.00 Contributor address; City; State; Zip Code 10203 Woodglen Cove Austin TX 78753 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Full name of contributor aut-of-state PAC (ID#: Bryan College Station Tea Party \$100.00 20180827 Contributor address; City; State; Zip Code P.O. Box 3103 Bryan TX 77805 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dut-of-state PAC (ID#; Billie Zimmerman 20180827 \$100.00 City; State; Zip Code 4018 Skylark Ave San Antonio TX 78215 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Dout-of-state PAC (ID#:____ Amount of contribution (\$) Lee Baldwin \$100.00 20180827 City; State; Zip Code P.O. Box 75357 Dallas TX 75357 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:_ Amount of contribution (\$) Mary Anderson 20180827 \$86.00 City; State; Zip Code Contributor address; 5019 Placid Place Austin TX 78731 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Mary Anderson 20180827 \$84.00 City; State; Zip Code Contributor address; 5019 Placid Place Austin TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Pressley, Ph.D. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dout-of-state PAC (1D#;__ Rick McGinnis 20180906 \$100.00 6 City; State; Zip Code 612 West 34th St., Austin, TX 78705 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dut-of-state PAC (ID#:____ Date Amount of contribution (\$) Penny Story 20180906 \$100.00 City: State: Zip Code 106B S. Summit Red Oak TX 75154 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Lesta Frank \$75.00 20180906 Contributor address; City; State; Zip Code 135 Evans Ave San Antonio TX 78209 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Travis Snavely \$100.00 20181105 Contributor address: City; State; Zip Code 2006A Kenneth Ave Austin TX 78741 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.D. 5 Full name of contributor ____ out-of-state PAC (1D#:____ 7 Amount of contribution (\$) James Tang 20181116 \$100.00 City; State; Zip Code 13106 Sycamore Houston TX 77065 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ut-of-state PAC (ID#:_ Date Amount of contribution (\$) N/A City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:____ Amount of contribution (\$) City: State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Full name of contributor aut-of-state PAC (ID#:___ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Pressley, Ph.O. 4 TOTAL OF UNITEMIZED PLEDGES \$ 0 6 Full name of pladgor Out-of-slate PAC (ID#:_ Amount 9 In-kind contribution of Pledge \$ description Jim Keller 6/30/17 7 Pledgor address; City; State; Zip Code 10,000 201 WATER PARK RD, WIMBERLEY, TX 78676 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Seff Racceer Date Amount In-kind contribution Full name of pledgor out-of-state PAC (iDs: of Pledge \$ description City: State: Zip Code Pledgor address: Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor Out-et-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Chack if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Pledge \$ Date Full name of pledgor Out-distate PAC (ID#:_ description City; State; Zip Code Pledgor address; Check if trevel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Ti gas hadula E: 6
2 FILER NAME Mrs. Laura	Presslay, Ph.D.		3 Filer ID (Ethics Commission Filens)
4 TOTAL OF UN	IFTEMIZED LOANS		\$ 0
5 Clate of loan 20150408	7 Name of tender out-of-state Mrs. Laura Pressley, Ph.D.	PAG (IIII)	9 Loan Amount (\$) 2,000
G to tender e tingnoisi institution?		State; Zip Code	10 trayrest rate 0
YNX	10203 Woodgien Cove	Austin Tx 78753	11 Maturity date N/A
12 Principal occupable OWNET	on / Job (ille (Bee kestudiure)	13 Employer (See Instructions) Pure Rain, LLC	
14 Description of Col	gler et	15 Check if personal funds were security (See Instructions)	deposited two political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guarantoed (5)
🙀 nat applicable	18 Guerantor eddress; City: N/A	State; Zip Code	N/A
20 Principal Occupati N/A	lion (See Instructions)	21 Employer (See Instructions) N/A	
Oate of town 20150602	Name of tender out-of-date Mrs. Laura Pressley, Ph.D.	PACEDR	Lizen Amount (\$) 6,000
is lander a financial		State; Zp Code	traenest rate O
institution?	10203 Woodglen Cove	Austin TX 78753	Micerity date N/A
Principal occupation of the Company occupation occupati	on / Job title (See trabustions)	Employer (See Instructors) Pure Rain, LLC	
Description of Coll	eleral .	Check if personal funds were appount (See treatuctions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guerartand (8)
. 🕡 not applicable		Shele; Zip Code	N/A
	On (See Instructions)	/Euployer (Sue Instructions) N	
	ATTACH ADOITIONAL CO	PES OF THIS SCHEDULE AS NI	

LOANS		· · · · · · · · · · · · · · · · · · ·	ي د مند،	SCHEDULE E
The	Instruction Guide explains how to comp			1 Total pages Schedule E:
2 FILER NAME Mrs. Laura I				
4 TOTAL OF UN	ITEMIZED LOANS			\$ ₀
5 Date of loan 20150102	7 Name of lender overof-state Mrs. Laura Pressley, Ph.I	PAC (IDIT)		9 Loan Amount (5) 1,900
6 is tender a financial Institution?	8 Lender address: Cliy;	State; Zip Cade		10 Interest rate 0
YNX	10203 Woodglen Cove	Austin Tx	78753	11 Majurity date N/A
12 Principal occupation Owner	12 Principal occupation / Job tide (See Instructions) Owner 13 Emptoyer (See Instructions) Pure Rain, LLC			
14 Description of Cell	14 Description of Collegeral 15 Check if personal funds were account (See Instructions)			deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor N/A			19 Amount Guaranteed (5)
not applicable	N/A			
20 Principal Occupat N/A	ion (See Instructions)	21 Employer (See Instr. N/A	uctions)	
Date of loan 20150406	Name of lander out-of-ease Mrs. Laura Pressley, Ph.D			Lean Amount (5) 2,000
la lender a financial	Lander address; City;	State; Zp Code	:	Interest rate O
Institution?	10203 Woodglen Cove	Austin TX	78753	Maturity date N/A
Principal occupation Owner	n / Job 106 (Sea (naturations)	Pure Rain, LLC	•	
Check if personal funds were account (See Instructions)			speaked into political	
GUARANTOR INFORMATION	Name of guarantor N/A	atau garan ada dijada		Amount Gueranteed (5)
Guerantor address; City; State; Zip Code N/A				N/A
Principal Occupation (See Instructions) NA N			(enollous	
ATTACH AUDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

LOANS			e e e e e e e e e e e e e e e e e e e	SCHEDULE E
The	Imbrustion Guido explains how to comp	itato (his form.	1 Rose	pages Soverium E:
2 FILER NAME Mrs. Laura	Pressley, Ph.D.		3 Filas	(D) (Éthics Commission Flore)
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Deb of loan 20160413	7 Name offender	4 45 4 1 1 1 1 1 1 1 1 1 1 1 1		n Amaint (\$) 5,000
6 is lander a linancial institution?	6 Lander address; City:	Shate: Zip Code		ress retie O
YNX	10203 Woodgien Cove		/8753) 11 Mai	udy des N/A
12 Principal cocupati OWNSI	on / Job (life (See Instantions)	13 Employer (See busine Pure Rain, LLC	stem)	
14 Description of Col	etoral	18 Check if personal fun account (See trains		d into political
16 GUARANTOR INFORMATION	IARANTOR 17 Name of guidantes			Oute Gustrantand (5)
not applicable 20 Principal Occupa N/A	N/A jon (See trustructions)	21 Employed (See Institution N/A	alors)	
Dete of loan 20160413	Name of lander out-of-size Mrs. Laura Pressiey, Ph.D			in Amount (\$) 100
is lender a financial Institution?	Lender address; City:	State: Zp Code		O esta natio
Y 14	10203 Woodglen Cove		N	uny data IA
Principal occupant OWNER	on / Job Utle (See Instructions)	Pure Rain, LLC	clars)	المراجعة ال
Description of Collateral Check if porsonal funds we account (See Instructions)			l into political	
GUARANTOR INFORMATION	Name of guarantor N/A		Am	auni Gearanteed (5)
not applicable	Guerantor address: City:	State: Zip Code	• • • • • • •	N/A
Principal Occuped N/A	Principal Occupation (See Instructions) /Employer (See Instructions)			
u 1	ATTACH ADDITIONAL CO	- •	=	rèquirements.

LOANS			,	SCHEDULE E
The	instruction Guide explains how to compl	hate this form.		1 Total pages Schedule E: 6
2 FILER NAME Mrs. Laura I	Pressley, Ph.D.			3 Filter ID (Ethics Commission Filers)
4 TOTAL OF UN	NTEMIZED LOANS	· · · · · · · · · · · · · · · · · · ·		\$ 0
5 Date of loan 20160415	7 Name of tender	·	,)	4 Legen Amount (8) 3,500
6 le tender a Brenciel Institution?	6 Landor address: City;	State; Zip Code		10 Interest rate 0
A WX	10203 Woodglen Cove	Austin Tx	78753	11 Megunty data N/A
12 Principal occupation OWNET	n / Job title (Sae Instructions)	13 Employer (See to Pure Rain, LL		
14 Description of Col	eterat	15 Check if personal account (See Ins		departed into political
16 GUARANTOR INFORMATION	17 Name of gueranter N/A	<u> </u>	<u> </u>	19 Amount Guarentzed (5)
not applicable		Steta; Zip Code		N/A
20 Principal Occupat N/A	ion (See trativaliona)	21 Employer (See In N/A	structions)	
Date of losen 20160603	Name of lender Description Mrs. Laura Pressley, Ph.D.	PAC (IDP)	Lpan Amourd (\$) 14,000
is lérider a financiai	Lender address; City;	State: Zip Code		interestrate
mathrion?	10203 Woodglen Cove	Austin TX	78753	Maturky date NVA
Principal occupation Owner	on / Job tipe (Boo Instructions)	Employer (See In: Pure Rain, LL		
Description of Collateral Check if precount (6		Check il personal account (See Inst		deposited into political
GUARANTOR INFORMATION	Name of guarantor N/A			Amount Guaranteed (5)
Guaranter address; City; State; Zip Code N/A				N/A
Principal Occupation	on (See instructions)	/Employer (See In	structions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED II lander is out-of-easte PAC, glease see instruction guide for additional reporting requirements.				

LOANS				SCHEDULE E
The	Instruction Guide explains have to comp	state this form.		1 Total pages Schedule E: 6
2 FILER NAME Mrs. Laura I	Pressley, Ph.D.			3 Filer ID (Ethics Comtéssion Filers)
4 TOTAL OF UN	NITEMIZED LOANS			s 0
5 Date of loan 20160608	7 Name of tender Gas of date Mrs. Laura Pressley, Ph.C		1	9 Loan Amount (6) 500
6 is lender a financial institution?		State; Zip Code		10 transmit ratio
YNX	10203 Woodgien Cove	Austin Tx	78753	11 Memority date N/A
12 Principal occupation OWTION	an / Job tille (See Instructions)	13 Employer (See his Pure Rain, LLC		
14 Description at Coll	अधिकरार्ग	15 Check if personal account (See Insti		deposited into political
16 GUARANTOR INFORMATION	17 Name of guaranter N/A			19 Amount Cuanutized (\$)
y not applicable	16 Guarantor addresa; City; N/A	State; Zip Code		N/A
20 Principal Occupat N/A	ion (See instructions)	21 Employer (See Inc. N/A	(MEZÍONA)	
Date of town 20161031	Name of tender		1	Loan Amount (5) 110
te lender a financial Institution?		State: Zip Code		interest cate O
Y N _X	10203 Woodglen Cove	Austin TX	78753	Maburity data N/A
Principal occupate Owner	on / Job title (See Instructions)	Pure Rain, LL	-	
Description of Cost	Description of Collegeral Check if personal funds were account (See Instructions)			igposited into political
GUARANTOR INFORMATION	Name of guaranter N/A			Arriguni Guerrartiert (5)
not applicable	Guarenter eddress; City; N/A	Shate; Zip Code		IVA
	ion (Sas Instructions)	Manployer (See Inc.	(hados)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If tender is out-of-state PAC, please are instruction guide for additional reporting requirements.				

LOANS			SCHEDULE E	
The	Instruction Guide explains how to com	iplete this form.	1 Total pages Schedule E:	
2 FILER NAME Laura Press	sley, Ph.D.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-star	10 PAC (106:)	9 Loan Amount (\$)	
20161102	Mrs. Laura Pressley, Ph.D.		133	
8 Is lender	8 Lender address; City;	State; Zip Code	10 interest rate	
a financial			0	
	10203 Woodglen Cove Aus	tin, TX 78753	11 Maturity date	
YUN			N/A	
12 Principal occupation	on / Job title (See instructions)	13 Employer (See Instructions)	*	
Owner		Pure Rain, LLC		
14 Description of Coll	ateral	15 Check if personal funds were account (See instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code Na				
	the state of the s			
	tion (See Instructions)	21 Employer (See Instructions)		
n/a	the state of the s	21 Employer (See Instructions)		
n/a Date of loan	the state of the s	n/a	Loan Amount (\$)	
n/a	tion (See Instructions)	n/a	n/a	
N/a Date of loan n/a Is tender a financial	tion (See Instructions) Name of lender	n/a PAC (IO): State; Zip Code	n/a	
n/a Date of loan n/a Is tender	Name of lender	n/a	n/a	
Oate of loan n/a Is tender s financial Institution?	Name of lender	n/a PAC (IO): State; Zip Code	n/a Interest rate	
Oate of loan n/a Is tender s financial Institution?	Name of tender out-of-stalender address; City;	n/a to PAC (IOI) State; Zip Code	n/a Interest rate	
Oate of loan n/a Is tender s financial Institution? Y N Principal occupation	Name of lender	to PAC (IOII:) State; Zip Code Employer (See Instructions)	n/a Interest rate Maturity date	
Date of loan n/a Is tender a financial Institution? Y Principal occupation n/a Description of Coll	Name of lender	Check if personal funds were account (See Instructions)	n/a Interest rate Maturity date	
Oate of loan n/a Is tender is financial Institution? Y Principal occupation n/a Description of Coli In none In one In	Name of tender	Check if personal funds were account (See Instructions)	n/a Interest rate Maturity date deposited into political	
Date of loan n/a is tender a financial Institution? Y Principal occupation n/a Description of Coll none n/ GUARANTOR INFORMATION	Name of tender	Check if personal funds were account (See Instructions)	n/a Interest rate Maturity date deposited into political Amount Guaranteed (\$)	
Date of loan n/a is tender a financial Institution? Y Principal occupation n/a Description of Coll none n/ GUARANTOR INFORMATION	Name of tender	Check if personal funds were account (See Instructions)	n/a Interest rate Maturity date deposited into political Amount Guaranteed (\$)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repaymen/Peintxirsement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made B	y Gift/Awards/Memorials Expense Print	ng Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment		ries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
20180710	Mary Lou Serafine	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
	4011 Avenue D, Austin, TX 78752	
\$300.00		. *
8	(a) Category (See Calegories listed at the top of this schedule	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedute T.
OF	Legal Fees	Check if Austin, TX, officeholder living expense
EXPENDITURE		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
20180712		
	OFFICE DEPOT	
Amount (\$)	Payee address; City: State; Zip Coo	de
\$257.60	IH 35, Austin, TX	
		. •
	Category (See Categories listed at the top of this schedule	e) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Supplies	Check II Austin, TX, officeholder living expense
D. 1. D. D. D. C.	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/Oh		Once sought
Date	Payee name	
20180810	CONSTANTCONTACT.COM	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$106.60		
	ConstantContact.com	
	Category (See Categories listed at the top of this schedule	el Description
PURPOSE	}	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Fundraising	Check if Austin, TX, officeholder living expense
·		1
<u> </u>	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Focal/Beverage Expense Gift/Awards/Memorials Expense Legal Sarvices Loan Repayment/Reintbursement Office Overhead/Rental Expense Potting Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transponation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to d	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payes name	
20180828	DISCOVER	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,141.09	P.O. Box 6103, Carol Stream, IL 60197	•
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	CC payment	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
20180831	Leif Allred	
Amount (\$)	Payee address; City; State; Zip Code	
\$152.33	10203 Woodglen Cove, Austin, TX 78753	•
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office/Battery for computer	Description Check if travel outside of Taxas. Complete Schedule 7. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Рауее пате	
20180905	laura Pressley	٠
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	10203 Woodglen Cove, Austin, TX 78753	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Loan Repayment for 6/3/16 Legal Fees	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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repaymen/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transponation Equipment & Related Expense Travel In District

Contributions/Denations Made B Candidate/Officeholder/Politica		inting Expense Travel Out Of District Lianes/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
20180911	Eby Law Firm	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
\$5,000.00	302 N. Lampasas, Round Rock, TX 78664	
8	(a) Category (See Categories listed at the top of this sched	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Legal Fees	Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/O		Chice sought Chice itel
Date	Payee name	
20181002	DISCOVER	
Amount (\$)	Payee address; City; State; Zip C	Code
\$784.21	P.O. Box 6103, Carol Stream, IL 60197	••
	Category (See Categories listed at the top of this sched	lule) Description
PURPOSE	·	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	CC payment	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	
20181002	Eby Law Firm	<u>.</u>
Amount (\$)	Payee address; City; State; Zip C	Code
\$140.00	302 N. Lampasas, Round Rock, TX 78664	
· · -	Catagory (See Categories listed at the top of this sched	tule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Legal Fees	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expanditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Carl Payment Event Expense Fees Foral/Beverage Expense Git/Awards/Memorials Expense Loan Repaymen/Peimbursement Office Overhead/Rental Expense Potling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out 0f District
Other (enter a category not fisted above)

Continuations Donations Made 5 Candidate/Officeholder/Politics Credit Card Payment	,	Vages/Contract Labor Other (enter a category not listed above)			
Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Date 5	5 Payee name				
20181009	Laura Pressley				
Amount (\$)	7 Payee address; City; State; Zip Code				
\$5,000.00	10203 Woodglen Cove, Austin, TX 78753				
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Loan Repayment for 6/3/16 Legal Fees	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			
Oate	Payee name				
20181017	DISCOVER				
Amount (\$)	Payee address; City; State; Zip Code				
\$568.79	P.O. Box 6103, Carol Stream, IL 60197	÷			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Taxas. Complete Schedule T.			
OF EXPENDITURE	CC payment	Check ill Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Рауее патте				
20181120	DISCOVER	;			
Amount (\$)	Payee address; City; State; Zip Code				
\$491.31	P.O. Box 6103, Carol Stream, IL 60197				
61 10 5 6 7 7	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.			
PURPOSE OF		Check if Austin, TX, officeholder living expense			
EXPENDITURE	CC payment	entent is creating 1515 distribution statiff exhauses			
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder лате	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Foxul/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Permbursement 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)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.		
1 Total pages Schedule F1:	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 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/O	Candidate / Officeholder name	Office sought Office held		
Date 20181030	Payee name True Texas Elections, LLC			
Amount (\$) \$500.00	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Caregories listed at the top of this schedule) Fundraising	Description Check if favel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	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 # travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THE	S 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 Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: Laura Pressley, Ph.D. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,198.10 (\$100 or less) 5 Date 6 Payee name Eby Law Firm 20181115 8 Payee address; City; State; Zip Code 7 Amount (\$) 1016.31 302 N. Lampasas, Round Rock, TX 78664 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Legal Fees Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 20181018 Eby Law Firm Amount (\$) Payee address; City; State; Zip Code 302 N. Lampasas, Round Rock, TX 78664 663.37 TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Legal Fees OF Check if Austin, TX, afficeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 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 E Candidate/Officeholder/Politic		Loan Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contr	al Expense Transportation Equ Travel In District Travel Out Of Dist	uipment & Related Expense
	The Instruction Guide explain	ins how to complete t	his form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
	Laura Pressley, Ph.D.			
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	OTOACHEDITO	ARD \$ See albe	ove
5 Date	6 Payee name			
20180724	TCRP			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
107.62	807 Brazos St., Ste. 408 Austin, T	Texas, 78701		
. •		·		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of t	this schedule) (b	Description	
PURPOSE			Check if travel outside of Texas. Co	omplete Schedule T.
OF EXPENDITURE	Fundraising		Check if Austin, TX, officehold	er living expense
			•	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ght Office	held
Date	Payee name			
	n/a			
Amount (\$)	Payee address; City; State;	Zip Code		
TYPE OF EXPENDITURE	Political [Non-Political		
	Category (See Categories listed at the top of t	this schedule)	Description	
PURPOSE			Check if travel outside of Texas. Co	amplete Schedule T.
OF Expenditure			Check if Austin, TX, officehold	er living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office	e held
			4	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE 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 Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Laura Pressley, Ph.D. 4 Date Business name 20181030 True Texas Elections, LLC 6 Amount (\$) 7 Business address; City; State; Zip Code 500.00 10203 Woodglen Cove, Austin, TX 78753 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF __ Check if Austin, TX, afficeholder living expense EXPENDITURE Fundraising Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) City; State; Zip Code Business address: Category (See Categories listed at the top of this schedule) Description ∴ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

BANK RECONCILIATION

holder or campaign committee: Mrs. L	aura Pressley, Ph. D.
icated. For each additional institution, use	•
necking	·
\$16,465.41	
\$. 2 ,242.8 7	<u> </u>
nation for checks issued on that account tha	t have not cleared by December 3
Payee	Amount
The state of the s	and the second s
	s and deposited but dishonored b
Contributor	Amount
	gs or other financial institution account micated. For each additional institution, use institution: Frost Bank hecking \$16,465.41 \$ 2,242.87 nation for checks issued on that account that Payee mation for checks received as contribution institution:

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

Amount of interest or dividends earned:				
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		