# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethice Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs Laura		Date Received
INVINE	NICKNAME LAST	SUFFIX	20
	Pressley		AUSTIN REI 12 JAN 1
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	N 1
OFFICEHOLDER MAILING ADDRESS	P.O Box 10102 Austin, Tx	78766	Data Hand-delivered or Postmarked T
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	ा हा
OFFICEHOLDER PHONE	(512) 762-3825		Date Processed ( )
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	Mr. Jason	<b>F</b>	
	NICKNAME LAST	SUFFIX	
	Wahoski		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEASE); APT/SUITE#:  3715 Bird House Drive Ro	crry, state; ound Rock, Texa	zipcode AS 78665
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 512) 656-3796	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (office/holder only)
	July 15 8th day before election	Exceeded \$500 Ilmit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Dey Year  11 / 14 / 2011 THROUGH	Month Day 1.2 / 31 /	Year ∕ 2011
11 ELECTION	Month Day Year ELECTION TYPE  5 12/2012	Runoff 🔀 (	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Counci	.1
	GO TO PAG	E 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME La	ura Pressl	еу	15 ACCOUNT # (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.			
3	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
,		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	\$ \$767.49	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PRTING PERIOD	s 2,332 .51	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	HE \$		
	MARGRETT FRANKLIN		perjury, that the accompanying report information required to be reported by	
	October 17, 2014	Signature of Cand	idate or Officeholder	
AFFIX NOTARY STAME		ne, by the said Laura Ann Pressla	, this the	
day	of Janua	cy. 20 12, to certify which, witness m	y hand and seal of office.	
Signature of officer admin	Stering gath	Printed name of officer administering cath	Title of officer artministering oath	

(512) 463-5800

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 12/10/201	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
	6 Contributor address; City; State; Zip Code		25	
	2239 Cromwell Cir Austin	ΥX		 
	78741		(If travel outside	of Texas, complete Schedule T)
9 Principal occu Agent	pation / Job title (See Instructions)	10 Employer (See Contine	Instructions) ental Airl	ines
Date	Full name of contributor 🔼 out-of-state PAC (ID#:_ Sydney McQuade	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code		25	<u> </u>
	716 W. Argand St Seattle	WA 9811	.9	<u> </u>
			(if travel outside	i of Texas, complete Schedule T]
Principal occu Student	pation / Job title (See Instructions)	Employer (See I Living Sc	nstructions) Cial	
Date	Full name of contributor out-of-state PAC(ID# Gordon Walton		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/23/2011			200	
	8207 Ganttcrest Dr. Austin	TX 787	19	j
			•	of Texas, complete Schedule T)
Principal occup Software	pation / Job title (See Instructions)	Employer (See II Playdom	natructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/2011	Mike Ford  Contributor address; City; State; Zip Code		\$200.00	
	1750 Timber Ridge Rd, #116	Austin		
	TX 78741		(If travel outside o	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See li Retired		
Date	Fult name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/2011	Rick McGinnis Contributor address; City; State; Zip Code		10	, , , , ,
12/10/2011	•	X 78705	ĺ	
			Ill deared a daid -	of Tourse semalate Catadrile To
Principal occur	petion / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
Owner			Stickers	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

# SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Harlan Deitrich		contribution (\$)	description (If applicable)
12/10/2013	6 Contributor address; City; State; Zip Code		25	 
	1205 Fieldcrest Dr. Austin	TX 78	704	 
				I of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	,
Owner		Brave New	Books	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Leif Allred		contribution (\$)	description (if applicable)
12/10/2013			350	
,,,	Contributor address; City; State; Zip Code			 
		,		
			(If traval outside	of Texas, complete Schedule T)
. Principal occu	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 17
Manager	pation / Job title (See Instructions)	Employer (See I Applied M	laterials	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Joyce Witowshi		contribution (\$)	description (if applicable)
12/10/2013	Contributor address; City; State; Zip Code		\$100.00	İ
,,		ustin TX	78733	 
			<del></del>	of Texas, complete Schedule T)
Manager	pation / Job title (See Instructions)	Employer (See I Freescale	nstructions) Semicondi	uctor, Inc.
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Charles Swail		contribution (\$)	description (if applicable)
12/10/201	Contributor address, City, State, Zip Code		\$25.00	
	1214 Baron Hills Dr. #106	Austin TX	78704	
			(If traval outside o	of Toyon complete Schedule Ti
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T)
Manager	·	Peoples I	harmacy	
Date	Full name of contributor Out-of-state PAC (ID#:	,	Amourit of	In-kind contribution
	Rae Nader-Olenick	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
12/10/2011	Contributor address; City; State; Zip Code		\$100.00	
	P.O.Box 7486 Austin TX	78713	l	
Principal accus	ation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Real Est		Self	ion delicito)	

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The	Instruction Guide explains how to complete this	s form.	1 Total peges Sch	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
. 55.5	Niamh Marnell		contribution (\$)	description (if applicable)
12/10/2013	Niamm Maineil		\$10.00	
,,	6 Contributor address; City; State; Zip Code			<b>!</b> 
	11316 Jollyville Rd, #348Au	ıstin TX	78759	I
				of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	<u> </u>	or lexas, complete conscile 1)
Journal		Self	instructions)	
			_	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Jeneen Scholz			description (if applicable)
12/10/2013			\$20.00	I
12, 10, 201.	Contributor address, City, State, Zip Code			! 
	2805 Rock Terrace Dr. A	ustin TX	78704	
				! <u></u>
Pain air al annu		F		of Texas, complete Schedule T)
Direct	pation / Job title (See Instructions)	Employer (See I Peoples P	harmacy	
Direct		<u>-</u>		1
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution   description (if applicable)
12/10/2013	Otto Wheeler		\$100.00	Costinputor (ii applicable)
12/10/201	Contributor address; City; State; Zip Code		,	1
		mv 70750		I
	500 Wilmes Austin	TX 78752		 
			/If travel outside	 of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	`	or lexas, complete ochedule 1)
CPA	odion 7 dob tide (Occ mandenons)	Wheeler	, Fairman,	and Kelley
		. [		4 1.1-4
Date	Full name of contributor □ out-of-state PAC(ID#_   Casey Pennington	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/26/2013			\$35.00	,
12/20/201.	Contributor address; City; State; Zip Code		,	
	6900 MaNoil Dr #1610 Au	atia my	70720	
	6800 McNeil Dr. #1618 Au	stin TX	78729	
			(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See h		
Broadcast	Technician	Self		
Date	Full name of contributor  ut-of-state PAC (ID#:	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
12/10/2011	Cathy Savage		\$100.00	
/ TO/ ZOTI	Contributor address; City; State; Zip Code			
	2010 White Herrs Maril 3.	atia ma	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	2212 White Horse Trail Au	stin TX	78757	
				of Texas, complete Schedule T)
	eation / Job title (See Instructions)	Employer (See In	structions)	
Artist		Self		

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P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
12/10/2011	Jeffrey Blumenthal	Į.	\$200.00	
12/10/202	6 Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	<b>1</b>	<u> </u> 
	6416 Via Careto Dr. Austin	TX 787	taa '	<u> </u>  -
	OTIO VIA CALECO DI	14 7	'	
		<u></u>	<del> `</del>	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	instructions)	
firchite	3CT	<u> </u>		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			I
	Contributor address, City, State, Zip Cool	!	,	1
	I	!	1	1
	I	į	1	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Enterpri	se Architect	DETT		
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of	In-kind contribution
·	Tohn Coottimon		contribution (\$)	description (if applicable)
12/10/2011	John ScottLyman	Ī	\$100.00	
, 	Contributor address; City; State; Zip Code		\$100.00	1
	••••	50503	1	i I
	3300 Enfield RdAustin	TX 78703	1	1
	Í	Ī	(15 terrial ordelde	-7.T complete Schadule T)
2-i-sisal accur		r-slover (See		of Texas, complete Schedule T)
Principal occup Spor	pation / Job title (See Instructions)	Employer (See I Self	nstructions	
Date	Full name of contributor 🔲 out-of-state PAC (#D#:		Amount of	In-kind contribution
	John SaettWilliams	·	contribution (\$)	description (if applicable)
12/10/2011	<b>.</b>		\$100.00	Ņ
ļ	Contributor address; City; State; Zip Code	• -	1	
	11615 Angus Rd #104NAustin	TX 78	759	I
		<del></del>	(3)	1
	ı	!	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	<del></del>	of tomo, complete contract
΄ λ.	lerketing	Seif	non conting,	
		<u></u>	<del></del>	
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of	In-kind contribution
12/10/2011	K.F. Carbone	ļ	contribution (\$)	description (if applicable)
12/10/2017			\$100.00	i I
I	Contributor address; City; State; Zip Code	J	( '	1
Į	2710 W. 49th 1/2 St Austin	TX 78	771	
	4/10 W. TOOM 1/2 DO MADOLIN		) <u>1</u>	I
			(If travel outside	l of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	·— ·	, , , , , , , , , , , , , , , , , , ,
	hnical Writer	Refire	1	
·,	HING WILLS	11 ~ 11.	<u> </u>	

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schi	edule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Christopher Hauboldt		contribution (\$)	description (if applicable)
14/10/401			\$100.00	 
	6 Contributor address; City; State; Zip Code			!
	9611 A Nightier Dr Austin	TX 787	48	
		***		
			L	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	· ·	
SOLUMALE	e Developer	Lone Star	r Internet	
Date	Full name of contributor		Amount of	In-kind contribution
/ 2 / 2 /	Stephen and MercedesOsella		contribution (\$)	description (if applicable)
12/10/2011	]		\$100.00	ı I
	Contributor address; City; State; Zip Code			
	7305 Waterline Rd Austin	TX 787	131	
.	7505 Materialic Rd Hateria	111 / 5 /		
m: deal accord		(B		of Texas, complete Schedule T)
Principal occur   Software	pation / Job title (See Instructions) e Eng	Employer (See   National	Instructions) Instrumen	ts
			1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
- , ,	Anthony Corey			description (ii applicable)
12/12/2011	Contributor address; City; State; Zip Code		\$100.00	1
	3955 Shoal Creek Blvd, #210	) Austin	TX 787	<sup>1</sup> 56
			(If travel outside	of Texas, complete Schedule T)
Principel occur	pation / Job title (See Instructions)	Employer (See I	<u> </u>	Of Itxas, Complete Concurs 17
Real Es	state		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date	Full name of contributor	1	Amount of	In-kind contribution
Jau	W. RussellDoyle		contribution (\$)	description (if applicable)
12/10/201	n		\$50.00	
<b></b> ,,	Contributor address; City; State; Zip Code			
	3431 N. Hills Drive #J218A	ustin TX	78731	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See )	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
12/10/201	KathyStimets-Vidan		contribution (\$)	description (if applicable)
12/10/201	Contributor address; City; State; Zip Code		\$50.00	
	Continuator address, Only, Olate, Elp Code			I I
	500 Wilmes Austin TX 78	1752		,
			Of travel outside (	of Towas . samplate Schodule TO
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
٠	IADAN	Renais		
7/11/27	Tespity 1	Condition	Janet	
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P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 12/10/201	5 Full name of contributorout-of-state PAC(D# LindaPatterson		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/10/201	6 Contributor address; City; State; Zip Code		\$50.00	1
	1015 E. Yeager #174 TX	K 78753		 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		•
	St	60	ryhlink	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
12/10/201	Phillip Greene Contributor address; City; State; Zip Code		\$35.00	 
	1003 Bouldin Ave Austin	TX 787	04	1
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	١	Amount of	In-kind contribution
( (	Sylvia Smith		contribution (\$)	description (if applicable)
12/10/201	1, , , , , , , , , , , , , , , , , , ,		\$25.00	<u>'</u>
	Contributor address; City; State; Zip Code	l		I. 1
	P.O. Box 5428 Austin TX	K 78763		l
	F.O. BOX 3428 Austin 12	70/02		
Deineinel een		<b>5</b>	·	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Cory Walton		contribution (\$)	description (if applicable)
12/10/2011	Contributor address; City; State; Zip Code		\$25.00	
	•			I
	1701 Bouldin Ave Austin	TX 787	04	1
			(If travel outside o	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		or reade, complete concesso ()
Date	Full name of contributor Out-of-state PAC (ID#:	١	Amount of	In-kind contribution
	BrentBrewer		contribution (\$)	dascription (if applicable)
12/10/201	<u> </u> 		\$25.00	
	Contributor address; City; State; Zip Code			
	P.O. Box 17532 Austin	TX 78760		
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
<del>.                                      </del>	<u> </u>		·	

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The	e instruction Guide explains how to complete thi	s form.	1 Total pages Sci	hedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	Ethics Commission Filers)
	•			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
12/10/201	1 KatieBrewer		contribution (\$)	description (if applicable)
1 12/10/201		· · · · · · · · · · · · · · · · · · ·	\$25.00	1
	6 Contributor address; City; State; Zip Code			· 
	1040 Kensington Castle P	flugerville	TX 786	60
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	T			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/201	Willie Parker 		\$25.00	
	Contributor address; City; State; Zip Code		\$25.00	
	121 Countryside Ct George	townTX 78	526	
	,		(M. 1 1 1. (d	
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
		, , ,	·	
Date	Full name of contributor out-of-stata PAC (iD#:		Amount of	In-kind contribution
12/10/201	<sub>l</sub> Janice Liverman		contribution (\$) \$25.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$25.00	
	12607 Mystic Dr. Mancha	ca TX 786	552	ļ
	12007 Hyserc Dr. Manena	Ca 1x /00		
Principal coor	ation / Joh title (See Instructions)	Employer /See I		of Texas, complete Schedule T)
Philicipal occup	pation / Job title (See Instructions)	Employer (See I	ristroctions)	
Date	Full name of contributor Out-of-state PAC(ID#;	, ]	Amount of	In-kind contribution
12/10/201	Paul Moon		contribution (\$)	description (if applicable)
12/10/201	Contributor address; City; State; Zip Code		\$25.00	
			I	
	2409 S. 6th Austin T	X 78704	i	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Data	Full name of contributor		Amount of	In-kind contribution
Date		——·	contribution (\$)	description (if applicable)
12/26/2011	Travis Snavely		\$25.00	
	Contributor address; City; State; Zip Code			
	2006 A Kenneth Ave Austin	TX 787	<b>!4</b> ,	
			 (If travel outside o	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	

(512) 463-5800

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date 12/10/2011	5 Full name of contributor ☐out-of-state PAC(ID#		7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			 
	1405 Poppy Seed Ln Austin	TX 787	41	 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	KellyMelnyk		contribution (\$)	description (if applicable)
12/10/201	Contributor address; City; State; Zip Code		\$20.00	
	5608 Taylorcrest Dr. TX	78749		
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
12/10/201	DarcyBloom		contribution (\$) \$10.00	description (if applicable)
,,	Contributor address; City; State; Zip Code		\$10.00	
	5002 Suburban Dr. #2Austin	TX 787	45	 
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (Sae Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Lani Dame		contribution (\$)	description (if applicable)
12/10/2011	Contributor address; City: State; Zip Code		\$10.00	
	600 Barwood Park #725 A	ustin TX	78753	<u> </u>
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
10/10/2011	Darren Lehmann		contribution (\$)	description (if applicable)
12/10/2011	Contributor address; City; State; Zip Code		\$10.00	
	2000 S. Lakeline Blvd, #72	2 Cedar P	arkTX 78	613
	***		(If travel outside	l of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	

P.O. Box 12070

#### SCHEDULE A

		_	_	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 9
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date 12/10/2013	5 Full name of contributoroul-of-state PAC (ID#: Giovanni Jimenez  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
	2101 A. Winsted LaneAustin	TX 78	703	<u> </u>
			(If travel outside	I of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	, tempera estados ,,
Date 12/10/2011			Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	7 70760	\$10.00	 
	P.O. Box 2692 Austin TX	78768	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		Todas, compete cureate 17
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
D-i- sin al a sau	aking 4 lab 4th (0 an landa akinga)		'	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
			(If travel outside	i of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
			(If traval outside a	of Tayas complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		if Texas, complete Schedule T)

P.O. Box 12070

LOANS			SCHEDULE E
·The	Instruction Guide explains how to compl	lete this form.	Total pages Schedule E:
2 FILER NAME L	aura Pressley	3	ACCOUNT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	>	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	y 9 Loan Amount (\$)
12/2/2011	Pure Rain LLC	- ,	\$500.00
6 Is lender a financial Institution?	8 Lender address; City; State; 2		10 Interest rate 0%
Y N	2210 White Horse Trail	Austin TX 7	8757 11 Maturity date May 2012
12 Principal occupate Owner	ion / Job title (See Instructions)	13 Employer (See Instructions) Pure Rain LLC	
14 Description of Col	lateral	15 Check if personal funds were d	eposited into political account
x none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
📆 not applicable	18 Guarantor address; City; S	state; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
ls lender a financial	Lender address; City; State; Z	Cíp Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	aterat	Check if personal funds were de	posited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	tate; Zip Code	
Principal Occupat	iori (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED!	

### **POLITICAL EXPENDITURES**

# SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)  Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense				
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di	Contributions/Donations Made By Candidate/Officeholder/Politicat Committee		
Fees	Printing Expense Office Overhead		OTHER (enter a category not listed above)	
	The Instruction Guide explains how to	·	, <del>-</del> ,	
1 Total peges Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/5/2011	5 Payee name Google			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$0.50				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Accounting	Bank Fee	es	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
12/7/2011	BumperSTicker.com			
Amount (\$)	Payee address; City; State; Zip Code		****	
\$168.87				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	ftravel outside of Taxas, complete Schedule T)	
OF EXPENDITURE	Advertising	Stickers	s, Banner	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date 12/10/2011	Payee name Scholz Garten			
	· · ·			
Amount (\$) \$32.00	Payee address; Clty; State; Zip Code			
DI IDDOOF	Catagony (See retemption listed at the ten of this webset: 12)	Description #	travel outside of Texas, complete Schedule T)	
PURPOSE OF	Category (See categories listed at the top of this schedule)		·	
EXPENDITURE	Event	Kick-Off	Party Food/Beverages	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
12/10/2011	Kinkos			
Amount (\$)	Payee address; City; State; Zip Code			
\$252.57				
PURPOSE	Category (See categorias listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertisement	Campaign	Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

#### **POLITICAL EXPENDITURES**

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense ide explains how to complete this fo		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above) rm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
4 Date 12/15/2011	5 Payee name PayPal				
6 Amount (\$) \$0.09	7 Payee address; City; S	tate; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the to	pp of this schedule)	(b) Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Accounting		Bank F	'ees	
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	•	Office sough	t	Office held
Date	Payee name				
12/16/2011	Eventbrite				
Amount (\$)	Payee address; City; S	tate; Zip Code			
\$37.92					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	Event		Event I	Registrati	.on
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	•	Office sough	t	Office held
Date 12/19/2011	Payee name Austin Java		-		
	Davis address City Di	ata . San Cada			
Amount (\$) \$20.00	Payee address; City; St	ate; Zip Code			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texes	s, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expe	ense	Strategy	/ Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	t	Office held
Date 12/19/2011	Payee name BumperSTicker.com				
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$81.19					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (	If travel outside of Texes	, complete Schedule T)
OF EXPENDITURE	Advertisement		Business	Cards	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH		Office sought	ı	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS I	NEEDED	

#### **POLITICAL EXPENDITURES**

# SCHEDULE F

	EYRENDITURE	CATEGORIES E	3D BOY 9(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expens		ract Labor ng Expense t tal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above)		
Total pages Schedule F:	2 FILER NAME Laura Pro	essley		3 ACCOUNT # (Ethics Commission Filers		
Date 12/19/2011	5 Payee name Visa Debit PayPal					
Amount (\$)	7 Payee address; City, Sta	ite; Zip Code				
\$1.95						
) PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (	b) Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Banking		Bank Fe	es		
Complete <u>QNLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name DH		Office sough	t Office held		
Date 12/21/2011	Payee name Courtyard					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
\$6.60						
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Office Overhead Exp	pense	Interne	t Fee		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office held		
Date 12/22/2011	Payee name Speedway Copy					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
\$22.19						
PURPOSE	Category (See categories listed at the top	of this schedula)	Description	(if travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising		Printin	g		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office held		
Date	Payee name					
Amount (\$)	Payee address; City; Sta	ite; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texes, complete Schedule T)		
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	<u> </u>	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

# **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>
12/5/2011	House Account Parking	
6 Amount (\$) \$10.00  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Travel	(b) Description (Mitravel outside of Texes, complete Schedule T) Parking
Date 12/7/2011	Payee name Arpeggio Grill	
Amount (\$) \$18.00	Payee address; City; State; Zip Code	·
Reimbursement from political contributions, intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food / Beverage Expense	Strategy Lunch
Date	Payee name	
12/9/2011	Speedway Printing	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.03  Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Taxas, complete Schedule T)
OF EXPENDITURE	Advertising	Printing
Date	Payee name	
12/9/2011	Arpeggio Grill	
Amount (\$) \$8.61	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food / Beverage Expense	Strategy Lunch
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Trevel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

(512) 463-5800

OTHER (enter e category not listed above)

. 440	The instruction Guide explains how to	complete this form.
1 Total pages Echedule G:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Files
4 Date 12/10/2011	5 Payee name Johnson's Backyard Garden	<b>,</b>
6 Amount (\$) \$7.00	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Kick-Off Party Supplies
Date 12/10/2011	Payee name Bikkum Farms	
Amount (\$) \$10.00	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENOITURE	Event Expense	Kick-Off Party Supplies
Date	Payee name	-
12/10/2011	Hobby Lobby	
Amount (\$) \$3.78	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedula T)
OF EXPENDITURE	Event Expense	Kick-Off Party Supplies
Date	Payee name	
12/10/2011	Central Market	
Amount (\$)	Payee address; City; State; Zip Code	
\$27.31  Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texes, complete Schedule T)
OF EXPENDITURE	Event Expense	Kick-Off Party Supplies
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

# **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Politicel Committee

	The instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/10/2011	5 Payee name Goodwill	
6 Amount (\$) \$3.24  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedula)  Event	(b) Description (#traveloutside of Texas, complete Schedule T)  Kick-Off Party Supplies
Date 12/13/2011	Payee name Office Max	
Amount (\$) \$21.64  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If traveloutside of Texas, complete Schedule T) Printing
Date 12/20/2011	Payee name DoodleKit	
Amount (\$) \$29.00  Reimbursement from potitical contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Website Hosting
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; Clty; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL CODIES OF THIS S	CUENTI E AS MEENEN

# **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

P.O. Box 12070

## FORM C/OH COVER SHEET RG 1

The C/OH Instruction	Guide explains how	to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	<sup>FIRST</sup> Laura	MI	OFFICE UNSTERONULY
NAME	NICKNAME	LAST	SUFFIX	AL 2012
		Pressley		HPR
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS /PO BOX;	APT/SUITE#; CITY;	STATE; ZIP CODE	REC C Date Hand-delivered or Prosential Rect;
ADDRESS  change of address	2210 Williams	rac IIali — Au.		Receipt #
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(512)	762-3825		Oate Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	<sup>FIRST</sup> Suzanne	MI	Date Imaged
	NICKNAME	LAST	SUFFIX	
	1	Corbo		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO P			ZIP CODE
ADDRESS (residence or business)	34 Love	grass Lane	Austin TX	78745
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 512)	791-9994	EXTENSION	
9 REPORT TYPE	January 15	X 30th day before election	Runoif	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before election	Exceeded \$500 limit	Final report (Attach):C/OH -(FIR)
10 PERIOD COVERED	Month Day	Y <del>bar</del> THROUGH	Month Day 	Ybar
44 51 50 710 11		ELECTION TYPE		
11 ELECTION	Month ELECTION DATE Day	Year		
	عرا الما المار	Primary	Runatf	General Especial
12 OFFICE	OFFICE HELD (d'eny)		13 OFFICE SQUIGHT (#known	))
			City Council	Place 2
	]	GO TO PA	AGE 2	

# **CANDIDATE / OFFICEHOLDER REPORT:**

# FORM COH

SUPPORT	& IOIAL	.8	COVER SHEET PG Z		
14 C/OH NAME		1	5 ACCOUNT # (Ethics Clommission (fillers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	DE BY POLITICAL CONSTITUES; ITO:SUPPORT THE PADATE'S OR OFFICEHOLDER'S: HONOMEDBE OR HEY RECEIVE NOTICE OF SUCH BURNENDRURGES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOAMS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,638.33		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	<b>ZED</b> \$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 26,980.79		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DI DRTING PERIOD	\$ 4,100		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	<b>\$</b> 500		
18 AFFIDAVIT	SHIRLEY A. GEN NOTARY PUBL State of Texas Comm. Exp. 02-05	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to the reported by date of Officeholder		
AFFIX NOTARY STAMP		Drago.			
Sworn to and subs	or april	ne, by the said South Iterally, to certify which, witness m	this the hand and seal of office.		
Anxley ()	Gentry	Shirley A Gentry	Notney Public		

P.O. Box 12070

66	HITTEN	æ	
· :	<b>■ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>		

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission/Fillers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind (contribution description (if applicable)
2/10/12	Braden Abshire		350	Database
	6 Contributor address; City; State; Zip Code 7630 Wood Hollow Dr. Austin TX 78731		(If travel outside	l of Texas, complédesSicheduke∏)
9 Principal occup	oation / Job title (See Instructions)  lyst	10 Employer (See I	nstructions) Webmer	dia
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind क्यांसीधरांका description ((मिं क्यांसीधरांकी)
2/28/12	Patrick Agol  Contributor address; City; State; Zlp Code		100	oostiphan (in apprinosa)
Dein eine transport	1307 Canna Lily Ln Pflugerville TX 786	560 xi Employer (Seins	rexas, complete Sched tructions)	ule T)
Illustrator	on / Job title (See Instructions)	CDI Corp		
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contributon description ((if applicable))
3/31/12	Brian Alkis Contributor address; City; State; Zip Code		100   	
	3601 Rocky Ford Dr Austin TX 78749	)	(If terms a subside a	of Texas; complete Schedule III)
Principal occupa Manager	tion / Job title (See Instructions)	Employer (See Ir	•	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description ((if applicable)
2/19/12	Contributor address; City; State; Zip Code		100	\$
	5379 Auborn Avenue, Las Vegas NV	89108		f Texas, complete (Schedule Tr)
Principal occupa Carnenter	ation / Job title (See Instructions)	Employer (See Ir		,
Date	Full name of contributor Out-of-state PAC (EDF:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/10/12	Contributor address; City; State; Zip Code		25   	
	3208 CherryWood Rd Austin TX 78722	2	(If traval curtaints at	Texas; complete Schedule (fi)
Principal occupa Designer	ation / Job title (See Instructions)	Employer (See In Se		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDWILE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A:	
2 FILER NAME	Laura Pressley		3 ACCOUNT# (E	thics Commission (Filters)	
4 Date 2/22/12	5 Full name of contributorout-of-state PAC(ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description ((f ឧppilicable))	
	6 Contributor address; City; State; Zip Code 3208 CherryWood Rd Austin TX 78722	2	(If travel outside	of Texas, comptetentSchedule(T)	
9 Principal occu Designer	pation / Job tile (See Instructions)	10 Employer (See I	nstructions) Self Employ	red	
Date	Full name of contributor		Amount of contribution (\$)	in-kind contitibution description: ((if applicable)	
3/31/12	Dana Ambs Contributor address; City; State; Zip Code		235	Advertising/ Fundraising	
Principal occupa	3208 CherryWood Rd Austin TX 7872	2 if Employer (Seins	Texas, complete Sched tructions)	fule T}	
Desianer		s I	elf Employed		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description: ((f) (applicable)	
2/23/12	Anna Anami Contributor address; City; State; Zip Code		350	Office Space	
	101 Colorado Austin TX 78702			·	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir	•	of Texas, complete Schedule (T)	
Date	Full name of contributor Out-or-state PAC (ID#		Amount of	In-kind contribution	
1/26/12	Alex Archer		contribution (\$)	description: ((if குழரிம்கம்(த)	
	Contributor address; City; State; Zip Code 745 Hesper Ave., Apt 5 METAIRIE LA	70005			
	740 (loope) Ave., Apro Me (Aline Dr	7,0000	(If travel outside of	Texas, complete: Sichedule Ti)	
Principal occup Engineer	etion / Job title (See Instructions)	Employer (See Ig			
Date	Full name of contributor OUT-OT-STATE PACTION		Amount of contribution (\$)	In-kind contribution	
2/15/12	ATU-COPE	İ	350	description: ((ff applicable)	
	Contributor address; City; State; Zip Code		330		
1	5025 Wisconsin Ave NW Washington I	DC 20016	 		
Principal occup Political Action	ation / Job title (See Instructions) Committee	Employer (See Ir	structions)	f Texas, complette (Sichedule 刊)	

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission晤llets)	
4 Date 2/10/12	5 Full name of contributor ☐out-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description। ((if स्पृष्णींटसंघेस))	
2, 10, 12			00.00		
	6 Contributor address; City; State; Zip Code 1404 Saint Leger St Pflugerville TX 78860		(If travel outside	of Texas, complete Sichestate (3)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Financial Ad			Merrill	Lynch	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind wanttlbution	
2/29/12	John Behnke		contribution (\$)	description ((if அறப்ப்வும்)	
	Contributor address; City; State; Zip Code		200		
Bringing Conunct	2020 Cueva De Oro Cove Austin TX 7	8746 ม <u>Empioyer (Seins</u>	Texas, complete sone (tructions)	tute T)	
SVP & GM			Intermolecular I	Inc	
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of	In-kind contribution	
3/14/12	Ronald Bennett		contribution (\$)	description: ((if applicable)	
	Contributor address; City; State; Zip Code 7724 El Dorado Dr. Austin TX 78737				
			-	of Texas, complete (Schedule TI)	
<ul> <li>Principal occupă</li> <li>Director</li> </ul>	tion / Jab title (See Instructions)	Employer (See fi R	nstructions) Pones Wino Riz		
Date	Pull name of contributor Out-of-state PAC (ID#	,	Amountof	In-kind awiddhalion	
2/7/12	Bob Betts		contribution (\$)	description ((ff அறுficable)	
Birite	Contributor address; City; State; Zip Code		350		
	1581 7 Double Eagle Dr Austin TX 787	'17			
Painainat annu	ation / Joh Alley (Con Jackson)	Employer-(Qee-h		of Texas, complette (Schedule III))	
Sales	ation / Job title (See Instructions)	Tera	dyne		
Date	Full name of contributor Out-of-state par (to a		Amountof	In-kind contribution	
3/15/12	Bob Betts		contribution (\$)	description (fil applicable)	
GISTIZ	Contributor address; City; State; Zip Code		350	`	
	1581 7 Double Eagle Dr Austin TX 787	17	ŀ		
_, , ,			•	f Taxas, complette விள்ளப்சி))	
Sales	ation / Job title (See Instructions)	<del>Employer (See Il</del> Tera	<del>istructions)</del> dyne		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foredditional reporting requirement

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SCHEIDULE 🗛

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission(fillers)
4 Date	5 Full name of contributor	)	7 Amount of contribution (\$)	8 In-kind contribution description ((if applicable)
3/16/12	Tyson Blankemeyer		350	Event   Supplies
	6 Contributor address; City; State; Zip Code			Сиррноз
	5100 E. 7th St Austin TX 78702	(If t	avel outside of Texas, con	nplete Schedule T))
9 Principal occup Chef	pation / Job title (See Instructions)	10 Employer (See I	Instructions) Shady Seven	
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description: ((ff :applicable)
3/1//12	Aimee Blasé		350	Advertising
	Contributor address; City; State; Zip Code			Supplies
Drineinat cocupa	1017 Milam Place Austin TX 78704	A.	Texas, complete Sone	Bule T)
	ton/Job title (See Instructions)	Employer (Seins	structions)	
Designer		<u> </u>	Blasé Design	
Date	Full name of contributor 🔲 out-of-state PAC (10#_		Amount of	In-kind conttibution description ((if applicable)
3/16/12	Brave New Books		contribution (\$)	
37 (12/12	Contributor address; City; State; Zip Code		350	Event Supplies
	1904 Guadalupe St. Austin TX 78705			
			(If travel outside	of Texas, complete (Schedule IT)
Principal occupa Bookstore	rtion / Job title (See Instructions)	Employer (See II Bran	nstructions) ve New Books	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
2/27/12	Katie Brewer		contribution (\$)	description ((ff (applicable))
22.7.2	Contributor address; City; State; Zip Code		25 [	
	1040 Kensington Castle Pflugerville TX	78660	] !	
				/ Texas_complette:Sicheriule:Ti)
Principal occup Mom	ation / Job litle (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
3/18/12	Don Brown		contribution (\$)	description ((If குடிரிங்கிங்)
3/10/12	Contributor eddress; City; State; Zip Code		50	
	6200 Cat Mountain Cove Austin TX 78	731	\	
			(If travel outside o	f Texas complete: Schedule Ti)
Principal occup Engineer	ation / Job title (Sea Instructions)	Employer (Sea Ir S		

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Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Se	chedule A:	
2 FILER NAME	Laura Pressley		3 ACCOUNT #	(Ethics Commission/Filers)	
4 Date	5 Fulf name of contributorout-of-state PAC (Dat_		7 Amount of contribution (\$)	8 In-kindiacontribution descriptiom ((if त्रभूрісक्षणेख्र)	
1/28/12	Bumpersticker.com-Liberty Stickers		3	Advertising Supplies	
	6 Contributor address; City; State; Zip Code			Supplies	
	612 W. 34th St. Austin TX 78705	(स र	avel outside of Texas, or	omplete Schedule Tij)	
9 Principal occu Small Bu	petion / Job ដែរe (See Instructions) Siness	10 Employer (See I		perstickers.com	
Date	Full name of contributor out-of-state PAC (IDE:_		Amount of	. In-kindl contribution	
	Joseph Burton		contribution (\$)	description ((if applicable)	
2/10/12	Contributor address; City; State; Zip Code		20	1	
	2113 Zach Scott St Austin TX 78723	of.	Texas, complete Scne	dule T)	
Principal occupa	ion / Joh title (See Instructions)	Employer (Seins	tructions)		
Sr. Proiect Mar		Jones Lano LaSalle			
Date	Full name of contributor 🔲 out-of-state PAC (800)		Amount of	In-kindi contribution	
3/16/12	John Burton		contribution (\$)	description ((if applicable))	
3/10/12	Contributor address; City; State; Zip Code		35	] 	
	2425 E. Riverside Dr. #623 Austin TX	78741			
				of Texas, complete:Schedule iT)	
Principal occupa Warehouse M	ntion / Job title (See Instructions)	Employer (See Instructions) Canital Courier			
Date	Full name of contributor 🔲 out-of-state PAC (100#		Amount of	In-kind contribution	
3/27/12	John Burton		contribution (\$)	descriptiom ((If அழிicable))	
, , , , , , , , , , , , , , , , , , ,	Contributor eddress; City; State; Zlp Code		25   I		
	2425 E. Riverside Dr. #623 Austin TX 7	8741		ſ	
5			(If travel outside o	Texas, complete Satestule Ti)	
Warehouse Mgi	ation / Job title (See Instructions)	Employer (See Ins	Capital Co	urier	
Date	Full name of contributor		Amount of	In-kind contribution	
3/31/12	John Bush		contribution (\$)	description: ((If applicable)	
	Contributor address; City; State; Zip Code		350	Recording Supplies	
	1904 Guadalupe St. Austin TX 78705				
			l (If travel outside o	f Texas, complette (Schettule II)	
Principal occupi Activist	ation / Job title (See Instructions)	Employer (See In: Self	structions) Employed		

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#### SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission(fillers)	
4 Date	5 Full name of contributorout-of-state PAC (IDs	)	7 Amount of	8 In-kind contribution	
3/16/12	KF Carbone		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code				
	2710 W. 49th 1/2 St Austin TX 78731		(if travel outside	of Texas, compliate Sichedule Ti)	
9 Principal occup Technical Wri		10 Employer (See	Instructions) Retired		
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description ((if applicable))	
2/6/12	Elizabeth Carman		350		
	Contributor address; City; State; Zip Code		350		
Principal occupat	2 Crystal Creek Trl Ausitn TX 78787 on / Job title (See Instructions)	af Employer (Seins	Texas, complete schel tructions)	dule T)	
Author	•	Self Employ	red	_	
	out-of-state PAC (ID#	,		Lark a Laren	
Uate	rui Italia di Continuitoi		contribution (\$)	description (If applicable)	
2/6/12	Neil Carman Contributor address; City; State; Zip Code		350	<u> </u>	
	2 Crystal Creek Trl Ausitn TX 78787			 	
			="	of Texas, complete@cheduleTi)	
Principal occupt Director	tion / Job title (See Instructions)	Employer (See I	hstructions) Sierra Club		
	Full name of contributor out-of-state PAC (ID#		Amountai	inskinei manniniinskon	
	_		contribution (\$)	description ((f applicable))	
2/10	Ed Chaplin Contributor eddress; City; State; Zip Code		150		
	5501 A Balcones Dr, #127 Austin TX 7	8731			
			(if travel outside d	f Texas, complete Schedule 11)	
Principal occup President	ation / Job title (See Instructions)	Employer (See I	nstructions) CNX Datacom In		
7 (33)d3/11		•			
U\$(6	Full name of contributor out of state PAC (ID#_1		Amount of contribution (\$)	description ((if applicable))	
1/9/12	Griffin Cole, DDS		250	- a and the comment of the publishments (p.))	
ļ	Contributor eddress; City; Stete; Zip Code		230		
	4708 Toreador Dr. Austin TX 78705				
Principal occup	ation / Job title (See Instructions)	Employer (See li	structions)	f Texas, complete Sichedule T()	
Owner			riffin Cole, DDS		
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT# (E	thics Commission(filters)
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/21/12	Monica Cole		Contribution (#)	t
			300	! 1
	6 Contributor address; City; State; Zip Coda			[ ]
	4708 Toreador Dr. Austin TX 78705		(If travel outside	of Texas, complete Schedule Ti)
9 Principal occup Pharmacist	pation/Joob title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/16/12	Suzanne Corbo		1	O S CTIP (COLIF (III ADDITIONAL INC.)
G, (G, )2	Contributor address; City; State; Zip Code		350	ļ
Deineinel ecounce	34 Lovegrass Ln Austin TX 78745	ส์ Employer (Seins	Texas, complete Sched	Jule T)
,	, ·		1	'
Marketino Direct			360 Training	
Date	Full name of contributor		Amount of contribution (\$)	description ((ff applicable))
1/3/12	Anthony Corey			
., -, , -	Contributor address; City; State; Zip Code		100	
	3955 Shoal Creek Blvd, #210 Austin	TX 78756		
Dainaina		m1 (0 )	1 '	of Texas, complete Schedule II)
Real Estate	ation / Job title (See Instructions)	Employer (See )	hstructions) Self Employe	d
Date	Full risme of contributor		Amount of contribution (\$)	in-kind conditionium description (if applicable)
1/28/12	Anthony Corey		450	A discontinuo
ĺ	Contributor address; City; State; Zip Code	,	150	Advertising Supplies
	3955 Shoal Creek Blvd, #210 Austin T	X 78756		
				of Texas, complete £dhedule T()
Real Estate	vation / Job title (See Instructions)	Employer (See 7	hstructions) Self Employed	
Date	Pull name of contributor		Amount of	in-kinal contribution
3/16/12	Peter Craig		contribution (\$)	description ((ffapplicable))
3/10/12	Contributor address; City; State; Zip Code		50	ļ
	2106 Hornedale Dr. Ausitn TX 78704			
			(If travel outside o	of Texas, compilete (Schedule II))
Marketing	ation-/ Job-title (See Instructions)	Employer (See I	nstructions) Go Local Austin	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission (Filens)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
2/15/12	Kenneth Daniels		contribution (\$)	description ((fapplicable))
	6 Contributor address; City; State; Zip Code			
	12701 Johnson Manor TX 78621	(ध र	avel outside of Texas, con	plete Scheduler(T))
9 Principal occup Metro Bus Or		10 Employer (See I		tal Metro
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description ((if applicable))
2/10/12	Pierre De Rochemont		` 1	and an interest (fit adolphicatorical)
27.07.12	Contributor address; City; State; Zip Code		50	
	12501 Tech Ridge Blvd Austin TX 787	55 if	Texas, complete Sched	dule T)
Principal occupat	on / Job title (See Instructions)	Employer (Seins	tructions)	
Owner		G	idaCircuits Inc	-
	Frith the man of reconstributor out-of-state PAC (iD#	,		
USIA			contribution (\$)	description ((if applicable)
3/16/12	Pierre De Rochemont  Contributor address; City; State; Zip Code		300	Events/Adv
				ertising
	12501 Tech Ridge Blvd Austin TX 78	/55		
			•	of Texas, complete (Schedule II))
Principal occupt Industrialist	tion / Job title (See Instructions)	Employer (See I	nstructions) Self Employed	
USIO	Full name of contributor out-of-state PAC (10#		Amountof	joskiorii contribution
			contribution (\$)	description ((frapplicable)
3/31/12	Harlan Deitrich  Contributor address; City; State; Zip Code		350	Event
}	, , ,			Supplies
	1904 Guadalupe St. Austin TX 78705			•
Dringing Lago.	ation / Job title (See Instructions)	Employee (Co. I	(If travel outside o	f Texas, complete Edhedule II)
Self Employed	ation / Job title (See itisfluctions)	Employal (See	nstructions) Self Employ	/ed
USIA	Full name of contributor Out-of-state PAC (ID#:		Amountef	in-kinni genirihanion
	Dana Devoe		contribution (\$)	description ((if :amplicable)
2/24/12	Contributor address; City; State; Zip Code	i	100	
	34 Hallcrest Dr Ladera Ranch CA 9269			
	OF Hallotest Dr. Laucia Nation GA 9205	,	ļ	
Deineiret	ation I lab Sala (Con Instruction - )	Employee (Dec	• •	f Texas, compilate (Schedule II))
Engineering Ma	ation / Job title (See Instructions) Inager	Employer (See il	Frees	scale Semiconductor,
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

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(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commisន់លោ Files)
4 Date	5 Full name of contributoroxd-of-state PAC (IDM:	)	7 Amount of contribution (\$)	8 In-kind contribution description ((if applicable))
				Event Supplies
	6 Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)			i
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (IDIT		Amount of contribution (\$)	In-kind (contribution description) ((fi ;applicable)
3/17/12	Contributor address; City; State; Zip Code		50	
Principal occupati	12104 Jill Sue Ct Austin TX 78750	ıf ⊑mployer (Seins	Texas, complete Scher tructions)	dule T)
Community Org	-		Self	Employed
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind (contribution description (If applicable)
3/1/12	Heather Fazio Contributor address; City; State; Zip Code		350	Advertising
	1904 Guadalupe St. Austin TX 78705			A Tours assented School 40 To
Principal occupa Director	tion / Job title (See Instructions)	Employer (See J		of Texas, complete Schedule T) Party
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/12	Mary Salinas Contributor eddress; City; Stata; Zip Code		350	Advertising
	6804 Meadow Run St, Austin TX 7874	5		
Principal occupa	ation / Job title (See Instructions)	Employer (See II Re		of Texas, complete @dhedule Ti)
Date	Full name of contributor out-of-state PAC (ED#		Amount of contribution (\$)	in-kind conttibution description ((if applicable)
2/10/12	Retha Fielding			
	3208 CherryWood Rd Austin TX 78722		350	Marketing Detabase
D-)		F	-	f Texas, complete Schedule ∏)
Outreach Speci	ation / Job title (See Instructions)	Employer (See in	Texas	Gonsumer Health

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# SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:	
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission (Fillers)	
4 Date	5 Full name of contributorout-of-state PAC(TD#:_		7 Amount of contribution (\$)	8 In-kind contribution description ((if applicable)	
2/28/12	Justin Flores			(la sepperature)	
	6 Contributor address: City: State: Zio Code		25	· 	
	6 Contributor address; City; State; Zip Code 4701 Monterey Oaks Blvd Austin TX 78749		(If traval outside	of Texas, compliate (Schedule 11)	
			`	es courses considerates (stockes and 117)	
9 Principal occup Superviso	pation / Job title (See Instructions)	10 Employer (See	instructions) Idea.Incub	pator LP	
Date	Full name of contributor out-of-state PAC (EDIT)		Amount of	in-kinud contribution	
3/3/12	Thomas Frye		contribution (\$)	description ((fi applicable)	
3/3/12	Contributor address; City; State; Zip Code		50		
	5651 Leon St Houma LA 70360	ıf	Texas, complete Sche	lule T)	
— Principal occupat	on / Job title (Gee Instructions)	Employer (Seins	tructions)		
Computer Spec	cialist		Terreb	nonne Medical Center	
Date	Full name of contributor Out-of-slate PAC (ID#	)	Amount of contribution (\$)	In-kind (contribution description ((if applicatile)	
3/8/12	Philip Greene			again the state of	
	Contributor address; City; State; Zip Code		100		
	1003 Bouldin Ave Austin TX 78704				
			(# travel outside (	of Texas, complete Schedule T)	
Principal occupa Massage Ther	tion / Job title (See Instructions) ranist	Employer (See II	natructions) Self Employed		
Date	Full name of contributor Out-of-state PAC (IDE:		Amountof	In-kind contribution	
0.04.0	Linda Greene		contribution (\$)	description (if applicable)	
3/8/12	Contributor address; City; State; Zip Code		100		
	2239 Cromwell Cir Austin TX 78741				
			(If travel outside o	f Texas, compilete (Schedule TI)	
Principal occupa	ation / Job title (See Instructions)	Employer (See in	nstructions) Continental		
Date	Full name of contributor Out-of-state PAC (IDIF:		Amountof	In-kind contribution	
3/8/12	Greg Greene		contribution (\$)	description (if applicable)	
3/0/12	Contributor address; City; State; Zip Code		100		
	1609 Sylvan Dr Austin TX 78741		l I		
				f Texas, complete Schedule (fi)	
Principal occup Self Employed	ation / Job title (See Instructions)	Employer (See Ir	nstructions) Self Employ	ed	
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# **POLITICAL CONTRIBUTIONS**

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:		
2 FILER NAME	Laura Pressley	3 4	CCOUNT # (E	thics Commission/Filers)	
4 Date	5 Full name of contributor Out-of-state PAC(ID#		mount of	8 In-kind contribution description ((if applicable))	
3/31/12	Stacy Guidry 6 Contributor address; City; State; Zip Code		350	Advertising and     Marketing Lists	
	4802 Turnstone Dr. Austin TX 78744		(If travel outside	of Texas, compliate (Schedule Tij)	
	· <del></del>	10 Employer (See Instruc		5	
Campaig	n Mgr		Laura	Pressley Campaign	
-Date	Full name of contributor United State PAG(15#	<b>_</b>	mount of ribution (\$)	In-kind contribution description ((if applicable)	
3/31/12	Contributor address; City; State; Zip Code	25	0		
Principal occupal	9611 A Nightier Dr Austin TX 78748 on / Job title (See Instructions)	of Texas, of tex	ns)	lule T)	
Software Deve		,		Star Internet	
Data	rui tiante di continutoi		ribution (\$)	description ((if applicable)	
2/29/12	Holly Hanna Contributor address; City; State; Zip Code	1	00 i		
	21012 Lakeshore Dr. W Spicewood TX	K 78669			
Deinalant annua	dia / Jah (Ma (5) as Instructions)			of Texas, complete (Eichedule II)	
Owner	tion / Job title (See Instructions)	Employer (See Instruct The V	Vork at Hon	ne Woman	
1/23/12	Kathy Hardin  Contributor address; City; State; Zip Code		ibution (\$)	description (If applicable)	
	9501 Rolling Oaks Trail Austin TX 78750				
Principal occus Seti Employed	ation / Job title (See Instructions)	Employer (See Instruction		Texas, compilete Schedule T)	
11276	Full game of contributor out-of-state RAC (IDe.		กอนอะสร	in indicamentalism	
	Contributor address; City; State; Zip Code	contr	ibution (\$)	description (if applicable)	
	N/A	(u	trave) outside d	f Texas, complete Schedule Ti)	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)		

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# SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission (Filters)
4 Date	5 Full name of contributorcut-of-state PAC (ED#		7 Amount of	8 In-kind contribution
2/19/12	Tanya Hill		100	description ((fl applicable)
	6 Contributor address; City; State; Zip Code			1
	114 W. Magellan Lane Elk Ridge UT 846	51	(व प्रव	and cutside of Texas, complete Sichentule T
9 Principal occup Office Mana		10 Employer (See	tnstructions) Kitco	
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description ((il applicable)
2/28/12	Stacey Hopp		50	
	Contributor address; City; State; Zip Code		30	
	9801 W. Parmer Ln Austin TX 78717		Texas, complete schel	dule T)
Principal occupat	on / Job title (See Instructions)	Employer (Seins	tructions)	
Designer	1		Self Employed	
Usta	Full name of contributor out-of-state PAC (IDA)		Amountat	in-kinni zeemiriinniiem
	Stacey Hopp		contribution (\$)	descriptlmn ((ff រង្សេplicable)
3/27/12	Contributor address; City; State; Zip Code	j	300	Advertising/ Marketing
	9801 W. Parmer Ln Austin TX 78717			Supplies
ļ	222 2000 2000 0000		(W homisel a-to	of Thung commission (Code-alicle TI
Principal occupa	stion / Job_title_(See Instructions)	Employer (See I	nstructions) Self Employed	of Texas, complete Schedule 17)
Desidner			Self Employed	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	to:kingi contribution description ((ff applicable)
3/31/12	Stephen Hunt		i	oascubumu (iii silihitisme)
337712	Contributor address; City; State; Zip Code		100 l	o de la companya de l
	1207 W. 39th 1/2 St Austin TX 78756			
ļ			(If travel outside &	f Texas, complete Schedule (T)
Principal occup Systems Engine	ation / Job title (See Instructions)	Employer (See I	(ii traver outside q natructions) Hewlett	Packard
Cystoms Engine			LICANCII	. aanara
01-375	Full, name of contributor out-of-state PAC (ID#: _L	)	Amount of contribution (\$)	inskindi manidadina description ((if ægplicable)
2/22/12	Dewey Killingsworth	ŀ	350	
	Contributor address; City; State; Zip Code			
}	2719 Dupree Ln Austin TX 78748		i	22.22.23
				f Texas, complete \$5thedule 11)
Principal occup	ation / Job title (See instructions)	Employer (See In	escale Semicor	nductor, Inc.
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE.	AS NEEDED	

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SCHEDULE A

Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
Laura Pressley		3 ACCOUNT # (E	thics Commission (Filets)
5 Full name of contributor Out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-klind contribution description (II applicable)
Laura Killingsworth		350	
6 Contributor address; City; State; Zip Code			
2719 Dupree Ln Ausitn TX 78748	(H	travel outside of Toxas, co.	noteta Scheditide II)
·	10 Employer (See	Instructions)	
Full name of contributor Out-of-state PAC (ID#)		Amount of	In-kimd contribution
Linda Knapp			description ((if (applicable))
Contributor address; City; State; Zip Code		100	
			tule T)
ion ( .lob title (See Instructions)	Employer (Semi		
		FSP	
Full name of contributor unless tate PAC (IDA	)	Amount of contribution (\$)	in-kimd contribution description ((if applicable)
William Kweder Contributor address: City: State: Zip Code		100	
160 Oak Forest Dr. Cedar Creek TX	78612	ļ	
		(If travel outside o	of Texas, purposite (Schedule II)
tion / Job title (See Instructions)	Employer (See Ir	nstructions) Capita	al Metro
Full name of contributor 🔲 out-of-state PAC (ID#		Amount of	In-kind contribution
William Kweder			description (If applicable)
Contributor address; City; State; Zip Code		/5	
160 Oak Forest Dr. Cedar Creek TX 78	3612	1	
enion / Joh title / See Instructions)	Employer (See )	(If travel outside o	Texas, complete Schedule T)
rator	Zp.ayer (666 ii	Capital	Metro
Full name of contributor Out-of-state PAC (ID#;		Amount of	In-kimd contribution description ((if applicable)
Lakecreek Medical Center			vescription (in (4)phtcases)
Contributor address; City; State; Zip Code		1	
2500 South Lakeline Blvd Cedar Park	TX 78613	,	
		,	Texas, complete Schedule T)
ntion / Job bitle (See Instructions)	Employer (See In	structions)	
	Laura Pressley  5 Full name of contributor	S Full name of contributor	Laura Pressley  5 Full name of contributor   Out-of-state PAC(DP

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:			
2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kimd contribution description (if applicable)		
2/10/12	John Leake		200			
	6 Contributor address; City; State; Zip Code	30260	(M. h )			
912 Barberry Lane Peachtree City GA 30269  9 Principal occupation / Job title (See Instructions)  10 Employer (See		(If trevel outside of Texas;, coxmplate (Schedule মৃ) Instructions)				
Presiden	•	US-Foods, Inc.				
Date	Full name of contributor out-of-state PAC (IDS)  Nina Legg		Amount of contribution (5)	tn-ដៅពេជ contribution description (ព្រឹ ឧព្រទៅខេង២៤)		
3/31/12	Contributor address; City; State; Zip Code		200			
	5120 Kite Tail Dr Austin TX 78730	ıt Mezioyer LSeini	Texas, complete Schei tructions)	dule T)		
Adjunct Instructor  Adjunct Instructor						
Date	Full name of contributor Out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-klind contribution description ((if :applicable)		
2/29/12	Eduardo Longoria Contributor address; City; State; Zip Code		350	1		
	1508 Norris Dr Austin TX 78704					
Principal occupation / Job title (See Instructions) Hospitality		(If travel outside of Texas, complete 33shedble 117) Employer (See Instructions) Casa De Luz				
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kiind contribution description ((f applicable))		
2/7/12	Mike Loughrey Contributor address; City; State; Zip Code		350			
	9230 Neils thomapson Dr. Austin TX 7	8758				
Principal occupation / Job titla (See Instructions) Owner		(if traval outside of Texas, complete விளையிற்) Employer (See Instructions) Move Corp				
Date	Full name of contributor Dunof-state PAC(IDE_	•	- Amount of contribution (5)	in-kind-contribution description (6 applicable)		
2/27/12	Robert Love Contributor eddress; City; State; Zip Code		100			
	5612 E. Mote Austin TX 78721		! !	Tr. Vice		
Principal occupation / Job title (See Instructions) Graduate Student		(if trever outside of Texas, complete screenile ii)) Employer (See Instructions) U.T. Austin				

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#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	Laura Pressley		3 ACCOUNT # (Ethics Commission/fillers)		
4 Date	5 Fulf name of contributorout-of-state PAC (ID#		7 Amount of	8 In-kind contribution	
2/29/12	Joel Mabry		contribution (\$)	description ((fappplicable)	
	over mast, y		150		
	6 Contributor address; City; State; Zip Code				
	1620 Bengal Dr. Round Rock TX 78664	ı	(il travel outside	of Toxas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) 10 Employer (See Manager		10 Employer (See I	Instructions) Applied Materials		
Date	Full name of out-of-state PAC (10th_ contributor		Amount of contribution (\$)	In-kimd contribution description ((if applicable))	
2/10/12	Ron Manzanero. M.D. Contributor address; City; State; Zip Code		100		
	3456 N. Hills Dr. #346 Austin TX 787	З1 я	Texas, complete sche	tute T)	
Principal occupat	non / Job title (See Instructions)	Fwbioñet (zein:	tructions)		
Medical Doctor Austin Integrative Medicine					
Date	Full name of contributor		Amount of contribution (\$)	In-kims contribution description ((f applicable))	
3/31/12	Clifford Martinez		75		
	Contributor address; City; State; Zip Code		"	1	
	2715 Charlesworth Dr Austin TX 787	<b>4</b> 5		1	
		(If travel outside of Texas, complete Schedule Ti)			
Principal occupation / Job title (See Instructions) Florist		Employer (See instructions) Self Employed			
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of	In-klind contribution	
2/40/42	Clifford Martinez		contribution (\$)	description ((if applicable)	
2/19/12	Contributor address; City; State; Zip Code		100	f Event Supplies	
	3200 S. Congress Ave Austin TX 787	04 78704	ļ	)	
			(if travel outside	or Texas, complete sacredule iii)	
Principal occup	pation / Job title (See Instructions)	Employer (See I Sel	Instructions) f Employed		
Data	Full name of contributor Out-of-state PAC (ID#:_		Amount of	In-klind contribution	
2/23/12	Michael Martinez		contribution (\$)	description ((if applicable))	
EIEUI E	Contributor address; City; State; Zip Code		75		
	3200 S. Congress Ave Austin TX 7870	04 78704		Í	
Principal occupation / Job title (See Instructions)		(ir traver outside of Texas, complete:Sciedule ग्र) Employer (See Instructions) Self Employed			
Florist Self Employed					

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:			
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission 紀hass)				
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
2/11/12	Mel Mason		South Land (4)	Advertising		
			350	Location		
	6 Contributor address; City; State; Zip Code 4521 Highland Terrace Austin TX	DI s	avel outside of Texas, con	Inlate Cabout do: IT)		
	_		`	there acreates th		
9 Principal occupation / Job title (See Instructions) Acct Mgr		10 Employer (See Instructions) Capital Coin and Bullion				
Date	Full name or contributor		Amount of contribution (\$)	in-kind controution description (if applicable)		
2/11/12	Rick McGinnis Contributor address; City; State; Zip Code		150	Advertising Supplies		
Principal occupat	jon / Job title (See Instructions),	(If travel outside of Texas, complete schedule T) Employer (Seinstructions)				
Self Emnloved			Self Empl	loved		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amountof	In-kind contribution		
, valu	Patrick McGinnis		contribution (\$)	description ((if applicable)		
2/27/12	Contributor address; City; State; Zip Code		100			
	5114 Balcones Woods, # 307-114 Ar	ıstin TX 78759		1		
Principal occup	tion / Job title (See Instructions)	Employer (See		bf Texas, complete Sichedule (T <sub>i</sub> )		
Self Employe	d	Self Employed				
Date	Full name of contributor 9ul-of-state PAC (ID#	<u>}</u>	Amount of contribution (\$)	description ((if applicable))		
3/31/12	Rick McGinnis		100	Advertising		
	Contributor address: City; State; Zip Code			Supplies		
	612 W. 34th St. Austin TX 78705		,			
Principal occup	eation / Job title (See Instructions)	(if travel outside of Texas, compliate জিলেলআছি আ) Employer (See Instructions)				
Self Employed		Self Employed				
- Date-	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kingl/contribution		
3/31/12	Rick McGinnis		contribution (\$)	description ((if applicable)		
501172	Contributor address; City; State; Zlp Code		90			
	612 W. 34th St. Austin TX 78705					
Principal occur	ation / Job title (See Instructions)	Employer (See t		d Texas, complete (Schedule T)		
Self Employed		Self Employed				
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SCHIEDWILE A

The	e Instruction Guide explains how to complete th	s form.	1 Total pages Sci	nedule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT# (	Ethics Commitssion(Fillers)
4 Date	5 Fuff name of contributorout-ot-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kimő cantribution description ((if applicable)
2/29/12 	Kelly Melnyk		100	Ì
	6 Contributor address; City; State; Zip Code	•		1
	5608 Taylorcrest Dr Austin TX 78749		(If travel outside	of Texas, compplete Sichortule (T)
9 Principal occu	pation / Job tille (See Instructions)	10 Employer (See I		listrict-Retirement-System
Date	Full name of contributor 🔲 out-of-state PAC (ID#_		Amountof	in-kimd contribution
24042	William Mitchell		coniribution (\$)	description (If applicable)
2/10/12	Contributor address; City; State; Zip Code		100	
	5750 Balcones Drive, Ste 106 Austin	TX 78731	Texas, complete Sched	dule T)
Principal occupa	tion / Job title (See Instructions)	Employar (Sains	tructions)	
Accumuncturis			Merrit Wellr	ness Center
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description ((if applicable)
3/31/12	Alicia Moore	1	25	
	Contributor address; City; State; Zip Code		23	
1	10505 S. IH 35 Apt 2416 Austin TX 78	8745	l	
			(If travel outside	of Texas, complete (Schedule III)
Metro Bus Op	erator	<del>Employer (See Ih</del>	st <del>ructions)</del> Capita	al Metro
Date	Pull name of contributor Out of state PAC (IUM		Amount of contribution (\$)	in-kind contribution description ((if applicable)
3/18/12	Peter Morales		` 1	
37,37.2	Contributor address; City; State; Zip Code		200	Beverages
	325 Angel Oak St Austin TX 78748			
				Texas, complete (Schedule II)
Developer	ation / Job tills (See Instructions)	Employer (Gee In	Self Employed	
Date	Pull name of contributor out-ot-state PAC (10#		Amount of	In-king contribution
3/19/12	Judy Morris		contribution (\$)	descriptkon ((lf (ब्रह्ममीटबर्गरू))
	Contributor address; City; State; Zip Code		100	
	1801 Olympus Dr Austin TX 78733		ì	į
		ĺ	(If travel outside of	Texas, complete Schedule 11)
Homemaker	ation / Job title (See Instructions)	— Employer (Gee In:	structions)	
		•		

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SCHIEDULE A

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The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A;
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission(filets)
4 Date	5. Full name of contributorout-of-state PAC(ID#:	}·	7 Amount of costribution (5)	8. In-kiind contribution description (II applicable)
1/3/12	Rae Nader-Olenick		50	
	6 Contributor address; City; Stata; Zip Code			
	P.O.Box 7486 Austin TX 7871	H)	t avel outside of Texas, co.	hiplete SchedukeTJ)
	pation / Job title (See Instructions)	10 Employer (See	instructions)	Self Employed
TICC Lai			T	Sell Employed
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kiind contribution description ((if applicable)
3/16/112	Nakisha Nathan		255	<u>l</u> :
÷	Committee and rease; City; State; Ilp Code		1	1
	1603 B Morgan Lane Ausitn TX 78704		Texas, complete Sche	dule T)
Principal occup	ation /_lob_title_(See_Instructions)	Employer (Sein	gtructions)	
Legal Asst		Lowerre, Fr	ederick, Perales	, Allmon & Rockwell
Date	Full name of contributor Out-of-state PAC (ID#	)	Amount of	In-Klind contribution
2/16/12	William Nero		contribution (\$)	description ((if applicable))
210/12	Contributor address; City; State; Zip Code		25	[
	Austin TX			<u> </u>
			(If travel outside	of Texas, cromplete Schedule Til)
Principal occur Onerator	pation / Job title (See Instructions)	Employer (See	Instructions) Star Tran Inc	
Date	Full name of contributor Out-of-state PAC (104:_	)	Amount of	In-klind contribution
2/27/112	Christopher Nystrom		contribution (\$)	description (if applicable)
2/2/11/2	Contributor address; City; State; Zip Cade		25	1
	1103 Prairie Dove Cir Austin TX 78758	В		<u> </u>
			(If travel outside o	l of Texas, complete Schedule Ti)
Principal occu Computer Spe	pation / Job title (See Instructions) Cialist	Employer (See I	•	
Date	Full name of contributor Out-of-state PAC (10#		Amount of	In-kiind contribution
2/20/12	Rae Nader-Olenick		contribution (\$)	description ((if applicable))
ZIZUITZ	Contributor address; City; State; Zip Code		250	
	P.O.Box 7486 Austin TX 78713			
	1		00.4	
Principal occu	pation / Job title (See Instructions) umalist	Employer (See t	nstructions)	of Texas, complete Schedule Ti)
Life rance 10	urriansi		Seir	Employed

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SCHEDULE A

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	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission(Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of	8 In-kimd contribution
2	2/20/12	Walter Olenick		contribution (\$)	description ((if applicable))
				350	
		6 Contributor address; City; State; Zip Code			<b> </b> 
		P.O.Box 7486 Austin TX 78713		(If travel outside	of Texas, complete Sichedule (T,)
9	Principal occup Real Estate	pation / Job title (See Instructions)	10 Employer (See	Instructions) Self Employ	ed
	Date	Full name of contributor Out-of-state PAC (ILLE)		Amount of	In-ktind contribution
	2/19/12	Lani Olsen		contribution (5)	description (if applicable)
	2/19/12	Contributor address; City; Stata; Zip Code		100	
		Las Vegas NV	nf.	Texas, complete Sched	fule T)
P	rincipal occupat	on / Job title (See Instructions)	Employer (Seins	l '	
S	ocial Worker	ı	'	Self Employe	ed
	Date	Full name of contributor out of state PAC (ID)		Amount of	In-Mind-aentribution
	20042	David Orshalik		contribution (\$)	description ((if applicable)
	2/26/12	Contributor address; Clty; State; Zip Code		100	
		2710 W. 49th 1/2 St Austin TX 78731		i	
				(If travel outside	of Texas, complete Schedute T)
	Principal occupa Retired	tion / Job title (See-Instructions)	Employer (See 1	netructions)	
	Date	Full name of contributor quisonstate PAC (104: "		Amount of contribution (\$)	In-kiind contribution description ((if applicable)
		N/A		(4)	(() 3/1/4
	ĺ	Contributor address; City; State; Zip Code			
	Ì				
				•	Y Texas, complete (Schedule 11)
	- <del>Principal occup</del>	etion-/ Job_title_(See-Instructions)	— 5mployer (See I	nstructions)	
	Date	Full name of contributor vulruf-state PAC (ID#		Amount of contribution (\$)	In-kting contribution
	3/16/12	Bryant Packard		ì	description (if applicable)
		Contributor address; City; State; Zip Code		50	
		1201 Oak Shadows Austin TX 78758		Í	
			ſ	(If travel outside d	J Texas, complete (Schedule TJ)
С	Principal occupa	ation / Job title (See Instructions)	Employer (See h	nstructions) Self Er	nployed
					p.:- <b>)</b>
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#### SCHEDULE A

The	instruction Guide expleins how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-or-state PAC(ID#		7 Amount of contribution (\$)	8 In-kiind contribution description (if applicable)
3/31/12	Brad Parsons		350	advertising
	6 Contributor address; City; State; Zip Code			
	3706 Graystone Austin TX 78731	(ti	tavel outside of Texas, con	plate Schedule TJ)
9 Principal occu	rpation / Job title (See Instructions)	10 Employer (See	Instructions)	otoved
Date	Full name of contributor Out-of-state PAC (10.8)		Amount of contribution (\$)	In-klind contribution description ((if applicable)
3/18/12	Nicole Patel  Contributor address; City; State; Zip Code		200	, , , , , , , , , ,
Principal occupa	3129 Burks Lane Austin TX 78732	if Employer (Seins	Texas, complete Sche tructions)	tule T)
Fnaineer	your sand the tribute to the sand to the s	•	TS	
Date	Full name of contributor Dural sam PACUDE '		Amount of	In-kind contribution
2/9/12	Peoples Pharmacy		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	ł	350	
	3801 S. Lamar Austin TX 78704		ļ	
		1	(If travel outside b	f Texas, complete:Schedule it)
Planacy	ation file (See Instructions)	Enployer (See f	istractions)	
D316	Pull name of contributor Contributor	<u> </u>	Amount of contribution (\$)	description ((f applicable)
3/31/12	Alexandra Perry		, ,	The state of the s
	Contributor address; City; State; Zip Code		25	
	1009 A Charlote St Austin TX 78703			
Principal occu Mom	pation / Job title (See Instructions)	Employer (See t		f Texas, complete (Schedule TI)
IVIOITI				
Date	Pull name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description ((if applicable)
2/10/12	Mark Phillips		۱ ` ` ۱	gescultures (h. sikhurania)
	Contributor address; City; State; Zip Code		10	
	8500 Cockney Dr. Austin TX 78748		į	
Data - 1 1 1		F==1	•	f Texas, complete/Schedule Ti)
— <del>Principal occur</del> Delivery	dation / Job title (See Instructions)	Employer (Gee f Pa	apJohns Pizza	

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SCHIEDWLE A

The	Instruction Guide explains how to complete this	form.	1 Total peges Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT# (E	thics Commitssion(Filters)
4 Date	5 Full name of contributorout-of-state PAC(EDE:		7 Amount of	8 In-kind contribution
3/1/12	John Phillips		contribution (\$)	description ((if applicable)
<b>4 –</b>			50	
ī	6 Contributor address; City; State; Zip Code			
	2104 Peach Tree Austin TX 7870	(A)	i jandi estrida el Testra, est	mpleta Schedude T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions) P&C-Commur	nications
Date	Full name of contributor out-of-state PAC(10#		Amount of	In-kiind contribution
20742	Laura Pressley		contribution (\$)	description ((if applicable))
2/27/12	Contributor address; City; State; Zip Code		25	Į
	2210 White Horse Trail Austin TX 787	57 <sub>r</sub> r	Texas, complete sche	tule T)
Principal occupat	tion / Job title (See Instructions)	⊨mployer (Sein:	tructions)	
Owner	!	P	Pure Rain IIC	- <b></b> -
Date	Full name of contributor		Amount of	In-klind contribution
3/25/12	Laura Pressley		contribution (\$)	description ((if applicable))
3/23/ (2	Contributor address; City; State; Zip Code		3500	Web Development
	2210 White Horse Trail Austin TX 787	'57		1
Pain sin ab a sau	All the time of the second to a second to		,	of Texas, complete Schedule T)
Owner	Attion / Job title (See Instructions)	Emboyet (266.)	Pure Rain, LLC	
Uate	Full name of contributor Out or state PAC (ID#		Amountot	In-kind asomabonion
2/28/12	David Price		contribution (\$)	description ((fapplicable)
2/20/12	Contributor address; City; State; Zip Code		50	· 
	3202 Lazada Ln Round Rock TX 7868	1		
			(If travel outside o	of Texas, complete Schedule T)
Principal occur Engineer	bation / Job tille (Gee Instructions)	Employer (See	Astructions) KLA Tencor	
Date	Pull name of contributorout-or-state-PAC (total_		Amount of	In-kind contribution
2/29/12	Lawrence Prosser		contribution (\$)	description ((if applicable)
	Contributor address; City; State; Zip Code		100	
	5708 Exeter Dr. Austin TX 78723			
				of Texas, complete Sichedule Ti)
Van Operator	ation / Job title (See Instructions)	Employer-(See-I	n <del>structions)</del> Star Tran Inc	

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(512) 463-5800

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 rotal pages Sci	reddie A.
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	Ethics Commission/Filters)
4 Date	5 Full name of contributor Out-of-state PAC (IDM)	)	7 Amount of contribution (\$)	8 In-kind contribution description (# applicable)
3/16/12	Pure Rain		oonalaanan (o)	Beverages
			350	
	6 Contributor address; City; State; Zip Code			
	2210 White Horse Trail Ausitn TX 78757	T	(II travel outside	of Texas, complete(Sichedule II)
	pation / Job title (See Instructions) L <b>Rain Water</b>	10 Employer (See I	Instructions)	
Date	Full name of contributor Out-of-state PAC (IDDF_		Amount of contribution (\$)	In-kiind contribution description ((if applicable)
3/31/12	Joe Quintero		350	Fundraising/
	Contributor address; City; State; Zip Code			Advertising Supplies
	1018 Spence St Austin TX 78702	if Employer (Seins	Texas, complete Schel tructions)	tule T)
Self Employed	on / Job title (See Instructions)		Self Employ	
Seir-Moioveo			Seir Employ	/ea
Date	Full-name-of-contributor out-of-state PAG (IDF)		Amount of cantribution (\$)	description ((if applicable)
2/19/12	Lauri Quist		100	<u> </u>
	Contributor address; City; State; Zip Gode		100	1
	Chamdler AZ	ĺ		
<b>,</b>	1		•	of Texas, compressessioners
Counselor	tion / Job-tille (See-Instructions)	— Employer (See II	CASA	
Date	Full name of contributor	<del> </del>	Amount of	In-kimd contribution
24540	David Ring		contribution (\$)   	description ((if applicable))
3/15/12	Contributor address; City; State; Zip Code		20	
	1405 Poppy Seed Ln Austin TX 78741		Ì	
			(If travel outside	of Texas, complete (Schedule iii)
Principal occup	ation / Job title (See Instructions)	Employer (See I	Self Employed	
·	Full and of analysis to out-of-state FFC (ID).	•		
Date			Amount of contribution (\$)	In-kimd conhibution description ((# applicable)
3/16/12	Jacob Rivera		50	
,	Contributor address; City; State; Zip Code			1
'	8014 A Clydesdale Austin TX 78745			
Orinainai accom	nica I lab site (Can tenteralizations)	Empleyer (Co.		of Texas, complete (Schedule TI)
Worker Bee	detion / Job title (See Instructions)	employer (See	Self Employed	
				<u> </u>
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#### SCHEOULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	thics Commission/Filers)
4 Date 3/16/12	5 Full name of contributorout-of-state PAC(10# Texas Liberty Radio		7 Amount of contribution (\$)	8 In-kimd contribution description (if applicable) Advertising
	6 Contributor address; City; State; Zip Code 1516 S. Lamar Austin TX 78704			of Texas, computate (Sichessbute 市)
9 Principal occup Radio Sh	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date 2/10/12	Full name of contributor out-of-state PAC (IDE:	)	Amount of contribution (\$)	in-kind contribution description ((f. applicable))
— <del>Principal-occupal</del>	403 Springdale Austin TX 78702	# Employer (Seins	Texas, complete Schel tructions)	λ#e T)
Owner	'	Р	edro SS Service	s Inc
Date 2/28/12	Full name of contributor out-of-state PAC (EDIL_ Michael Santori Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kiind contribution description (if applicable)
	7603 Rustling Rd Austin TX 78731			
Principal occupi Engineer	ation / Job title (See instructions)	Employer (See I	nstructions) National Instrum	of Texas, complete Sichadule TI) nents
Date	Full name of contributor Out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kiind कार्यागिधांका description ((if अध्नांक्रिकेन्द्रि)
3/16/12	Jonathan Savage Contributor address; City; State; Zip Code		50	
	4802 Turnstone Dr Austin TX 78744		 	f Texas, complete Schedule 15)
Principal occup Technician	ation / Job title (See Instructions)	Employer (See II	,	in toxas, compage castagae inj
Dete 2/28/12	Full name of contributor		Amount of contribution (\$)	In-kimd contribution description ((fi (ឧព្ភាពបេអប់មែ)
Principal occup Physican	ation / Job title (See Instructions)	Employer (See li A	•	of Texas, complete Schedule 17)  Dital

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirement

PO. 60x 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT # (E	Ethics Commission(Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/3/12	Sydney Schoenecker			1
	6 Contributor address; City; State; Zip Code		25	
	716 W. Argand St Seattle WA 98119		/// house or deside	of Texas, competete Sichedute TD
			(ii travel ouside	or sected condecensus research 17
9 Principal occup Teaching Ass	pation / Job title (See Instructions) Sistant	10 Employer (See 1	-	ersity-of-Houston-
Date	Full name of contributor   Out-of-state PAC(#D#:_		Amount of	In-kind contribution
2/9/12	Jeneen Scholz		contribution (\$)	description (if applicable)
2/3/12	Contributor address; City; State; Zip Code		350	l
	3801 S. Lamar Austin TX 78704	af	Texas, complete sche	J dule T)
Principal occupat	ion/Joo title (See Instructions)	Employer (Seins	tructions)	1
Director		<b>.</b> }	eonles Pharmac	v
Date	Full name of contributor pure of state PAC (ID#_	<u> </u>	Amount of	In-kind contribution
3/18/12	Mark Schruben		contribution (\$)	description ((ff அடிரிம்கி))
3/10/12	Contributor address; City; State; Zip Code		350	i İ
	1227 Hillside Ave Austin TX 78704			1
1			(If travel outside	of Texas, complete Schedule Ti)
	ation-/ Job-title (See-Instructions)	Employer (See 1		
Architect		,	Self Employed	
Date	Full name of contributor out-of-state PAC(Not		Amount of contribution (\$)	in-kind contribution description ((if applicable)
2/21/12	Joan Sefcik			
	Contributor address; City; State; Zip Code		350	
	7502 MOWINKLE DR Austin TX 78730	6		1
			,	of Texas, complete (Schedule II))
Dentist	eation-/-Job-title-(See Instructions)	<del>Employet (See l'</del> Se	natructions) If Employed	
	Out-ot-state PAC (II)	-		
Date	Full flame of contributor		contribution (\$)	description ((# applicable))
3/25/12	Kyle Sellers		350	ĺ
	Contributor address; City; State; Zip Code			t-shirts
	Austin TX 78704			
Dain at 1		Facility is 60	,	of Texas, complete (Schedule Ti)
Real Estate Sa	ation / Job title (See Instructions) les	Employer (See f	Century	21

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SCHEDWILE A

			4 Total 0 3	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	nedule A:
2 FILER HAME			3 ACCOUNT # (E	thics Commission Hillers)
	Laura Pressley		]	
4 Date	5 Full name of contributor ☐ out-of-state PAC (104*_		7 Amount of contribution (\$)	8 In-king contribution description (if applicable)
2/15/12	Shady Seven			I assume the same to the same
			350	
	6 Contributor address; City; State; Zip Code			 
	705 Shady Lane Austin TX 78702		(If travel outside	of Texas, compliate Signedule (Ti)
9 Principat occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amountof	In-king contribution
	Michelle Simpson		contribution (\$)	description ((# applicable))
2/11/12	Contributor address; City; State; Zip Code		350	Advertising Location
	4521 Highland Terrace Austin TX	<b>1</b> 4	Texas, complete sone	
Principal occupat	ion / Job title (See Instructions)	Employer (Seins	' ' '	
Owner	Tarabas (200 materials)		l impsop Stylist	
( WITE			imosoo aiviisi	
Date	Full name of contributor   nur-mi-state PAC (ID#		Amount of	in-kind contribution
3/21/12	James Skaggs		contribution (\$)	description ((If applicable))
3VZ 1712	Contributor address; City; State; Zip Code		350	` 
	4700 Treador Dr Austin TX 78746			
			fif travel outside	of Texas, complete (Schedule Ti)
Principal occupa	stion / Job title (See Instructions)	Employer (See_f	nstructions)	
Retired		K	etired *	
Uate	Pull name of contributor Dut-of-state PAC (IDM		Amount of contribution (\$)	in-kind committed
3/21/12	Betty Skaggs			description ((if applicable))
3/21/12	Contributor eddress; City; State; Zip Code		350	
	4700 Treador Dr Austin TX 78746			
			(If travel outside	of Texas, complete (Schedule 15)
Retired	eation-/-Job-tide-(See-Instructions)	Employer (See 1		
110000	I			
Date	Full trame of contributor		Amount of contribution (\$)	in-kind contribution description ((if applicable)
1/3/12	Travis Snavely			- 20 at the count (in robbingmental)
	Contributor address; City; State; Zip Code		25 	
	2006 A Kenneth Ave Austin TX 78744			
			(If travel outside	of Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See-I	· ·	

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SCHIEDWILE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Laura Pressley		3 ACCOUNT# (E	thics Commission(filless)
4 Date 1/9/12	5 Full name of contributorout-of-state PAC(IDE		7 Amount of contribution (\$)	8 In-kind contribution description ((f applicable))
	6 Contributor address; City; State; Zip Code 1225 Corona Dr. Austin TX 7872	(n t	75 ravel outside of Texas, con	npiele Schedule: 7()
9 Principal occup Analyst	pation / Job title (See Instructions)	10 Employer (See I	Instructions) Self-Employe	d
Date 1/25/12	Full name of contributor out-of-state PAC(EDIF_ Stephen Speir Contributor address; City; State; Zip Code		Amount of contribution (\$)	in-kind contribution description ((if அழும்கம்கு)
- Dilwelout neerous	1225 Corona Dr. Austin TX 78723	if Employer (Seins	Texas, complete sched	dule T)
Analyst	non room the (See manuchums)	Se	alf Employed	: 
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-king (contribution description ((f applicable)
3/16/12	Contributor address; City; State; Zip Code 500 Wilmes Dr Austin TX 78752		100	
	500 Wilmes Dr Auslin 1X 76752		(If travel outside	of Texas, complete Schedule 17)
Principal occupa Sonographer	ation / Job title (See Instructions)	Employer (See I	nstructions) RWG	
Date 2/27/12	Full name of contributor out-of-state PAC(1004)  Sarah Stollak  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description ((fl applicable)) Advertising
	6805 Northview Cove Austin TX 7872	4		
Principal occup Artist	pation / Job title (See Instructions)	Employer (See Self		of Texas, complete:Screaue uy
Date 2/29/12	Full name of contributor  Jason Stoneberg  Contributor address; City; State; Zip Code  2105 Kenbridge Austin TX 78757	)	Amount of contribution (\$)	In-kimd (gontribution description ((ff அழறிட்கம்(க்)
Principal occup Staffing	pation / Job title (See Instructions)	Employer (See 1 Ke		of Texas, compane (Someone II))

P.O. Box 12070

7	he instruction Guide explains how to complete this	s form.	1 Total pages Sc	hedule A:
.2. FILER NAM	AF.		3 ACCOUNT # (	Ethics Commission/Filers
	Laura Pressley			
4 Date	5 Full name of contributor out-of-state PACIID#	,	7 Amount of	8 _In-kijnd contribution
2/0/42			contribution (\$)	description ((if applicable)
2/9/12	Bill Swail		250	!
	6 Contributor address; City; State; Zip Code		350	
	3801 S. Lamar Austin TX 78704\		/M >== -1 = - 1 = 1	he Tayon and the Water Main The
	Joor S. Lamar Austin TX 707041		(it travel cousto	e of Texas, compare (Schedule II)
9 Principal oc Owner	cupation / Job title (See Instructions)	10 Employer (See	hstructions) Peoples Pharm	acv
Date	Full name of contributor Out-of-state PAC (104:		Amount of contribution (\$)	In-kimd-contribution description ((figapplicable)
3/31/12	Brad Swall		ì	Adventision
W-0 10 12	Contributor address; City; State; Zip Code		350	Locations
	1214 Barton Hills Drive Austin TX 7870	)4 <sub>)f</sub>	Texas, complete sone	tule T)
Principal occup	ation / Job title (See Instructions)	Employer (Seins	tructions)	
Trainer		Tie	r 3 Fitness	
Date	Full name of contributor Coul-of-state PAC (ID#		Amount of	In-kintd contribution
0.04.40	Marcelo Tafoya		contribution (\$)	description ((fræpplicæble))
3/31/12	Contributor address; City; State; Zip Code		350	Advertising
	2908 Overdale Rd Austin TX 78723			
			(If travel outside o	of Texas, complete (Schedule III)
Principal occup	pation / Job tile (See Instructions)	Employer (See tr	<u> </u>	
Data	Enth page of contributor Control-state PAC (ID#:	) I	Amount of	In kind coastinution
Dete	Turname of contributor		contribution (\$)	In-kind contribution description ((if applicable)
2/29/12	Texans for Accountable Government Contributor address; City; State; Zip Code	1	350	
			ì	
	1306 Baronets Trl Austin TX 78753			
Principal occu	pation / Job title (See Instructions)	Employer (Sea In	<del></del>	Texas, complete &dhedule T))
GPAC	pation / 300 the (Odd marractions)	Cimployer (See in	31100110113)	
Date	Full name of contributor Out-of-state PAC (IDE:		Amount of	In-king contribution
3/31/12	The Boutique Real Estate		contribution (\$)	description ((if applicable))
3/31/12	Contributor address; City; State; Zip Code		350	Rent
	101 Colorado Austin TX 78702		1	
		1	/If travel autoide a	f Texas, complete Schedule Ti)
'	pation / Job title (See Instructions)	Employer (See In	<del></del>	i iekos, compete spiletine iij
Real Estate				

(If travel outside of Texas, complete Schedule II)

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD) 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHIEDWILE A OTHER THAN PLEDGES OR LOANS <del>Total pages Schedul</del> The instruction Guide explains how to complete this form. ACCOUNT # (Etnics Commission Filens) FILER NAME Laura Pressley Full name of contributor 4 Date In-kiind contribution Amount of ut-of-state PAC/ID contribution (\$) description ((if applicable) 3/16/12 **US Foods** Food 200 City; State; Zip Code 6 Contributor address; 9399 West Higgins Road Rosemont IL 60018 (If traval outside of Taxas complete Scittedute II) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Food Supplier Dut-of-state PAC (ID# Date Full name of contributor Amount of in-kiind contribution description ((if applicable) contribution (\$) Vik Vad 2/10/12 10 Contributor address; City; State; Zip Code 3331 Grimes Ranch Rd Austin TX 78732 of Texas, complete schedule T) Employer (Seinstructions) Principal occupation / Job title (See Instructions) President OM Capital Management Full name of contributor Date Amount of in-klind contribution description ((# applicable) contribution (\$) Jim Vasek 2/28/12 100 Contributor address; City; State; Zip Code 2102 Cypres Pt. E Austin TX 78746 (if travel outside of Texas, complete Schedule Ti) Principal occupation / Job title (See Instructions) Employer (See Instructions) Freescale Semiconductor Inc Full name of contributor Amount of In-kind contribution Date contribution (\$) description ((if applicable)) Jason Wahoski 1/5/12 350 Accounting Contributor address; City; State; Zip Code Supplies 3715 Bird House Dr Round Rock TX 78665 (If travel outside of Texas, complete Sichedule II)) Employer (See Instructions) Applied Materials Principal occupation / Job tole (See Instructions) Engineer Date Full name of contributor Amount of in-klind (contribution contribution (\$ description (d'applicable) Gordon Walton 3/19/12 85 Contributor address; City; State; Zip Code 8207 Ganttcrest Austin TX 78749

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Employer (See Instructions)
Playdom

Principal occupation / Job file (See Instructions)
Manager

P.O. Box 12070

— Th	e instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FUER NAME			3 ACCOUNT#(E	thics Commission (Filers)
	Laura Pressley			
4 Date	5 Full name of contributor out-of-state PAC(ID#		7 Amount of	8 In-kind contribution
3/31/12	Charles Walton □		contribution (\$)	description ((f applicabl
	6 Contributor address; City; State; Zip Code		250	
	1701 Bouldin Ave Austin TX 78704		(If travel outside	of Texas, compliate(Schettole II))
<del>9 Principal occ</del> elf Employed	upation / Job title (See Instructions)	<del>IO-Employer (See l</del>	nstructions) Self Employed	
	Cult out-of-state PAC (ID#:			
Date	For name or contributor		Amount of contribution (\$)	in-kind contribution description (if applicable
2/29/12	Wenqian Wang  Contributor address; City; State; Zip Code		100	
	1046 Liberty St El Cerrito CA 94530		Texas, complete Sche	huho Ti
Principal occup	ation / Job title (See Instructions)	Employer (Seins		1, mar. 1,
MBA Student			UNC Chanel	Hill
Date	Full name of contributor out-at-state PACTILE		Amount of	In-kind contribution
1/30/12	Jerri Ward		contribution (\$)	descriptlion ((if រង្សង្គារ៉េនេវង)
	Contributor address; City; State; Zip Code		350	
	907 Ranch Road 620 South, 101 Austi	in TX 78734		
				of Texas, complete Schedule T
Attorney	pation / Job title (See Instructions)	Employer (See	Instructions) Garlo Ward, PC	
Date	Full name of contributor Contributor		Amount of	In-kimd contribution
2/19/12	Pamela Webb		contribution (5)	description ((il applicabl
	Contributor address; City; State; Zip Code		100	
	Las Vegas NV		:	
Principal occu	upation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
Accountant	aparton , sob time (one manuations)	Cirpioyer (ode i	Self Employed	
Date	Full name of contributor Cour-of-state PAC(IDE:		Amount of	In-kind contribution
2/29/12	Demetra Willimas		contribution (\$)	description (वि. अपूर्वास्त्रकार्ध
	Contributor address; City; State; Zip Code		20	
	3211 Barksdale Dr. Austin TX 78725			,
			•	Texas, complete Schedule (1)
Principal occu Union Rep	pation / Job title (See Instructions)	Employer (See I	nstructions) ATU Local 1091	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAM	NS		schedule A
	ne instruction Guide explains how to complete this	form	1— Total pages Sci	oduło A:
	·		2 40001117 # (5	tu ta a da a a tracta de distribuido
2 FUER NAM	E Laura Pressley		3 ACCOUNT # (E	thics Commission(filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7_Amount of	8 In-kimd contribution
			contribution (\$)	description ((if rapplicable)
3/6/12	Braden Abshire		400	
	6 Contributor address; City; State; Zip Code		100	
	1105 Norwalk Ln Austin TX 78703	at i	avel outside of Taxas, con	nniete Scherkdre ID
<del>9 Principal sec</del> Enginee	,	<del>10 Employer (See l</del>	hatructions) LJA Engine	erin
	-			
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kimd contribution description ((if applicable)
2/16/12	Joneth Wyatt		100	
	Contributor address; City; State; Zip Code		100	
	2105 Roundtree Dr. Austin TX 78722		Texas, complete Sched	dule T)
	ation / Job title (See Instructions)	Employer (Seins		
Union Preside	ent  -		ATU 1091	
Date	Pull name of contributor		Amount of contribution (\$)	in-kind controution description ((if applicable))
2/29/12	Xinzheng Yang		` ,	woodipinan (in approxima)
	Contributor address; City; State; Zip Code		100	
	1046 Liberty St El Cerrito CA 94530		!	
			(If travel outside	of Texas, complete Schedule Tij)
Principal occu Project Scie	pation / Job title (See Instructions)	Employer (See 1	nstructions) UC Berki	elev
Date	Full name or contributor out of state PAC (ID#		Amountor	In-Kima commountan
Data			contribution (\$)	
1/19/12	Cary Yarosh Contributor address; City; State; Zo Code		60	
	817 Windy Shores Loop spicewood, TX	78660		
	017 Williay Shores Loop spicewood, 17	. 70009		
	pation / Job title (See Instructions)	Employer (See h	rstructions)	of Texas, complete Sichedule Tij)
Lean Coach			Hospirá	
Date	Full name or contributor		Amount of contribution (\$)	in-kima contribution description ([if applicable)
3/31/12	Ira Yates	Ì	, ,	description in apprication
	Contributor address; City; State; Zip Code		200	
	5711 SH 45 Austin TX 78739	1	1	
			(If travel outsida	of Texas, complete (Schedule Ti)
Activist	pation / Job title (See Instructions)	Employer (See 1 Sel	istructions) f Employed	
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11	f contributor is out-of-state PAC, please see instru	uction guide forade	ditional reporting	requirement

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		_	—1 Total pages Sel	nedule A:
The	instruction Guide explains how to complete this	s form.		
2 FUER NAME			3 ACCOUNT # (E	Ethics Commission/Fillers)
	Laura Pressley			
4 Date	5 Full name of contributor out-of-state PAC(ID#		7 Amount of	8 In-kimd contribution
2/29/12	Ronald Yokubaitis		contribution (\$)	description ((if expplicable))
2123112	6 Contributor eddress; City; State; Zip Code		250	
	8403 Critter Canyon Austin TX 78746		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 
4	0400 Onlice Canyon Adams 12, 10140		("	Canal Ordered (19) Martin Complete the Complete of the Complet
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	instructions)	1
Co-CEO		Giga News		
	0			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kimd contribution
	Don Zimmerman		contribution (\$)	description ((if (applicable))
3/31/12	Contributor address; City; State; Zip Code		250	Advertising Locations
	10901 Enchanged Rock Cv Austin TX	7.700	Texas, complete sone	
Principal occupat	tion / Job title (See Instructions)	Employer (Seins	,	July 17
Director	and the sea to a more setting.	( Ei	irmware Enginee	rina
I MYS.R.N				 
Date	Full name of contributor Cut-of-state PAC (IDst_		Amount of contribution (\$)	In-kimd contribution description ((if applicable)
3/31/12	Don Zimmerman			Gosonbrian (in idelangua)
3/3 1/ 12	Contributor address; City; State; Zip Code		100	
	10901 Enchanged Rock Cv Austin TX	X 78 <b>7</b> 26		
201 - 10			- /# travel-outside	of Texas, complete (Schedule Ti)
Director Principal occupa	ation / Job title (See Instructions)	Employer (See I		Hillian continues and the
				1,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kimp contribution
			CONTRIBUTION (a)	description ((ff அறுபிம்சம்))
	Contributor address; City; State; Zip Code			
			!	
			ahisho lavari W	of Texas, complete (Schedule II)
Principal occup	pation / Job title (See Instructions)	Employer (See i	• • • • • • • • • • • • • • • • • • • •	у техая, сонциальная чинального гуу
	Π			
Date	Full name of contributor out-of-state PAC(ED#_		Amount of	In-kind contribution
			contribution (\$)	description ((frapplicable))
	Contributor address; City; State; Zip Code			
			ter annual protestate a	
Principal occup	eation / Job title (See Instructions)	Employer (See to	•	f Texas, complete (配加的原刊)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
**	contributor is out of state DAC places and inst		distance condition	no exclusioned

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDID 11-8900-7395-2989)

**POLITICAL CONTRIBUTIONS** 

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			schædwile <b>В</b>
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule B:
2 FILER NAME	<u> </u>		3 ACCOUNT # (E	thics Commission Filers)
4 TOT	AL OF UNITEMIZED PLEDGES:   ⇔	\$ \$ \$	<u> </u>	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		g Amount of pledge (\$)	9 In-kimd description (iff applicable)
	7 Pledgor address; City; State; Zip Code			
<del></del>	_		· ·	l of Texas, complete Schedule (11)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date	Full name of pledgor Out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kimd (description (fi :applicable)
	Pledgoraddress; City; State; Zip Code			
			(If travel outside o	of Texas, complete (Schedule 11)
Principal occu	pation / Job title (See Instructions)	Employer (See li	nstructions)	
Date	Full name of pledgor Out-of-state PAC (1D#:		Amount of pledge (\$)	In-kinid (description (if' सुप्रplicable)
	Pledgor address; City; State; Zip Code			
Bringing occu	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete (Schedule II))
r illicipal occu	parion / 300 tile (See Histractions)	Employer (dee ii		
Date	Full name of pledgorout-of-state PAC (LD#:	•	Amount of pledge (\$)	In-kind description (ति क्षृत्रवीटक्षेत्रीह)
	Pledgoraddress; City; State; Zip Code		   	
Principal occu	pation / Job title (See Instructions)	Employer (See II	<u> </u>	of Texas, complete (Schedule TI)
	and the title (out mentalions)			
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	in-kintd (desoription (iff स्कृष्णींदसर्गर्म)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	f Texas, complete Schedule 17)
Principal occu	pation / Job title (See Instructions)	Employer (See In	istructions)	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			requiremænts.

None this period  6 Is lender a financial Institution?  Y N  12 Principal occupation / Job title (See Instructions)  13 Simplayer (See Instructions)  14 Description of Collaters  15 Check if personal funds were deposited into political account none  16 GUARANTOR INFORMATION  17 Name of guarantor  18 Guarantor address; City; State; Zip Code  18 Guarantor address; City; State; Zip Code	LOANS			schedule <b>E</b>
TOTAL OF UNITEMIZED LOANS:	The	e Instruction Guide explains how to complete this form.	1 Total pa	ages Schedul袖任:
S Date of loan  7 Name of lender  6 Is lander a financial Institution?  7 Name of lender address: City: State: Zip Code  10 Interestitrate  11 Maturity state  12 Check If personal funds were deposited into political account financial institution?  18 Guarantor address: City: State: Zip Code  19 Loan Aimsturni(ES)  10 Interestitrate  10 Interestitrate  11 Maturity state  12 Check If personal funds were deposited into political account for interestitions.  18 Guarantor address: City: State: Zip Code  19 Amount (Guarantiaed (S))  19 Amount (Guarantiaed (S))  10 Date of loan  10 Interestitrate  11 Maturity state  12 Check If personal funds were deposited into political account funds were deposited into political account.  19 Amount (Guarantiaed (S))  10 Date of loan  10 Interestitrate  11 Maturity state  12 Check If personal funds were deposited into political account funds funds funds funds funds funds funds funds funds funds funds fun	2 FILER NAME		3 ACCOL	JNT # (Ethicss Commission (fillers))
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17 Name of guaranter  18 Guaranter address; City; State; Zip Code  18 Guaranter address; City; State; Zip Code  19 Amount(Guaranteed(S))  18 Guaranter address; City; State; Zip Code  19 Amount(Guaranteed(S))  19 Amount(Guaranteed(S))  19 Amount(Guaranteed(S))  10 Entertpat Occupation (Sna Insuranteed)  11 Name of lender  12 Employer (Sas Instructions)  12 Employer (Sas Instructions)  13 Amount(Guaranteed(S))  14 Amount(Suaranteed(S))  15 Insuranteed(S)  16 Entertpat Occupation (Sna Insuranteed(S))  17 Name of lender  18 Guaranteed(S)  19 Amount(Guaranteed(S))  19 Amount(Guaranteed(S))  10 Entertpat Occupations  10 Entertpat Occupations  10 Entertpat Occupations  10 Entertpat Occupations  11 Name of lender  12 Employer (Sas Instructions)  12 Employer (Sas Instructions)  13 Amount(Guaranteed(S))  14 Amount(Guaranteed(S))  15 Insuranteed(S)  16 Entertpat Occupations  17 Name of lender  18 Guaranteed(S)  18 Guaranteed(S)  19 Amount(Guaranteed(S))  19 Amount(Guaranteed(S))	14 Description of Co	Haterel 15 Check if personal fund	ds were deposited	Linto_politic⊯it ≄onounit
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18 Guarantor address; City; State; Zip Code  not applicable  21 Employer (Sus instructions)  Date of loan Name of lender  Lender address; City; State; Zip Code  ts tender a financial Institution?  Y N  Principal occupation / Job title (See Instructions)  Description of Collateral Check if personal funds were deposited into political appoint none  GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Amountt@uarantleed(s)  Guarantor address; City; State; Zip Code		17 Name of guaranter		19 Amountt@uaranteed(%)
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Date of loan  Name of lender  Lender address; City: State; Zip Code  the trestinate  Lender address; City: State; Zip Code  the trestinate  Maturity date  Y N  Principal occupation / Job title (See Instructions)  Description of Colleteral  Rone  GUARANTOR INFORMATION  Guarantor address; City: State; Zip Code  not applicable  Loan Almounti(5)  Interestinate  Maturity date  Amounti Guaranteed (\$)	O-Priordipal Cecupat	· ·	ctions)	
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Description of Collaters! Check if personal funds were deposited into political appoint  none  GUARANTOR Name of guarantor Amount(Guaranteed(係))  INFORMATION  Guarantor address; City; State; Zip Code  not applicable		ion / Job title (See Instructions) Employer (See Instruc	tions)	
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GUARANTOR Name of guarantor Amountt@uaranteed(例)  Guarantor address; City; State; Zip Code  not applicable		Blers Check if personal fund	s were deposited	пто рошися и жегопти
not applicable	GUARANTOR	Name of guarantor		Amount(Guaranteed(69)
not applicable		Guarantor address: City: State: 7th Code		
Principal Occupation (See Instructions) Employer (See Instructions)	not applicable	Garage States, Sity, Saite, 2p 5566		
	Principal Occupati	ion (See Instructions)	ione)	
	стосфас стептови	to the manager (See Instruction	*****	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED	

	EXPENDITURE CATEGO	PRIES FOR BOX 8(a	n)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorlals Expense Salaries/M Legal Services Solicitation Food/Beverage Expense Travel In I Polling Expense Travel Ou	/ages/Contract Labor n/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The instruction Guide explains	how to complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressloy		3 ACCOUNT # (Ethics Commission Filers	;)
<sup>4 Date</sup> 1/30/12	5 Payee name Vivo			
6 Amount (\$) 26.00	7 Payee address; City; State; Zip Co Austin, TX	ode		
8 PURPOSE	(ww) Category (See categories listed at the top of this sche	dule (www.Description	(If traval outside of Taves, complete Schedule T)	
OF EXPENDITURE	(xx) Food &	Staff Lunch	า	
<ol> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/C</li> </ol>	Candidate / Officeholder name	Office sough	ht Office held	
Date 1/5/12	Payee name Wahoski			
Amount (\$)	Payee address; City; State; Zip C	ode		
350.00	3715 Bird House Dr Round Rock TX	K 78665		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul Accounting	le) Description	(If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sough	ht Office held	
<sup>Date</sup> 2/6/12	Payee name Whole Foods			
Amount (\$)	Payee address; City; State; Zip Co	ode		
8.49	5th and Lamar Ausitn TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	Description	fill travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sough	ht Office held	
Dale 3/31/12	Payee name Zimmerman		•	
Amount (\$)	Payee address; City; State; Zip Co	ode		
250.00	10901 Enchanted Rock Cv Austin T	X 78726		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising	(e) Description	(If travel outside of Texas, complete Schedule T)	
Cemplete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	nt Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED	_

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	pense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expens		Transportation E Contributions/Do Candidate/Of	l/Reimbursement quipment & Related Expense nations Made By ficeholder/Political Committee category not listed above)		
	The Instruction Guide	explains how to	complete this fo	orm.			
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOU	NT # (Ethics Commission Filers)		
<sup>4 Date</sup> 3/31/12	5 Payee name The Boutique Re	eal Estate					
6 Amount (\$) 350.00	7 Payee address; City; Stat 101 Colorado Austin TX 78799	e; Zip Code					
8 PURPOSE OF EXPENDITURE	(tt) Category (See categories listed at the to (uu) Rent	p of this schedule	(uut Description	n. (If travel outside of T	complete Schedille Ti		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht	Office held		
Date 3/19/12	Payee name Tiffany Haresq						
Amount (\$)	Payee address; City; Stat	e; Zip Code					
20.00	Austin TX						
EXPENDITURE	Category (See categories listed at the 100 of Marketing	of this schedule)	Description	) (If travel outside of Te	exas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	_	Office sough	ht	Office held		
Date 3/12/12	Payee name Ultimate Imaging	J					
Amount (\$)	Payee address; City; State	e; Zip Code	-				
95.00	Austin TX						
PURPOSE OF EXPENDITURE	Category (See categories listed at the long Marketing	of this schedule)	Descriolion	fif travel outside of Te	exas, comolete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	~	Office sough	ht	Office held		
Date 3/16/12	Payee name US Foods						
Amount (\$)	Payee address; City; State	e; Zip Code					
200.00	9399 West Higgins Road Ro	osemont IL 60	018				
		<b>7.11</b>					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Food	I this schedule)	Description	i (If travel outside of Te	xas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/	⊥ Candidate / Officeholder name OH		Office sough	hl	Office held		
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS	NEEDED			

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ntract Labor	Loan Repayment/	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrals	sing Expense	Transportation Equ	ipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By				
Event Expense	Polling Expense	Travel Out Of Distr	rict	Candidate/Offic	eholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Exponse	OTHER (enter a ca	ategory not listed above)
	The Instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
1 Total pages compasion,	Laura Pressley			2 1.0000111	i (Ettilos commission i noto)
4 Date 2/27/12	5 Payee name Stollak				
	O.CW.			•	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
350.00	6805 Northview Cove Austin TX	<b>く 78724</b>			
000.00					
8 PURPOSE	(qq) Category (See categories listed at the t	op of this schedule)	(se) Description	All traval outside of Tax	as complete Schedule T)
OF	(rr) Advertising				
EXPENDITURE	, ,				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nl	Office held
Date 0/04/40	Payee name				
3/31/12	Swail				
Amount (\$)	Payee address; City; Sta	ate; Zip Code	*		
350.00	1214 Barton Hills Drive Au	stin TX 78704			
000.00	72, 7 24. (3), 7, 11. (3)				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Advertising				
		]			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date 0/04/40	Payee name _ ,				
3/31/12	Tafoya				•
	·				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
350.00	2908 Overdale Rd Austin T	Y 79722			
000.00	2300 Overdale Ha AdStill I	X 10120			
PURPOSE OF	Catedory (See catenories listed at the ton	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Advertising				
	7.00.2.3.2.7.8				
Complete ONLY if direct	Candidate / Officeholder name	-	Office sough	ıl	Office held
expenditure to benefit C/C	Н				
Date 3/7/12	Payee name Texas Women I	n Business			
0,,	V SAGE TO SITE OF				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
07.07	A. asia TV				
27.37	Austin TX				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
EXPENDITURE				, and a second of the	
	Donation				
	Coodidate / Officebaldes :	Ţ	Office sourch	•	Office hold
Complete ONLY if direct	Candidate / Officeholder name		Office sough	·	Office held
expenditure to benefit C/0	ווע				
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULEASI	NEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)	)
4 Date 2/27/12	5 Payee name Stacy Guidry				
6 Amount (\$) 1275	7 Payee address; City; Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(nn) Category (See categories listed at the (oo) Salary	top of this schedule)	(nn) Description	i. Ill traval outsida of Tavas, comolete Schedule Ti	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sough	nt Office held	
Dale 3/8/12	Payee name Stacy Guidry				
Amount (\$)	Payee address; City; St	ate; Zip Code	<del></del>		
1325.0 n	Austin,				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	_
EXPENDITURE	Salary	od tills sureduct	Description	III have outside of rexast, complete ouredure 17	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt Office held	
Date 3/19/12	Payee name Stacy Guidry				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
275.00	Austin TX				
PURPOSE OF EXPENDITURE	Category (See categories listed at the log Event Supplies	n of this schedule)	Descriotion	fill travel outside of Texas, complete Schedule Ti	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt Office held	
Date 3/25/12	Payee name Stacy Guidry				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
1250.00	Austin, TX				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	<u>.</u>	Office sough	office held	
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	Contract Labor alsing Expense strict Rontal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
4 Tatal asses Cabadala III	The Instruction Guide explains how to	complete this for		
1 Total pages Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission File	ers)
<sup>4 Date</sup> 2/8/12	5 Payee name Russell's Bistro			
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code Austin TX			
8 PURPOSE OF EXPENDITURE	(kk) Category (See categories listed at the top of this schedule) (II) Food	(mm)Description	1. (Il traual outsida ol Tavas, complata Schadula T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	nt Office held	
<sup>Date</sup> 3/5/12	Payee name Russell's Bistro			
Amount (\$)	Payee address; City; State; Zip Code			
28.00	Austin TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Food	Description	(If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	nt Office held	
Date 3/25/12	Payee name Sellers .			
Amount <sup>*</sup> (\$)	Payee address; City; State; Zip Code			
350.00	Austin TX 78704			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	. (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	nt Office held	
Date 2/11/12	Payee name Simpson			
Amount (\$)	Payee address; City; State; Zip Code			
350.00	4521 Highland Terrace Austin TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (	(If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	NEEDED	

P.O. Box 12070

	10.000				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Or Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor ising Expense trict lental Expense	Loan Repayment/Ri Transportation Equil Contributions/Donat Candidate/Office OTHER (enter a cal	oment & Related Expense
	The Instruction Guide	explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT	# (Ethics Commission Filers)
4 Date 3/22/12	5 Payee name PunchBowl				
6 Amount (\$) 19.00	7 Payee address; City; Sta	ite: Zip Code			
PURPOSE OF EXPENDITURE	(ii) Category (See categories listed at the t Event Supplies	op of this schedule)	(ii) Description	) (Il traval nutelda of Tava	romolete Schadule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	<del></del>	Office sough	nt	Office held
Date 3/16/12	Payee name Pure Rain				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			<del></del>
350.00	2210 White Horse Trail Aus	stin TX 78757			
PURPOSE OF EXPENDITURE	Category (See categories listed at the too	of this schedule)	Description	(If travel outside of Texas	. complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held
Date 3/31/12	Payee name Quintero				
Amount (\$)	Payee address; City; Sta	te; Zip Code	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
350.00	1018 Spence St Austin TX	78702			
PURPOSE OF EXPENDITURE	Cateriory (See cateriories listed at the Ion Advertising	of this schedule)	Descriotion	(If travel outside of Texas	. complete Schedule Ti
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held
Date 3/16/12	Payee name Texas Liberty R	adio			***************************************
Amount (\$)	Payee address; City; Sta	te; Zip Code			
350.00	1516 S. Lamar Austin TX 7	8704			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH		Office sough	<b>ા</b>	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS	NEEDED	

P.O. Box 12070

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Salaries/Wag Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C	es/Contract Labor undraising Expense trict	Loan Repayment/Rein Transportation Equipm Contributions/Donatio	nent & Related Expense ns Made By older/Political Committee
	The Instruction Guide explains ho	w to complete this for	rm.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUNT #	(Ethics Commission Filers)
4 Date 3/19/12	5 Payee name PayPal			
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code	Э	_	
PURPOSE OF EXPENDITURE	(ff) Category (See categories listed at the top of this schedul (gg) Events	(hh) Description	(If traval nutrition of Tavas	complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ŧ	Office held
Date 3/8/12	Payee name Piryx			
Amount (\$) 10.00	Payee address; City; State; Zip Cod	e		
EXPENDITURE	Category (See calegories listed at the too of this schedule) Advertising	Web	(If travel outside of Texas, o	omplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	t	Office held
Date 1/5/12	Payee name Pressley			
Amount (\$)	Payee address; City; State; Zlp Code			
3500.00	2210 White Horse Trail Austin TX 787	57		
PURPOSE OF EXPENDITURE	Category (See categories listed at the too of this schedule) Advertising		Ill travel outside of Texas, or elopment/Mainte	- '
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	t	Office held
<sup>Date</sup> 3/20/12	Payee name Pump Project			
Amount (\$)	Payee address; City: State; Zip Code	2		
300.00	Austin TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Event Supplies	Description (	(If travel outside of Texas, c	omplete Schedule T)
Complete ONLY it direct expenditure to benefit C/C	Candidate / Officeholder name  OH	Office sought	:	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS N	NEEDED	

P.O. Box 12070

	EXPENDITURE C	CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T	xpense Salaries/Wages/Contrac Solicitation/Fundraising I		Transportation Equip Contributions/Donat Candidate/Office	ment/Reimbursement on Equipment & Related Expense s/Donations Made By e/Officeholder/Political Committee ter a category not listed above)	
	The Instruction Guide e	explains how to	complete this for	rm.		
1 Total pages Schedule F:	2 FILER NAME Laura Pressley	,		3 ACCOUNT	# (Ethics Commission Filers)	
<sup>4 Date</sup> 1/19/12	5 Payee name Paypal					
6 Amount (\$) 2.06	7 Payee address; City; State	e; Zip Code				
PURPOSE OF EXPENDITURE	(cc) Category (See categories listed at the top (dd) Banking	of (his schedule)	(ee) Description	flitraual outsida of Tava	t complete Schadule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	L	Office sough	t	Office held	
Date 1/23/12	Payee name PayPal					
Amount (\$)	Payee address; City; State	e; Zip Code				
0.88						
PURPOSE OF	Category (See categories listed at the top of	(This achodula)	Description	(If trayel outside of Texas	complete Schodula TI	
EXPENDITURE	Banking	Time scredule)	Bescription	An itage outside of Texas	, complete gallebare ()	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t	Office held	
Date 1/26/12	Payee name PayPal					
Amount (\$)	Payee address; City; State	e; Zip Code			-	
2.06						
PURPOSE OF EXPENDITURE	Category (Sea categories listed at the log of Banking	f this schedule)	Description	(If travel outside of Texas	comolete Schedule Ti	
Complete ONLY if direct expenditure to benefit C/O	Candidat <b>e</b> / Officeholder name H		Office sough	t	Office held	
Dale 3/8/12	Payee name Paypal					
Amount (\$)	Payee address; City; State	; Zip Code				
150.00						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Other	this schedule)	Description  Design	(If travel outside of Texas	., complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Ţ	Office sough	ı	Office held	
_	ATTACH ADDITIONAL COI	PIES OF THIS S	CHEDULE AS I	NEEDED		

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gilt/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	ontract Labor aising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense  Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)			
	The Instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUN	IT # (Ethics Commission Filers)
<sup>4 Date</sup> 3/12/12	5 Payee name Office Depot				
6 Amount (\$) 196.99	7 Payce address; City; State Austin TX	e; Zip Code			
8 PURPOSE OF	(aa) Category (See categories listed at the top	of this schedule)	(hh) Description Office Supp		T alchedo2 stalnmon sever
EXPENDITURE	Other		Office Supp	nies	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sough	ıt	Office held
Date	Payee name N/A				
Amount (\$)	Payee address; City; State	e; Zlp Code			
FURPOSE OF	Category (See categories listed at the top o	( this schedule)	Description		xas, complete Schedule T)
EXPENDITURE	Category (constant gones in the top o	Tims senegately	Dagoriphon	THE PERSON SERVICES OF THE	xas, complete deficade ()
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	it	Office held
·Date 3/16/12	Payee name Paperless Post				
Amount (\$)	Payee address; City; State	e; Zip Code			
70.00	·				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Event	f this schadula)	Description	(If travel outside of Te	xas. comolete Schedule Ti
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	1	Office held
Date \ 3/31/12	Payee name Parsons				
Amount (\$)	Payee address; City; State	e; Zip Code			
350.00	3706 Graystone Austin TX 7	8731			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Consulting	i this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	·	Office sough	l	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS I	NEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commiss	sion Filers)
4 Date 3/31/12	5 Payee name McGinnis				
6 Amount (\$) 100.00	7 Payee address; City; Stat 612 W. 34th St. Austin TX 7870				
8 PURPOSE OF EXPENDITURE	(y) Category (See categories listed at the to Advertising	op of this schedule)	(z) Description	. (If travel outside of Tevas, complete Schedule	· T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	-	Office sough	ht Office held	
Date 3/18/12	Payee name Morales				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
200.00	325 Angel Oak St Austin T	X 78748			
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(Il Irayel outside of Texas, complete Schedule	
EXPENDITURE	Food				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht Office held	
Date 3/16/12	Payee name NAC				
Amount (\$)	Payee address; City; Stat	e; Zıp Code	_		
50.00	Austin TX				
PURPOSE OF EXPENDITURE	Category (See categories listed at the log of Marketing	nt this schedule)	Description	(If travel outside of Texas, complete Schedule	Т
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt Office held	
Date 3/5/12	Payee name NWARW				
Amount (\$)	Payee address; City; Stat	e; Zip Code	<u></u>		
16.00	Austin TX				
BUDDOCE OF	Category (See categories listed at the top of	of this eshadula)	Description	(If travel cultide of Texas, complete Schedule	T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Food	orinis schedule)	Description	(If travel outside of Texas, complete Schedule	',
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt Office held	<del></del>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Foes	Gilt/Awards/Memorials Expense Logal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Exponse Travel In District Co		Loan Repayment/Reimbu Transportation Equipment Contributions/Donations & Candidate/Officeholde OTHER (enter a category	& Relatod Exponse Made By r/Political Committee
·	The Instruction Guide		•	<del>-</del>	,
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT # (Eth	ics Commission Filers)
<sup>4 Date</sup> 2/16/12	5 Payee name Joe Quintero	diline di bone de la communicación de la commu		and the second s	
6 Amount (\$) 105.00	7 Payee address; City; Sta Austin TX	te; Zíp Code			
8 PURPOSE OF EXPENDITURE	(w) Category (See categories listed at the to Consulting	op of this schedule)	(*) Description	Elftravol nuteido of Taxas como	alata Schadula T)
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date 3/16/12	Payee name Martinez				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
100.00	3200 S. Congress Ave Aus	tin TX 78704			
PURPOSE OF	Category (See categories listed at the too	of this schedule)	Description (	If travel outside of Texas, comp	lete Schedule T\
EXPENDITURE	Event	J. Wild Ballodalo,	Flowers	in the order of the conference	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	(	Office held
Date 2/11/12	Payee name Mason				
Amount (\$)	Payee address: City; Stat	te; Zip Code			
350.00	4521 Highland Terrace Aus	tin TX			·
PURPOSE OF	Category (See calegories listed at the too	of this schedula)	Description (	If travel outside of Texes, comp	lete Schedule T)
EXPENDITURE	Advertising				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	(	Office held
Date 2/11/12	Payee name McGinnis				
Amount (\$)	Payee address; City; Stat	le; Zip Code			
150.00	612 W. 34th St. Austin TX 7	'8705			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, compl	ete Schedule T)
EXPENDITURE	Advertising			·	•
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  OH		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

(512) 463-5800

# **POLITICAL EXPENDITURES**

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicital Food/Beverage Expense Travel Polling Expense Travel	s/Wages/Contract Labor tion/Fundraising Expense in District Out Of District Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
, 000	The Instruction Guide explain	•			
1 Total pages Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 3/8/12	5 Payee name Infact Daily				
6 Amount (\$) 108.25	7 Payee address; City; State; Zip Austin TX	Code			
8 PURPOSE OF EXPENDITURE	(u) Category (See categories listed at the top of this so	chedule) (ut Description Subscription	n III travial nuterida of Tavas - comolato Schadula T\		
	Other		085-1-11		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt Office held		
Date 2/6/12	Payee name IT Copy				
Amount (\$)	Payee address; City; State; Zip	Code			
29.23	Austin,				
PURPOSE OF EXPENDITURE	Category (See calegories listed at the too of this schi Printing	edule) Description	(If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	Office held		
Date 2/9/12	Payee name IT Copy				
Amount (\$)	Payee address; City; State; Zp	Code			
50.00	Austin, TX				
PURPOSE OF EXPENDITURE	Catenory (See catenories listed at the top of this schi Printing	edule) Description	(If travel outside of Texas, comolete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held		
Date 3/11/12	Payee name IT Printing				
Amount (\$)	Payee address; City; State; Zip	Code	<del></del>		
54.13	Austin, TX				
PURPOSE OF	Category (See categories listed at the top of this schi	edule) Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Printing				
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	nt Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		

#### SCHEDULE F

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

P.O. Box 12070

Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The instruction Guide explains now to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/31/12	5 Payee name Guidry	real and the second second second second second second second second second second second second second second	
6 Amount (S) 350.00	7 Payee address; City: State; Zip Code 4802 Turnstone Dr. Austin TX 78744		
B PURPOSE OF EXPENDITURE	(s) Category (See categories listed at the top of this schedule) Advertising	(t) Description of the	aval outside of Tayas, comolete Schedule T1
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 2/29/12	Payee name Hanna		
Amount (\$)	Payee address; City; State; Zip Code		
100.00	21012 Lakeshore Dr. W Spicewood TX 7	'8669	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Events	Description (If tra	evel outside of Texas, comolete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	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 (If tra	vel outside of Texas, comolete Schedule Ti
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date 3/27/12	Payee name Hopp		
Amount (\$)	Payee address; City; State; Zip Code		
300.00	9801 W. Parmer Ln Austin TX 78717		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If trav	vel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

P.O. Box 12070

POLITICAL	EXPENDITURES			SCHEDULE F
				- Arthur - A
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense O	ATEGORIES FOR BOX 8 alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel In District ravel Out Of District office Overhead/Rental Expense explains how to complete this	Loan Repaymen' Transportation E Contributions/Do Candidate/Of OTHER (enter a	quipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUR	NT # (Ethics Commission Filers)
4 Date 3/31/12	5 Payee name Fielding			
6 Amount (\$) 350.00	7 Payee address; City; State; 324 Pedigree Dr Austin TX 78748		-	
8 PURPOSE OF EXPENDITURE	(q) Category (See categories listed at the top of Advertising / Marketing	of this schedule) (r) Descript	ion (Il traval outsida at T	avas complete Schadule T1
9 Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ught	Office held
Date 2/17/12	Payee name Freddies Place			
Amount (\$)	Payee address; City; State;	Zip Code		
12.00	Austin TX			
PURPOSE OF	Category (See categories listed at the top of t	his schedule) Descripti	ion (If travel outside of Te	exas, complete Schedule T)
EXPENDITURE	Food			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ught	Office held
Date 1/6/12	Payee name Frost Bank			
Amount (\$)	Payee address; City; State;	Zip Code		
1.00	P.O. Box 1315 Houston TX 7	7251		
PURPOSE OF EXPENDITURE	Catenory (See catenories listed at the top of the Bank Fee	his schedule) Descripti	on (If travel outside of Te	exas. complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ught	Office held
Date 2/6/12	Payee name Frost Bank			
Amount (\$)	Payee address; City; State;	Zip Code		
2.00	P.O. Box 1315 Houston TX 7	7251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Bank Fee	his schedule) Descripti	on (If travel outside of Te	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sou	ught	Office held
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE A	AS NEEDED	

### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name N/A		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(o) Category (See categories listed at the top of this schedule)	(n) Description (Il trave	al nutside of Tavae commisse Schedule TY
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Office held
Date 1/5/12	Payee name Event Brite		
Amount (\$)	Payee address; City; State; Zip Code		
30.00	651 Brannan Street San Francisco CA 94	107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Events	Description (If trave	l outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 3/1/12	Payee name Fazio		
Amount (\$)	Payee address; City; State; Zip Code		
350.00	1904 Guadalupe St. Austin TX 78705	•	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule) Advertising	Description (Il travel	outside of Texas, complete Schedule Ti
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 3/31/12	Payee name Salinas		
Amount (\$)	Payee address; City; State; Zip Code		
350.00	6804 Meadow Run, Austin, TX 78745		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel	outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Contravel Out Of District Contravel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this for	rm.
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/16/12	5 Payee name De Rochemont			
6 Amount (\$) 300.00	7 Payee address; City; Stat 12501 Tech Ridge Blvd Austin T	e; Zip Code X 78753		· · ·
8 PURPOSE OF EXPENDITURE	(m) Category (See categories listed at the to Advertising	p of this schedule)	(n) Description	If traval autitina of Tavas committee Schadula Ti
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	t Office held
Date 3/31/12	Payee name Deitrich			
Amount (\$)	Payee address; City; Stat	te; Zip Code		
350.00	1904 Guadalupe St. Austin	TX 78705		
FURPOSE OF EXPENDITURE	Category (See categories listed at the top of Fundraising	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	Office held
Date 2/13/12	Payee name Dirt Cheap Signs	3	WEB VERSE PERSE PARA THOUSE	
Amount (\$)	Payee address; City; State	e; Zip Code		
925.54	Liberty Hill TX			
PURPOSE OF EXPENDITURE	Catenory (See catenories listed at the ton or Printing	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	Office held
Date 3/29/12	Payee name Dirt Cheap Signs	6		
Amount (\$)	Payee address; City; State	e; Zip Code		
925.54	Liberty Hill TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Printing	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

	EXPENDITUR	E CATEGORIES FOR E	3OX 8(a)	
Advartising Expensa Accounting/Banking Consulting Expense Event Expensa Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expenso Polling Expenso Printing Expenso	Salaries/Wages/Contract Li Solicitation/Fundraising Exp Travei In District Travel Out Of District Office Overhead/Rental Ex	pense Tran Cont	n Repayment/Reimbursement esportation Equipment & Related Expense tributions/Donations Made By Candidate/Officoholder/Political Committee IER (enter a category not listed above)
	The Instruction Guid	le explains how to comple	ete this form.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUNT # (Ethics Commission Filers)
<sup>4 Date</sup> 3/30/12	5 Payee name Capitol Visitor			
6 Amount (\$) 2.00	7 Payee address; City; S Austin TX	tate; Zip Code		
8 PURPOSE OF EXPENDITURE	(k) Category (See categories listed at the Parking Fee	o top of this schedule) (N D	ecciption (Ifte	(T althado? afalamos sevet to ahistio late
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	e Off	ice sought	Office held
Date 1/6/12	Payee name Casa De Luz			
Amount (\$)	Payee address; City; S	tate; Zip Code		
24	Austin TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule) De	escription (Iftrav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	e Offi	ice sought	Office held
Date 1/28/12	Payee name Corey			
·				

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date 1/28/12	Payee name Corey				
Amount (\$)	Payee address; City; Slate; Zip Code				
150.00	3955 Shoal Creek Blvd, #210 Austin TX 7	8756			
PURPOSE OF EXPENDITURE	Category (See categories listed at the loo of this schedule) Advertising	Description (Il travel outside	e of Texas, comolete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held		
3/19/12	Payee name Dana Ambs				
Amount (\$)	Payee address; City; State; Zip Code				
212.00	Austin TX				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description (If travel outside	of Texas, complete Schedule T)		
Complete ONLY if direct expanditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		

P.O. Box 12070

Advertising Courses	EXPENDITURE		` '		/D-ib
Advertising Expense Accounting/Banking	Gilt/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra		Loan Repayment Transportation Fo	reimbursement quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Do	•
Event Expense	Polling Expense	Travel Out Of Dis		Candidate/Off	iceholder/Political Committee
Foes	Printing Expense	Office Overhead/F		•	category not listed above)
	The Instruction Guide	explains how to	complete this fo	rm.	
Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUN	IT # (Ethics Commission Filers)
	•				
3/16/12	5 Payee name Brave New Boo	ks			
Amount (\$)	1 7	te; Zip Code			:
350.00	1904 Guadalupe St. Austin TX	78705			
PURPOSE	(i) Category (See categories listed at the t	on of this schedule)	(i) Description	(If travel outside of Tr	complete Schedule TI
OF	Event Supplies	ap or ima seriedate)	(		
EXPENDITURE	Event Supplies				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date 1/28/12	Payee name Bumpersticker.	.com			-
Amount (\$)	Payee address; City; Sta	ite; Zip Cod <b>e</b>	<u> </u>		
350.00	612 W. 34th St. Austin TX	78705			
	Category (See categories listed at the top	of this schodule)	Description	(Il traval autrido el Tr	exas, complete Schedule T)
L-PURPOSE OF EXPENDITURE		of this scriedule)	Description	in travel outside of Te	xas, complete schedule []
	Advertising				
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held
Date 0/04/40	Payee name				
3/31/12	Bush				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
350.00					
330.00	1904 Guadalupe St. Austin	TX 78705			
		<u></u>			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	Ill travel outside of Te	xas, complete Schedule T)
EXPENDITURE	Advertising				
Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit C/O					
Date 2/10/12	Payee name Capital Area De	mocratic Wome	en		
Amount (\$)	Payee address; City; Sta	te; Zip Code	-		
76.00	Ausitn TX				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
EXPENDITURE	· · · · · · · · · · · · · · · · ·		Description		
	Food/Beverage				
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sough	t	Office held
	ATTACH ADDITIONAL CO	ODIES OF THIS	SCHEDULE AS	NEEDED	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ATTACH ADDITIONAL C	UPIES UP I MIS S	POLIEDOLE 42	NEEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	Contract Labor aising Expense strict	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offic	quipment & Related Expense
	The Instruction Guide	a explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley			3 ACCOUN	IT # (Ethics Commission Filers)
4 Date 3/2/12	5 Payee name Austin Tejano D	Democrats			
6 Amount (\$) 150.00	7 Payee address; City; Sta Austin TX	ate; Zîp Code			
8 PURPOSE OF EXPENDITURE	(g) Category (See categories listed at the t Marketing	top of this schedule)	(h) Description	Of travel nutside of To	avas, complete Schadule T1
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH .		Office sough	it	Office held
Date 3/16/12	Payee name Blankemeyer				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
350.00	5100 E. 7th St Austin TX 7	8702			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	xas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ıt	Office held
Date 3/1/12	Payee name Blasé				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
350.00	1017 Milam Place Austin T	X 78704			
PURPOSE OF EXPENDITURE	Category (See cetegories listed et the top Advertising	of this schedule)	Description Design	(If travel outside of Tex	xas, comolete Schedule T\
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office sough	ı	Office held
Date 2/29/12	Payee name Boutique Real E	Estate			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
1500.00	Austin TX				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Rent	of this schedule)	Description	(If travel outside of Tex	xas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	·Candidate / Officeholder name OH		Office sought	t	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULEAS	NEEDED	

P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages	• •	/ Loan Repayme⊓t/Reìmbursement	
Accounting/Banking	,	draising Expense	Transportation Equipment & Related Expe	nse
Consulting Expense	Food/Beverage Expense Travel In Distric	Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of C		Candidate/Officeholder/Political Comm	
Fees		d/Rental Expense	OTHER (enter a category not listed above	3)
	The Instruction Guide explains how	to complete this fo	orm,	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission	Filers)
	Laura Pressley			
4 Date 2/23/12	5 Payee name Anami			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
350.00	Austin TX			
330.00				
8 PURPOSE	(e) Category (See categories listed at the top of this schedule)	(f) Description	(If traval outside of Taxas, complete Schedule T)	
OF	D - mA			
EXPENDITURE	Rent			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	nt Office held	-980**
Date 3/6/12	Payee name Anomi			
3/0/12	Anami			
Amount (\$)	Payee address; City; State; Zip Code			
• •				
1500.00	Austin TX			
$\overline{}$				
PUBPOSE OF	Category (See cateoories listed at the too of this schedule)	Oescription	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Rent			
	Hon			
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held	
expenditure to benefit C/C	PH .			
Date 2/7/12	Payee name Antones			
Amount (\$)	Payee address; City; State; Zip Code			
50.00	Austin TV			
- 5.00	Austin, TX			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising			
· · · · · · · · · · · · · · · · · · ·				
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held	
expenditure to benefit C/O	rn			
Date	Payee name			
3/5/12	Austin Java			
Amount (\$)	Payee address; City; State; Zip Code			
43.97	301 W. 2nd Austin TX 78799			
. 4.4.	201111211211211111111111111111111111111			
	Cotogogy (No. 2017) 100 No. 10	<b>B</b> 1.00	Of a constraint of To	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
CAFEMULIONE	Food			
	Condidate / Office holder as ==	Office security	otto a hata	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sough	nt Office held	
expenditure to belieff O/	VII			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS	NEEDED	

P.O. Box 12070

#### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Travel In District Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Laura Pressley 4 Date 5 Payee name 3/30/12 American Printing 6 Amount (\$) 7 Payee address; City; State; Zip Code Austin TX 1389.44

PURPOSE OF EXPENDITURE	(c) Category (See categories listed at the top of this schedule) Printing	(d) Description (It traval outside of	FTavae complete Schadtile T\
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 1/19/12	Payee name AMPCO		
Amount (\$)	Payee address; City; State; Zip Code	-	
3.00	Austin TX		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
EXPENDITURE	Parking		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date 3/7/12	Payee name Ampco		
Amount (\$)	Payee address; City; State; Zip Code	<del></del>	
4.50	Austin TX		
PURPOSE OF	Category (See calendies listed at the too of this schedule)	Description (If travel outside of	Texas, complete Schedule Ti
EXPENDITURE	Parking		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought .	Office held
Date 3/12/12	Payee name Ampco		
Amount (\$)	Payee address; City; State; Zip Code		
6.00	Austin TX		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
EXPENDITURE	Parking		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CAT	EGORIES FOR BOX	8(a)	•
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salar Legal Services Solic Food/Beverage Expense Trave Polling Expense Office Office	ries/Wages/Contract Labor citation/Fundraising Expense el In District el Out Of District e Overhead/Rental Expense	Loan Repays Transportation Contribution Candidate OTHER (ent	ment/Reimbursement on Equipment & Related Expense s/Donations Made By e/Officeholder/Political Committee er a category not listed above)
	The Instruction Guide expla	ains how to complete thi	s form.	
1 Total pages Schedule F:	2 FILER NAME Laura Pressley		<b>3</b> ACC	COUNT # (Ethics Commission Filers)
4 Date 2/10/12	5 Payee name Abshire			
6 Amount (\$) 350.00	7 Payee address; City; State; 77630 Wood Hollow Dr. Austin TX 78	•		
8 PURPOSE	(a) Category (See categories listed at the top of the	is schedule) (h) Doccrin	alion /H traval outside	ant Tovas completa Scharlula T1
OF EXPENDITURE	Other	IKD: Da	tabase	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office so	pught	Office held
Date 2/24/12	Payee name Act Blue			
Amount (\$)	Payee address: City; State; 2	Zip Code	<del></del>	
140.00	Austin TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	schedule) Descrip	tion (If travel outside	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office so	ought	Office held
Date 3/7/12	Payee name Aimee Blasé			,
Amount (\$)	Payee address; City; State; Z	Zip Code	-	<del>-</del>
365.34	Austin TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising	Descrio Design		of Texas, comolete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office so	pughl	Office held
Date 3/31/12	Payee name Ambs			
Amount (\$)	Payee address; City; State; Z	Zip Code		
235.00	3208 CherryWood Rd Austin TX	〈 78722		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	schedule) Descrip	tion (If travel outside	e of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office so	pught	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE	AS NEEDED	
www.ethics.state.tx.us				Revised 09/29/2011

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

SCHIEDWILE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitetion/Fundraising Expense Travel In District Traval Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursæment Transportation Equipment &/Related/Expense Contributions/Donations Marde (By Candidate/Officeholder/Prolitical Committee

OTHER (enter a category motilisted above)

The instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics (Commission (Fillers))	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
8 PURPOSE OF Expenditure	(8) Category (See categories listed at the top of this schedule)	(If travel outside of Texas, complete:ScheduleTij)	
Date	Payee neme		
Amount (\$)	Payee address; City; Stete; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Etravel outside of Texas, complete. Exhaulde 17)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texes, complete:(Schedயன்)))	
Date	Payee name		
Amount (\$)	Payea address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If traval outside of Taxas, complette:Sichedule (I))	
	ATTACH ADDITIONAL CODIES OF THIS S	CUEDIN E AC NEEDED	

#### (512) 463-5800

# **PAYMENT FROM POLITICAL CONTRIBUTIONS** TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment &: Related Expense Contributions/Donations Made By Candidate/Officeholder/Fibilitical Committee

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)		
	The instruction Guide explains how	·	,
1 Total pages Schedule H:	2 FILER NAME	3 A	CCOUNT # (Ethicis Commission (Filens)
4 Date	5 Business name	<u></u>	
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF Expenditure	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outs	side of Texes, complette(Schedula/Tj)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Offlice 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 (If travel outsi	ide of Texas, complette:Boheduleন্য)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Officerhald
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	•	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Utravaloutsia	ide of Texas, complete:Sicherbile (1))
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Officetheld
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		i
PURPOSE OF EXPENDITURE	Category (See categories tisted at the top of this schedule)	Description (If travel outside	de of Texas, completie:SichedulaT;)
Complete QNLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offfice theld
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE 1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations MacFe By Candidate/Officeholder/Political Committee OTHER (enter e category motilitisted above)

	the manufaction and explains now to	Combiete this Jour
1 Total peges Schedule I;	2 FILER NAME	3 ACCOUNT # (Ethics Commission Fillers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF Expenditure	(a) Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of hittormation required))
Date	Payee name	
Amount (\$)	Payae address; City; Stale; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type or information required.))
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type क्यांगरिकासवाकारक्य्याकर्षा)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

					-
S	C	н	<b>F</b> ®WL	Æ	18.5

7	The Instruction Guide explains how to complete this form.	1 Total pages Sch	nedule K:
2 FILER NAM	A E	3 ACCOUNT # (E	thics Commission/Filers)
4 Date	5 Name of person from whom amount is received		8 Ampunt ((%)
	6 Address of person from whom amount is received; City; State; Zip Cod	е	
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Avmount ((\$))
	Address of person from whom amount is received; City; State; Zip Code	•	
	Purpose for which emount is received	,	
Đate	Name of person from whom amount is received		Akmount ( <b>(5</b> ))
	Address of person from whom amount is received; City; Stete; Zip Code		
	Purpose for which amount is raceived		
Date	Name of person from whom amount is received		Amount (5)
	Address of person from whom amount is received; City; State; Zip Code	•	
	Purpose for which amount is received		_

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#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission (Fillers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule (G FAC-E Schedule H Schedule N PAC-C COH-UC COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of traval (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Sahedule G Schedule A Schedule B Schedule C Schedule D Schedule F PAC-C PAC E Schedule H Schedule N П сон-ис □ сон-т Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-C IPA/C-IE Schedule H Schedule N СОН-Т Сон-ис Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT:

P.O. Box 12070

FORM C/OH-FR

	The Instruction Guide explains how to co	
	Complete only if "Report Type" on page 1 is	P-1400-2-1-1-
1 C/OH	NAME	2 ACCOUNT # (Ethics:(Qommission(研ikers))
SIGN	NATURE	
l do ov	ot expect any further political contributions or political expenditures in connec	rding with my conditions. I understand liberatesimmeting a
report	es a final report terminates my campaign treasurer appointment. I also under the any campaign expenditures without a campaign treasurer appointment on	erstand that I may not accept any campaigncontributions
		Signature of Candidate / Officetholitier
	R WHO IS NOT AN OFFICEHOLDER  mplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	eck only one:	
	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned not convert unexpended political contributions or unexpended interest or use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contreport. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of Eke	income earned on political contributions to personal contributions and that I may not retain conexpended tributions longer than six years after filling this firm! all contributions and unexpended interesturingome
В.	ASSETS	2000H 2000H 3 20 HZZ
	ck only one:  I do not retain assets purchased with political contributions or interest or of	other income from political contributions.
	I do retain assets purchased with political contributions or interest or other in I may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with political of Election Code, § 254.204.	r other income from political contributions to personal
		Signature of Candidatte
	CEHOLDER  nplete this section only if you are an officeholder	
	I am aware that I remain subject to fiting requirements applicable to an office of a malso aware that I will be required to file reports of unexpended contributions, interest or other income from political contributions or interest or other income from political contributions.	ributions if, after filing the last required report as an
		Signature of Officeholder