

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	\$ 11,855.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 43,218.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,171.39
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	\$ 1,479.93
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Dulanski <hr/> 6 City; State; Zip Code 323 Southlake Dr, F orney TX 75126	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Buck <hr/> City; State; Zip Code 305 SPRING CREEK DRIVE WAXAHACHIE TX 75165	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY THORPE Contributor address; City; State; Zip Code 9815 MOORBERRY LANE HOUSTON TX 77080	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CPA		Self Employed
Date 3/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Brinkman <hr/> City; State; Zip Code Contributor address; 2501 Tydings Cove austin TX 78730	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) restaurant		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/2019

5 Full name of contributor

Vickie Karp

out-of-state PAC (ID#: _____)

6

9300 Lauralan Dr.

City; State; Zip Code
Austin TX 78736

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Tribe Realty Austin

Date

5/7/2019

Jim Skaggs

out-of-state PAC (ID#: _____)

4700 Toreador Dr.

City; State; Zip Code
Austin TX 78746

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

5/29/2019

Full name of contributor

John Somma

out-of-state PAC (ID#: _____)

Contributor address;

607 Brook Meadow Tr

City; State; Zip Code

Cedar Park TX 78613

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Date

1/3/19

Full name of contributor

Robert Belanger

out-of-state PAC (ID#: _____)

Contributor address;

711 Lost Canyon West Lake Hills, TX 78746

City; State; Zip Code

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Laura Pressley, Ph.D.		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Sherman <hr style="border-top: 1px dashed black;"/> 6 _____ City; State; Zip Code 11715 Bandlon Dr. Houston, TX 77072	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/19	<input type="checkbox"/> out-of-state PAC (ID#: _____) Cherokee County Republican Club <hr style="border-top: 1px dashed black;"/> _____ City; State; Zip Code P.O. Box 23 Jacksonville, TX 75766	Amount of contribution (\$) \$150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/19	<input type="checkbox"/> out-of-state PAC (ID#: _____) Josie Schoolcraft <hr style="border-top: 1px dashed black;"/> Contributor address; _____ City; State; Zip Code 611 CF 1316, Rusk, TX 75787	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/19	<input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Centracco <hr style="border-top: 1px dashed black;"/> Contributor address; _____ City; State; Zip Code 2832 Sandstone Dr. Hurst, TX 76054	Amount of contribution (\$) 200.00
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:

7

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 Date

2/9/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Billie Zimmerman

6 City; State; Zip Code

2632 Broadway Street, San Antonio, TX 78215

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12/19

James Tang

out-of-state PAC (ID#: _____)

City; State; Zip Code

3122 Bonnebridge Way, Houston, TX 77082

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/19

Full name of contributor

out-of-state PAC (ID#: _____)

Mary Sloan

Contributor address; City; State; Zip Code

P.O. Box 877 Sante Fe, TX 77510

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Retired

Retired

Date

3/14/19

Full name of contributor

out-of-state PAC (ID#: _____)

Mark and Monica Dorazio

Contributor address; City; State; Zip Code

143 Tower San Antonio, TX 78232

Amount of contribution (\$)

\$200

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: 7

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Katrina Evenhouse

6

City; State; Zip Code

306 Benson Rd Dickson, TX 77539

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/19

Bela Toth

out-of-state PAC (ID#: _____)

City; State; Zip Code

3206 Hamm Pearland, TX 77581

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/19

Full name of contributor

Roger Roundy

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5402 Chapel Trace CT Rosharon, TX 77583

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/19

Full name of contributor

Reinette King

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5031 Sierra Madre San Antonio, TX 78233

Amount of contribution (\$)

\$100

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:

7

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/19

5 Full name of contributor

TL Ford

out-of-state PAC (ID#: _____)

6

City; State; Zip Code

7010 Northhampton Houston TX 77055

7 Amount of contribution (\$)

\$75

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6/19

WJ Whitt

out-of-state PAC (ID#: _____)

City; State; Zip Code

316 HeatherBrookDr. Murphy, TX 75094

Amount of contribution (\$)

\$5,000

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/18/19

Full name of contributor

Mr. and Mrs. C.A. Armbrust

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

13859 Lower Crabapple Rd Fredericksburg, TX 78624

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Retired

Retired

Date

3/27/19

Full name of contributor

Park Cities Republican Women

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

25 Highland Park VLG #100-840 Dallas, TX 75205

Amount of contribution (\$)

\$250

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:

7

2 FILER NAME

Laura Pressley, Ph.D.

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/19

5 Full name of contributor

Jack Finger

out-of-state PAC (ID#: _____)

6

City; State; Zip Code

P.O. Box 12048 San Antonio, TX 78212

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/29/19

Greg Casar via attorney, Kuhn Hobbs PLLC

out-of-state PAC (ID#: _____)

City; State; Zip Code

3307 Northland Dr. #310, Austin, TX 78731

Amount of contribution (\$)

\$255.00

Principal occupation / Job title (See Instructions)

District 4 City Councilmember

Employer (See Instructions)

City of Austin

Date

3/24/19

Full name of contributor

Thomas Beach

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4601 County Road Alvin, TX 77511

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Date

Full name of contributor

n/a

out-of-state PAC (ID#: _____)

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.

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 If you see Schedule E: 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
2/11/19

7 Name of lender out-of-state PAC (Dr. _____)
Mrs. Laura Pressley, Ph.D.

8 Loan Amount (\$)
975

6 Is lender a financial institution?
Y N X

9 Lender address; City; State; Zip Code
101 Oak Street, Copperas Cove Tx 76522

10 Interest rate
0

11 Maturity date
N/A

12 Principal occupation / Job title (See instructions)
Owner

13 Employer (See instructions)
True Election 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
20150602

Name of lender out-of-state PAC (Dr. _____)
Mrs. Laura Pressley, Ph.D.

Loan Amount (\$)
6,000

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
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 Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	8 Lender address: City: State: Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
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 18 Guarantor City: State: Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See instructions)		21 Employer (See instructions)
Date of loan 20150406	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 2,000
Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	Lender address: City: State: Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address: City: State: Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See instructions) N/A		Employer (See instructions) N

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 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 20160413	7 Name of lender <input type="checkbox"/> out-of-state PAC (DF: _____) 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 <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 20160413	Name of lender <input type="checkbox"/> out-of-state PAC (DF: _____) 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 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: 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 (ID# _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 3,500
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	8 Lender address: City: State: Zip Code 10203 Woodglen Cove Austin Tx 78753	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) Owner		13 Employer (See instructions) Pure Rain, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address: City: State: Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See instructions) N/A		21 Employer (See instructions) N/A
Date of loan 20160603	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) 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 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 Filer)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 20190418	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	9 Loan Amount (\$) 500
6 Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	8 Lender address: City: State: Zip Code 101 Oak Street Copperas Cove, TX 76522	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) True Texas Elections, LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address: City: State: Zip Code N/A	19 Amount Guaranteed (\$) N/A
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan 20161031	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Laura Pressley, Ph.D.	Loan Amount (\$) 110
Is lender a financial institution? Y N <input checked="" type="checkbox"/> X	Lender address: City: State: Zip Code 10203 Woodglen Cove Austin TX 78753	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A Guarantor address: City: State: Zip Code N/A	Amount Guaranteed (\$) N/A
Principal Occupation (See Instructions) N/A		Employer (See Instructions) N

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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 Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

20161102

7 Name of lender

Mrs. Laura Pressley, Ph.D.

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

133

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

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

n/a

Name of lender

n/a

out-of-state PAC (ID# _____)

Loan Amount (\$)

n/a

Is lender a financial institution?

Y

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

none n/a

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

not applicable

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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: 5	2 FILER NAME Laura Pressley, Ph.D.	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/19	5 Payee name Mary Lou Serafine	
6 Amount (\$) \$637.50	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 06/28/19	Payee name Laura Pressley	
Amount (\$) \$3,900	Payee address; City; State; Zip Code 101 Oak Street #248 Copperas Cove, TX 76522	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Repay loans of \$2,000 (4/8/15) and \$1,900 (1/2/15)	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 2/6/19	Payee name Benezet Consulting	
Amount (\$) \$1,705.00	Payee address; City; State; Zip Code 2904 HARRIS PARK AVENUE, Austin, TX 78705	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 _____	

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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: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 20180828	5 Payee name DISCOVER	
6 Amount (\$) 1,479.93	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 3/25/19	Payee name Eby Law Firm	
Amount (\$) \$980	Payee address; City; State; Zip Code 302 Lampassas Street, 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 6/28/19	Payee name Laura Pressley	
Amount (\$) \$500	Payee address; City; State; Zip Code 101 Oak Street # 248 Copperas Cove, TX 76522	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment for 6/8/16 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/19	5 Payee name Grassroots America We The People	
6 Amount (\$) \$300	7 Payee address; City; State; Zip Code 14409 CR 220 TYLER, TX 75707	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(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 2/14/19	Payee name Andy Hogue	
Amount (\$) 300	Payee address; City; State; Zip Code 704 JAGGED ROCK, CEDAR PARK, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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	
Date 4/9/19	Payee name Andy Hogue	
Amount (\$) \$300	Payee address; City; State; Zip Code 704 JAGGED ROCK, CEDAR PARK, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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	

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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: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 4/19/19	5 Payee name Evelyn Talmadge			
6 Amount (\$) \$220	7 Payee address; City; State; Zip Code 1015 Beecave Woods Dr, Rollingwood, TX 78746			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 2/4/19	Payee name Eby Law Firm			
Amount (\$) \$157.50	Payee address; City; State; Zip Code 302 Lampassas 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		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 1/10/19	Payee name AT&T			
Amount (\$) \$115.72	Payee address; City; State; Zip Code P.O. Box 6463 Carol Stream IL 60197			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 2/20/19	5 Payee name AT&T	
6 Amount (\$) \$130.57	7 Payee address; City; State; Zip Code 1015 Beecave Woods Dr	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone	(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 4/8/19	Candidate / Officeholder name AT&T	
Amount (\$) \$174.55	Payee address; City; State; Zip Code 1015 Beecave Woods Dr	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone	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 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 <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	

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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		\$ 1,479.93 (\$100 or less)
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
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 <u>ONLY</u> 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	<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

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