

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Laura		OFFICE USE ONLY Date Received 2012 JAN 17 PM 5 CC Austin City Clerk RECEIVED Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Pressley		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O Box 10102 Austin, Tx 78766		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 762-3825		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jason F		
	NICKNAME LAST SUFFIX Wahoski		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3715 Bird House Drive Round Rock, Texas 78665		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 656-3796		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 11 / 14 / 2011 THROUGH 12 / 31 / 2011		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 12 / 2012 <i>[Signature]</i>		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) City Council

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Laura Pressley

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.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ \$3,100

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

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ \$767.49

4. TOTAL POLITICAL EXPENDITURES \$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,332.51

OUTSTANDING
LOAN TOTALS

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

18 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Ann Pressley, this the 17 day of January, 20 12, to certify which, witness my hand and seal of office.

Ann Margaret Franklin Ann Margaret Franklin Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Greene	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2239 Cromwell Cir Austin TX 78741		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Agent		10 Employer (See Instructions) Continental Airlines	
Date 12/31/2011	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Sydney McQuade	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 716 W. Argand St Seattle WA 98119		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Living Social	
Date 12/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gordon Walton	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8207 Gantcrest Dr. Austin TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Playdom	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Ford	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1750 Timber Ridge Rd, #116 Austin TX 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rick McGinnis	Amount of contribution (\$) 10	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 612 W. 34th St. Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Liberty Stickers	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harlan Deitrich	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1205 Fieldcrest Dr. Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Brave New Books	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leif Allred	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Applied Materials	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joyce Witowshi	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3201 Barton Place Cir Austin TX 78733		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Freescale Semiconductor, Inc.	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Swail	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1214 Baron Hills Dr. #106 Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Peoples Pharmacy	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rae Nader-Olenick	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME Laura Pressley

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/10/2011

5 Full name of contributor

☐ out-of-state PAC (ID#)

Niamh Marnell

6 Contributor address; City; State; Zip Code

11316 Jollyville Rd, #348 Austin TX

7 Amount of
contribution (\$) \$10.00

78759

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
Journalist

10 Employer (See Instructions)
Self

Date

12/10/2011

Full name of contributor

☐ out-of-state PAC (ID#)

Jeneen Scholz

Contributor address; City; State; Zip Code

2805 Rock Terrace Dr. Austin TX

Amount of
contribution (\$) \$20.00

78704

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Peoples Pharmacy

Date

12/10/2011

Full name of contributor

☐ out-of-state PAC (ID#)

Otto Wheeler

Contributor address; City; State; Zip Code

500 Wilmes Austin TX 78752

Amount of
contribution (\$) \$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Wheeler, Fairman, and Kelley

Date

12/26/2011

Full name of contributor

☐ out-of-state PAC (ID#)

Casey Pennington

Contributor address; City; State; Zip Code

6800 McNeil Dr. #1618 Austin TX

Amount of
contribution (\$) \$35.00

78729

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Broadcast Technician

Employer (See Instructions)
Self

Date

12/10/2011

Full name of contributor

☐ out-of-state PAC (ID#)

Cathy Savage

Contributor address; City; State; Zip Code

2212 White Horse Trail Austin TX

Amount of
contribution (\$) \$100.00

78757

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Artist

Employer (See Instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffrey Blumenthal	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6416 Via Careto Dr. Austin TX 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) Dell	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Enterprise Architect		Employer (See Instructions) Dell	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John ScottLyman	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3300 Enfield RdAustin TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Sport		Employer (See Instructions) Self	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John ScottWilliams	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11615 Angus Rd #104NAustin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: K.F. Carbone	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2710 W. 49th 1/2 St Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) technical writer		Employer (See Instructions) Retired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher Hauboldt	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9611 A Nightier Dr Austin TX 78748		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Software Developer		10 Employer (See Instructions) Lone Star Internet	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen and MercedesOsella	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7305 Waterline Rd Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Software Eng		Employer (See Instructions) National Instruments	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Corey	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3955 Shoal Creek Blvd, #210 Austin TX 78756		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W. RussellDoyle	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3431 N. Hills Drive #J218Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KathyStimets-Vidan	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 Wilmes Austin TX 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Sonography		Employer (See Instructions) Renaissance	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Patterson 6 Contributor address; City; State; Zip Code 1015 E. Yeager #174 TX 78753	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) SP		10 Employer (See Instructions) Earthlink	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Phillip Greene Contributor address; City; State; Zip Code 1003 Bouldin Ave Austin TX 78704	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sylvia Smith Contributor address; City; State; Zip Code P.O. Box 5428 Austin TX 78763	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cory Walton Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin TX 78704	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brent Brewer Contributor address; City; State; Zip Code P.O. Box 17532 Austin TX 78760	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME Laura Pressley

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/10/2011

5 Full name of contributor

Katie Brewer

☐ out-of-state PAC (ID#)7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

1040 Kensington Castle Pflugerville TX 78660

TX 78660

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/10/2011

Full name of contributor

Willie Parker

☐ out-of-state PAC (ID#)Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

121 Countryside Ct Georgetown TX 78626

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/2011

Full name of contributor

Janice Liverman

☐ out-of-state PAC (ID#)Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

12607 Mystic Dr. Manchaca TX 78652

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/2011

Full name of contributor

Paul Moon

☐ out-of-state PAC (ID#)Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2409 S. 6th Austin TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/26/2011

Full name of contributor

Travis Snively

☐ out-of-state PAC (ID#)Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2006 A Kenneth Ave Austin TX 78744

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Ring	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 78741		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Melnyk	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5608 Taylorcrest Dr. TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darcy Bloom	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5002 Suburban Dr. #2 Austin TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lani Dame	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Barwood Park #725 Austin TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darren Lehmann	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2000 S. Lakeline Blvd, #722 Cedar Park TX 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Giovanni Jimenez	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2101 A. Winsted Lane Austin TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brad Kizer	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2692 Austin TX 78768		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1**2** FILER NAME Laura Pressley**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
12/2/2011**7** Name of lender ☐ out-of-state PAC (ID#: _____)
Pure Rain LLC**9** Loan Amount (\$)
\$500.00**6** Is lender
a financial
institution?

Y N**8** Lender address; City; State; Zip Code
2210 White Horse Trail Austin TX 78757**10** Interest rate 0%**11** Maturity date May
2012**12** Principal occupation / Job title (See Instructions)
Owner**13** Employer (See Instructions)
Pure Rain LLC**14** Description of Collateral
☒ none**15** Check if personal funds were deposited into political account
☐**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☒ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
☐ noneCheck if personal funds were deposited into political account
☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 12/5/2011	5 Payee name Google		
6 Amount (\$) \$0.50	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting	(b) Description (If travel outside of Texas, complete Schedule T) Bank Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/7/2011	Payee name BumperSTicker.com		
Amount (\$) \$168.87	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Stickers, Banner	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/10/2011	Payee name Scholz Garten		
Amount (\$) \$32.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Food/Beverages	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/10/2011	Payee name Kinkos		
Amount (\$) \$252.57	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) Campaign Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/15/2011		5 Payee name PayPal			
6 Amount (\$) \$0.09		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Accounting		(b) Description (If travel outside of Texas, complete Schedule T) Bank Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/16/2011		Payee name Eventbrite			
Amount (\$) \$37.92		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event		Description (If travel outside of Texas, complete Schedule T) Event Registration	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/19/2011		Payee name Austin Java			
Amount (\$) \$20.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Strategy Meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/19/2011		Payee name BumperSticker.com			
Amount (\$) \$81.19		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisement		Description (If travel outside of Texas, complete Schedule T) Business Cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 12/19/2011	5 Payee name Visa Debit PayPal	
6 Amount (\$) \$1.95	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Banking	(b) Description (If travel outside of Texas, complete Schedule T) Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 12/21/2011	Payee name Courtyard	
Amount (\$) \$6.60	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead Expense	Description (If travel outside of Texas, complete Schedule T) Internet Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 12/22/2011	Payee name Speedway Copy	
Amount (\$) \$22.19	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 G:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/5/2011		5 Payee name House Account Parking			
6 Amount (\$) \$10.00 <input checked="" type="checkbox"/> 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 (If travel outside of Texas, complete Schedule T) Parking	
Date 12/7/2011		Payee name Arpeggio Grill			
Amount (\$) \$18.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Strategy Lunch	
Date 12/9/2011		Payee name Speedway Printing			
Amount (\$) \$5.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Printing	
Date 12/9/2011		Payee name Arpeggio Grill			
Amount (\$) \$8.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) 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	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 G:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission File #)	
4 Date 12/10/2011		5 Payee name Johnson's Backyard Garden			
6 Amount (\$) \$7.00 <input checked="" type="checkbox"/> 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) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/10/2011		Payee name Bikkum Farms			
Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/10/2011		Payee name Hobby Lobby			
Amount (\$) \$3.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	
Date 12/10/2011		Payee name Central Market			
Amount (\$) \$27.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 G:	2 FILER NAME Laura Pressley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/10/2011	5 Payee name Goodwill
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6 Amount (\$) \$3.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Kick-Off Party Supplies
---------------------------------	---	--

Date 12/13/2011	Payee name Office Max
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Amount (\$) \$21.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) Printing
------------------------	---	---

Date 12/20/2011	Payee name DoodleKit
--------------------	-------------------------

Amount (\$) \$29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **C/OH**
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Files)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Laura	OFFICE USE ONLY Date Received 2012 APR 12 PM 4 58 AUSTIN CITY CLERK RECEIVED	
	NICKNAME LAST SUFFIX Pressley		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2210 White Horse Trail Austin, TX 78757		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 762-3825		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Suzanne		
	NICKNAME LAST SUFFIX Corbo		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 34 Lovegrass Lane Austin TX 78745		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 791-9994		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH -IFR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1/1/12 4/2/12 THROUGH		
11 ELECTION	ELECTION DATE Month Day Year 5/12/12	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Place 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **C/OH**
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

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

\$ 500

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

\$ 30,638.33

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 26,980.79

CONTRIBUTION BALANCE

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

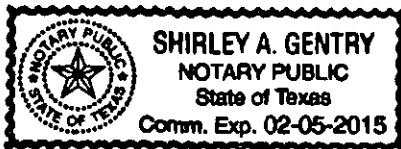
\$ 4,100

OUTSTANDING LOAN TOTALS

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

\$ 500

18 AFFIDAVIT



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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 12th day of April, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Shirley A Gentry
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

2/10/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Braden Abshire

7 Amount of
contribution (\$)

350

8 In-kind contribution
description (if applicable)

Database

6 Contributor address; City; State; Zip Code

7630 Wood Hollow Dr. Austin TX 78731

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Data Analyst

10 Employer (See Instructions)

Webmedia

Date

2/28/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Patrick Agol

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1307 Canna Lily Ln Pflugerville TX 78660

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Illustrator

Employer (See Instructions)

CDI Corp

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Brian Alkis

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3601 Rocky Ford Dr Austin TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Freescale Semiconductor, Inc

Date

2/19/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dee Alfred

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5379 Auburn Avenue, Las Vegas NV 89108

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Cameraman

Employer (See Instructions)

Self Employed

Date

2/10/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dana Ambs

Amount of
contribution (\$)

25

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3208 CherryWood Rd Austin TX 78722

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 file #)

4 Date

2/22/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Dana Amba

7 Amount of
contribution (\$)
908 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

3208 CherryWood Rd Austin TX 78722

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Designer

10 Employer (See Instructions)

Self Employed

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dana Amba

Contributor address; City; State; Zip Code

3208 CherryWood Rd Austin TX 78722

Amount of
contribution (\$)
235In-kind contribution
description (if applicable)Advertising/
Fundraising

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Self Employed

Date

2/23/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Anna Anami

Contributor address; City; State; Zip Code

101 Colorado Austin TX 78702

Amount of
contribution (\$)
350In-kind contribution
description (if applicable)Office
Space

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Broker

Employer (See Instructions)

Self Employed

Date

1/26/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Alex Archer

Contributor address; City; State; Zip Code

745 Hesper Ave., Apt 5 METAIRIE LA 70005

Amount of
contribution (\$)
60In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self Employed

Date

2/15/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

ATU-COPE

Contributor address; City; State; Zip Code

5025 Wisconsin Ave NW Washington DC 20016

Amount of
contribution (\$)
350In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Political Action Committee

Employer (See Instructions)

PAC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

2/10/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

I. Ryan Baggett

7 Amount of
contribution (\$)

33.33

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

1404 Saint Leger St Pflugerville TX 78860

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Financial Advisor

10 Employer (See Instructions)

Merrill Lynch

Date

2/29/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

John Behnke

Amount of
contribution (\$)

200

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2020 Cueva De Oro Cove Austin TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SVP & GM

Intermolecular Inc

Date

3/14/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ronald Bennett

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

7724 El Dorado Dr. Austin TX 78737

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Director

Rones Winn Biz

Date

2/7/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bob Betts

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1581 7 Double Eagle Dr Austin TX 78717

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Sales

Teradyne

Date

3/15/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bob Betts

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1581 7 Double Eagle Dr Austin TX 78717

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Sales

Teradyne

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 Filer's)

4 Date

3/16/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Tyson Blankemeyer

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

Event
Supplies

6 Contributor address; City; State; Zip Code

5100 E. 7th St Austin TX 78702

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Chef

10 Employer (See Instructions)

Shady Seven

Date

3/1/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Aimee Blasé

Contributor address; City; State; Zip Code

1017 Milam Place Austin TX 78704

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising
Supplies

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Blasé Design

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Brave New Books

Contributor address; City; State; Zip Code

1904 Guadalupe St. Austin TX 78705

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Event
Supplies

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Bookstore

Employer (See Instructions)

Brave New Books

Date

2/27/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Katie Brewer

Contributor address; City; State; Zip Code

1040 Kensington Castle Pflugerville TX 78660

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Mom

Employer (See Instructions)

Self Employed

Date

3/18/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Don Brown

Contributor address; City; State; Zip Code

6200 Cat Mountain Cove Austin TX 78731

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirement

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

1/28/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Bumpersticker.com—Liberty Stickers

7 Amount of
contribution (\$)

350

8 In-kind contribution
description (if applicable)Advertising
Supplies

6 Contributor address; City; State; Zip Code

612 W. 34th St. Austin TX 78705

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Small Business

10 Employer (See Instructions)

Bumperstickers.com

Date

2/10/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joseph Burton

Contributor address; City; State; Zip Code

2113 Zach Scott St Austin TX 78723

Amount of
contribution (\$)

20

In-kind contribution
description (if applicable)(If Texas, complete Schedule T)
Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Sr. Project Mgr

Jones Lang LaSalle

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

John Burton

Contributor address; City; State; Zip Code

2425 E. Riverside Dr. #623 Austin TX 78741

Amount of
contribution (\$)

35

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Warehouse Mgr

Employer (See Instructions)

Capital Courier

Date

3/27/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

John Burton

Contributor address; City; State; Zip Code

2425 E. Riverside Dr. #623 Austin TX 78741

Amount of
contribution (\$)

25

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Warehouse Mgr

Employer (See Instructions)

Capital Courier

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

John Bush

Contributor address; City; State; Zip Code

1904 Guadalupe St. Austin TX 78705

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Recording Supplies

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Activist

Employer (See Instructions)

Self Employed

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 3/16/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KF Carbone 6 Contributor address; City; State; Zip Code 2710 W. 49th 1/2 St Austin TX 78731	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Technical Writer		10 Employer (See Instructions) Retired	
Date 2/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Elizabeth Carman Contributor address; City; State; Zip Code 2 Crystal Creek Trl Ausitn TX 78787	Amount of contribution (\$) 350	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed	
Date 2/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Neil Carman Contributor address; City; State; Zip Code 2 Crystal Creek Trl Ausitn TX 78787	Amount of contribution (\$) 350	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Sierra Club	
Date 2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ed Chaplin Contributor address; City; State; Zip Code 5501 A Balcones Dr, #127 Austin TX 78731	Amount of contribution (\$) 150	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) CNX Datacom Inc.	
Date 1/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Griffin Cole, DDS Contributor address; City; State; Zip Code 4708 Toreador Dr. Austin TX 78705	Amount of contribution (\$) 250	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Griffin Cole, DDS	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/21/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Monica Cole

7 Amount of
contribution (\$)

300

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

4708 Toreador Dr. Austin TX 78705

9 Principal occupation / Job title (See Instructions)

Pharmacist

10 Employer (See Instructions)

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Suzanne Corbo

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

34 Lovegrass Ln Austin TX 78745

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Marketing Director

360 Trainino

Date

1/3/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Anthony Corey

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3955 Shoal Creek Blvd, #210 Austin TX 78756

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self Employed

Date

1/28/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Anthony Corey

Amount of
contribution (\$)

150

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3955 Shoal Creek Blvd, #210 Austin TX 78756

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self Employed

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Peter Craig

Amount of
contribution (\$)

50

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2106 Homedale Dr. Austin TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Go Local Austin

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 Filters)

4 Date

2/15/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Kenneth Daniels

7 Amount of
contribution (\$)

100

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

12701 Johnson Manor TX 78621

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Metro Bus Operator

10 Employer (See Instructions)

Capital Metro

Date

2/10/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Pierre De Rochemont

Contributor address; City; State; Zip Code

12501 Tech Ridge Blvd Austin TX 78755

Amount of
contribution (\$)

50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Owner

GigaCircuits Inc.

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Pierre De Rochemont

Contributor address; City; State; Zip Code

12501 Tech Ridge Blvd Austin TX 78755

Amount of
contribution (\$)

300

In-kind contribution
description (if applicable)Events/Adv
ertising

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Industrialist

Employer (See Instructions)

Self Employed

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Harlan Deitrich

Contributor address; City; State; Zip Code

1904 Guadalupe St. Austin TX 78705

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)Event
Supplies

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self Employed

Date

2/24/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dana Devoe

Contributor address; City; State; Zip Code

34 Hallcrest Dr Ladera Ranch CA 92694

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineering Manager

Employer (See Instructions)

Freescale Semiconductor,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 File #)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

N/A

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)Event
Supplies6 Contributor address; City; State; Zip Code
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

3/17/12

Pamela Farley

Contributor address; City; State; Zip Code

12104 Jill Sue Ct Austin TX 78750

Amount of
contribution (\$)

50

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Community Organizer

Self Employed

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

3/1/12

Heather Fazio

Contributor address; City; State; Zip Code

1904 Guadalupe St. Austin TX 78705

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Advertising

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
DirectorEmployer (See Instructions)
Texas Libertarian Party

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

3/31/12

Mary Salinas

Contributor address; City; State; Zip Code

6804 Meadow Run St, Austin TX 78745

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Advertising

(If travel outside of Texas, complete Schedule T)

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

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

2/10/12

Retha Fielding

Contributor address; City; State; Zip Code

3208 CherryWood Rd Austin TX 78722

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Marketing Database

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Outreach SpecialistEmployer (See Instructions)
Texas Consumer Health

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

2/28/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Justin Flores

7 Amount of
contribution (\$)

25

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

4701 Monterey Oaks Blvd Austin TX 78749

9 Principal occupation / Job title (See instructions)

Supervisor

10 Employer (See instructions)

Idea Incubator LP

Date

3/3/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Thomas Frye

Contributor address; City; State; Zip Code

5651 Leon St Houma LA 70360

Amount of
contribution (\$)

50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Computer Specialist

Terrebonne Medical Center

Date

3/8/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Philip Greene

Contributor address; City; State; Zip Code

1003 Bouldin Ave Austin TX 78704

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Massage Therapist

Employer (See instructions)

Self Employed

Date

3/8/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Linda Greene

Contributor address; City; State; Zip Code

2239 Cromwell Cir Austin TX 78741

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Airline Agent

Employer (See instructions)

Continental

Date

3/8/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Greg Greene

Contributor address; City; State; Zip Code

1609 Sylvan Dr Austin TX 78741

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Self Employed

Employer (See instructions)

Self Employed

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/31/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Stacy Guidry

6 Contributor address; City; State; Zip Code

4802 Turnstone Dr. Austin TX 78744

7 Amount of
contribution (\$)

350

8 In-kind contribution
description (if applicable)Advertising and
Marketing Lists

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Campaign Mgr

10 Employer (See Instructions)

Laura Pressley Campaign

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Christopher Habouldt

Contributor address; City; State; Zip Code

9611 A Nightier Dr Austin TX 78748

Amount of
contribution (\$)

250

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Software Developer

Employer (See Instructions)

Lone Star Internet

Date

2/29/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Holly Hanna

Contributor address; City; State; Zip Code

21012 Lakeshore Dr. W Spicewood TX 78669

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

The Work at Home Woman

Date

1/23/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kathy Hardin

Contributor address; City; State; Zip Code

9501 Rolling Oaks Trail Austin TX 78750

Amount of
contribution (\$)

20

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

N/A

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 File #)	
4 Date 2/19/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Tanya Hill		7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 114 W. Magellan Lane Elk Ridge UT 84651		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Office Manager			10 Employer (See Instructions) Kitco		
Date 2/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stacey Hopp		Amount of contribution (\$) 50	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 9801 W. Parmer Ln Austin TX 78717		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Designer			Employer (See Instructions) Self Employed		
Date 3/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stacey Hopp		Amount of contribution (\$) 300	In-kind contribution description (if applicable) Advertising Marketing Supplies	
Contributor address; City; State; Zip Code 9801 W. Parmer Ln Austin TX 78717		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Designer			Employer (See Instructions) Self Employed		
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephen Hunt		Amount of contribution (\$) 100	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1207 W. 39th 1/2 St Austin TX 78756		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Systems Engineer			Employer (See Instructions) Hewlett Packard		
Date 2/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dewey Killingsworth		Amount of contribution (\$) 350	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2719 Dupree Ln Austin TX 78748		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Director			Employer (See Instructions) Freescale Semiconductor, Inc.		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/27/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Laura Killingsworth

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2719 Dupree Ln Ausitn TX 78748

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Homemaker

10 Employer (See Instructions)

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Linda Knapp

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7126 South Brook Dr. Austin TX 78736

(If Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Accountant

FSP

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

William Kweder

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

160 Oak Forest Dr. Cedar Creek TX 78612

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Metro Bus Operator

Employer (See Instructions)

Capital Metro

Date

2/15/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

William Kweder

Amount of contribution (\$)

75

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

160 Oak Forest Dr. Cedar Creek TX 78612

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Metro Bus Operator

Employer (See Instructions)

Capital Metro

Date

2/29/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Lakecreek Medical Center

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2500 South Lakeline Blvd Cedar Park TX 78613

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Medical Center

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

2/10/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

John Leake

7 Amount of
contribution (\$)

200

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

912 Barberry Lane Peachtree City GA 30269

9 Principal occupation / Job title (See Instructions)

President

10 Employer (See Instructions)

US Foods, Inc.

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Nina Legg

Amount of
contribution (\$)

200

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5120 Kite Tail Dr Austin TX 78730

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Adjunct Instructor

Employer (See Instructions)

Austin Community College

Date

2/29/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Eduardo Longoria

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1508 Norris Dr Austin TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Hospitality

Employer (See Instructions)

Casa De Luz

Date

2/7/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mike Loughrey

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

9230 Neils thomapsn Dr. Austin TX 78758

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Move Corp

Date

2/27/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert Love

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5612 E. Mote Austin TX 78721

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Graduate Student

Employer (See Instructions)

U.T. Austin

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 2/29/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Joel Mabry 6 Contributor address; City; State; Zip Code 1620 Bengal Dr. Round Rock TX 78664	7 Amount of contribution (\$) 150 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (If applicable)
9 Principal occupation / Job title (See Instructions) Manager		10 Employer (See Instructions) Applied Materials	
Date 2/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ron Manzanero, M.D. Contributor address; City; State; Zip Code 3456 N. Hills Dr. #346 Austin TX 78731	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (If applicable)
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Austin Integrative Medicine	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Clifford Martinez Contributor address; City; State; Zip Code 2715 Charlesworth Dr Austin TX 78745	Amount of contribution (\$) 75 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (If applicable)
Principal occupation / Job title (See Instructions) Florist		Employer (See Instructions) Self Employed	
Date 2/19/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Clifford Martinez Contributor address; City; State; Zip Code 3200 S. Congress Ave Austin TX 78704 78704	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (If applicable) Event Supplies
Principal occupation / Job title (See Instructions) Florist		Employer (See Instructions) Self Employed	
Date 2/23/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael Martinez Contributor address; City; State; Zip Code 3200 S. Congress Ave Austin TX 78704 78704	Amount of contribution (\$) 75 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (If applicable)
Principal occupation / Job title (See Instructions) Florist		Employer (See Instructions) Self Employed	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 Filer)	
4 Date 2/11/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mel Mason	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable) Advertising Location
6 Contributor address; City; State; Zip Code 4521 Highland Terrace Austin TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Acct Mgr		10 Employer (See Instructions) Capital Coin and Bullion	
Date 2/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rick McGinnis	Amount of contribution (\$) 150	In-kind contribution description (if applicable) Advertising Supplies
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Self Employed		Self Employed	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Patrick McGinnis	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5114 Balcones Woods, # 307-114 Austin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Self Employed		Self Employed	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rick McGinnis	Amount of contribution (\$) 100	In-kind contribution description (if applicable) Advertising Supplies
Contributor address; City; State; Zip Code 612 W. 34th St. Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Self Employed		Self Employed	
Date 3/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rick McGinnis	Amount of contribution (\$) 90	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 612 W. 34th St. Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Self Employed		Self Employed	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

2/29/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Kelly Melnyk

7 Amount of
contribution (\$)

100

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

5608 Taylorcrest Dr Austin TX 78749

9 Principal occupation / Job title (See Instructions)

Analyst

10 Employer (See Instructions)

TX County and District Retirement System

Date

2/10/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

William Mitchell

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5750 Balcones Drive, Ste 106 Austin TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Accountant

Merit Wellness Center

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Alicia Moore

Amount of
contribution (\$)

25

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

10505 S. IH 35 Apt 2416 Austin TX 78745

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Metro Bus Operator

Capital Metro

Date

3/18/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Peter Morales

Amount of
contribution (\$)

200

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

325 Angel Oak St Austin TX 78748

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Developer

Self Employed

Date

3/19/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Judy Morris

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1801 Olympus Dr Austin TX 78733

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Homemaker

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 filters)	
4 Date 1/3/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rae Nader-Olenick 6 Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 7871	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Free Lance Journalist		10 Employer (See Instructions) Self Employed	
Date 3/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nakisha Nathan Contributor address; City; State; Zip Code 1603 B Morgan Lane Austin TX 78704	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Legal Asst		Lowerre, Frederick, Perales, Allmon & Rockwell	
Date 2/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Nero Contributor address; City; State; Zip Code Austin TX	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions) Star Tran Inc.	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Nystrom Contributor address; City; State; Zip Code 1103 Prairie Dove Cir Austin TX 78758	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Computer Specialist		Employer (See Instructions)	
Date 2/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rae Nader-Olenick Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Free Lance Journalist		Employer (See Instructions) Self Employed	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 2/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Walter Olenick		7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code P.O.Box 7486 Austin TX 78713			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Real Estate			10 Employer (See Instructions) Self Employed		
Date 2/19/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lani Olsen		Amount of contribution (\$) 100	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code Las Vegas NV			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Social Worker			Employer (See Instructions) Self Employed		
Date 2/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David Orshalik		Amount of contribution (\$) 100	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2710 W. 49th 1/2 St Austin TX 78731			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Self Employed		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	N/A				
Contributor address; City; State; Zip Code			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Bryant Packard		Amount of contribution (\$) 50	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1201 Oak Shadows Austin TX 78758			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Computer Specialist			Employer (See Instructions) Self Employed		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/31/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Brad Parsons

7 Amount of
contribution (\$)

350

8 In-kind contribution
description (if applicable)

advertising

6 Contributor address; City; State; Zip Code

3706 Graystone Austin TX 78731

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Self Employed

10 Employer (See Instructions)

Self Employed

Date

3/18/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Nicole Patel

Contributor address; City; State; Zip Code

3129 Burks Lane Austin TX 78732

Amount of
contribution (\$)

200

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

CTS

Date

2/9/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Peoples Pharmacy

Contributor address; City; State; Zip Code

3801 S. Lamar Austin TX 78704

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Pharmacy

Employer (See Instructions)

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Alexandra Perry

Contributor address; City; State; Zip Code

1009 A Charlote St Austin TX 78703

Amount of
contribution (\$)

25

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Mom

Employer (See Instructions)

Date

2/10/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mark Phillips

Contributor address; City; State; Zip Code

8500 Cockney Dr. Austin TX 78748

Amount of
contribution (\$)

10

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Delivery

Employer (See Instructions)

PapJohns Pizza

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 3/1/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Phillips 6 Contributor address; City; State; Zip Code 2104 Peach Tree Austin TX 7870	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Technician		10 Employer (See Instructions) P&C Communications	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Pressley Contributor address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain LLC	
Date 3/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Pressley Contributor address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757	Amount of contribution (\$) 3500	In-kind contribution description (if applicable) Web Development
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pure Rain, LLC	
Date 2/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Price Contributor address; City; State; Zip Code 3202 Lazada Ln Round Rock TX 78681	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) KLA Tencor	
Date 2/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawrence Prosser Contributor address; City; State; Zip Code 5708 Exeter Dr. Austin TX 78723	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Van Operator		Employer (See Instructions) Star Tran Inc.	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/16/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Pure Rain

7 Amount of
contribution (\$)

350

8 In-kind contribution
description (if applicable)

Beverages

6 Contributor address; City; State; Zip Code

2210 White Horse Trail Ausitn TX 78757

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Bottled Rain Water

10 Employer (See Instructions)

Date

3/31/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joe Quintero

Contributor address; City; State; Zip Code

1018 Spence St Austin TX 78702

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)Fundraising/
Advertising
Supplies

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self Employed

Self Employed

Date

2/19/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Lauri Quist

Contributor address; City; State; Zip Code

Chandler AZ

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Counselor

Employer (See Instructions)

CASA

Date

3/15/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

David Ring

Contributor address; City; State; Zip Code

1405 Poppy Seed Ln Austin TX 78741

Amount of
contribution (\$)

20

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Landscaper

Employer (See Instructions)

Self Employed

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jacob Rivera

Contributor address; City; State; Zip Code

8014 A Clydesdale Austin TX 78745

Amount of
contribution (\$)

50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Worker Bee

Employer (See Instructions)

Self Employed

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/16/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Texas Liberty Radio

7 Amount of
contribution (\$)

350

8 In-kind contribution
description (if applicable)

Advertising

6 Contributor address; City; State; Zip Code

1516 S. Lamar Austin TX 78704

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Radio Show

10 Employer (See Instructions)

Date

2/10/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rosa Santis

Contributor address; City; State; Zip Code

403 Springdale Austin TX 78702

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Pedro SS Services Inc.

Date

2/28/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Michael Santori

Contributor address; City; State; Zip Code

7603 Rustling Rd Austin TX 78731

Amount of
contribution (\$)

150

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

National Instruments

Date

3/16/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jonathan Savage

Contributor address; City; State; Zip Code

4802 Turnstone Dr Austin TX 78744

Amount of
contribution (\$)

50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Technician

Employer (See Instructions)

Apple, Inc.

Date

2/28/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rita Schindler-Trachta, M.D.

Contributor address; City; State; Zip Code

5721 Misty Hill Cove Austin TX 78759

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Austin State Hospital

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

1/3/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

Sydney Schoenecker

7 Amount of
contribution (\$)

25

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

716 W. Argand St Seattle WA 98119

9 Principal occupation / Job title (See Instructions)

Teaching Assistant

10 Employer (See Instructions)

University of Houston

Date

2/9/12

Full name of contributor

☐ out-of-state PAC (ID#)

Jeneen Scholz

Contributor address; City; State; Zip Code

3801 S. Lamar Austin TX 78704

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Pennies Pharmacy

Date

3/18/12

Full name of contributor

☐ out-of-state PAC (ID#)

Mark Schruben

Contributor address; City; State; Zip Code

1227 Hillside Ave Austin TX 78704

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Self Employed

Date

2/21/12

Full name of contributor

☐ out-of-state PAC (ID#)

Joan Sefcik

Contributor address; City; State; Zip Code

7502 MOWINKLE DR Austin TX 78736

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

Self Employed

Date

3/25/12

Full name of contributor

☐ out-of-state PAC (ID#)

Kyle Sellers

Contributor address; City; State; Zip Code

Austin TX 78704

Amount of
contribution (\$)

350

In-kind contribution
description (if applicable)

t-shirts

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate Sales

Employer (See Instructions)

Century 21

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 Filer)

4 Date

2/15/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Shady Seven

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

705 Shady Lane Austin TX 78702

9 Principal occupation / Job title (See Instructions)

Johnny

10 Employer (See Instructions)

Owner

Date

2/11/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Michelle Simpson

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising
Location

Contributor address; City; State; Zip Code

4521 Highland Terrace Austin TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Simpson Stylist

Date

3/21/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

James Skaggs

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4700 Treador Dr Austin TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

3/21/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Betty Skaggs

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4700 Treador Dr Austin TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

1/3/12

Full name of contributor

☐ out-of-state PAC (ID# _____)

Travis Snively

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2006 A Kenneth Ave Austin TX 78744

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Patient Accounts

Employer (See Instructions)

Texas Oncology

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 Filer)	
4 Date 1/9/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephen Speir 6 Contributor address; City; State; Zip Code 1225 Corona Dr. Austin TX 7872	7 Amount of contribution (\$) 75	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Analyst		10 Employer (See Instructions) Self-Employed	
Date 1/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephen Speir Contributor address; City; State; Zip Code 1225 Corona Dr. Austin TX 78723	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Self-Employed	
Date 3/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kathy Stimets-Vidal Contributor address; City; State; Zip Code 500 Wilmes Dr Austin TX 78752	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Songwriter		Employer (See Instructions) RWG	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sarah Stollak Contributor address; City; State; Zip Code 6805 Northview Cove Austin TX 78724	Amount of contribution (\$) 350	In-kind contribution description (if applicable) Advertising
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self	
Date 2/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jason Stoneberg Contributor address; City; State; Zip Code 2105 Kenbridge Austin TX 78757	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Staffing		Employer (See Instructions) Key Staffing	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

2/9/12

5 Full name of contributor

Bill Swail



out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

3801 S. Lamar Austin TX 78704

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

Peoples Pharmacy

Date

3/31/12

Full name of contributor

Brad Swail



out-of-state PAC (ID# _____)

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising Locations

Contributor address; City; State; Zip Code

1214 Barton Hills Drive Austin TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Trainer

Employer (See Instructions)

Tier 3 Fitness

Date

3/31/12

Full name of contributor

Marcelo Tafoya



out-of-state PAC (ID# _____)

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Advertising

Contributor address; City; State; Zip Code

2908 Overdale Rd Austin TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/29/12

Full name of contributor

Texans for Accountable Government



out-of-state PAC (ID# _____)

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1306 Baronets Trl Austin TX 78753

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

GPAC

Employer (See Instructions)

Date

3/31/12

Full name of contributor

The Boutique Real Estate



out-of-state PAC (ID# _____)

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Rent

Contributor address; City; State; Zip Code

101 Colorado Austin TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 File #)

4 Date

3/16/12

5 Full name of contributor

US Foods ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

Food

6 Contributor address; City; State; Zip Code
9399 West Higgins Road Rosemont IL 60018

(If travel outside of Texas, complete Schedule II)

9 Principal occupation / Job title (See Instructions)

Food Supplier

10 Employer (See Instructions)

Date

2/10/12

Full name of contributor

Vik Vad ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3331 Grimes Ranch Rd Austin TX 78732

Amount of contribution (\$)

10

In-kind contribution description (if applicable)

(If Texas, complete Schedule II)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

OM Canital Manemement

Date

2/28/12

Full name of contributor

Jim Vasek ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2102 Cypres Pt. E Austin TX 78746

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule II)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Freescale Semiconductor Inc.

Date

1/5/12

Full name of contributor

Jason Wahoski ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3715 Bird House Dr Round Rock TX 78665

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Accounting Supplies

(If travel outside of Texas, complete Schedule II)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Applied Materials

Date

3/19/12

Full name of contributor

Gordon Walton ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

8207 Ganttcrest Austin TX 78749

Amount of contribution (\$)

85

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule II)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Playdom

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1 Total pages Schedule A:

The instruction Guide explains how to complete this form.

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/12

5 Full name of contributor

Charles Walton

☐ out-of-state PAC (ID#)

7 Amount of

contribution (\$)

250

8 In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

1701 Bouldin Ave Austin TX 78704

9 Principal occupation / Job title (See instructions)

Self Employed

10 Employer (See instructions)

Self Employed

Date

2/29/12

Full name of contributor

Wenqian Wang

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1046 Liberty St El Cerrito CA 94530

 Amount of
contribution (\$)

100

 In-kind contribution
description (if applicable)

If Texas, complete Schedule T)

Employer (See instructions)

Principal occupation / Job title (See instructions)

MRA Student

LINC Chanel Hill

Date

1/30/12

Full name of contributor

Jerri Ward

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

907 Ranch Road 620 South, 101 Austin TX 78734

 Amount of
contribution (\$)

350

 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Attorney

Employer (See instructions)

Garlo Ward, PC

Date

2/19/12

Full name of contributor

Pamela Webb

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Las Vegas NV

 Amount of
contribution (\$)

100

 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Accountant

Employer (See instructions)

Self Employed

Date

2/29/12

Full name of contributor

Demetra Willimas

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3211 Barksdale Dr. Austin TX 78725

 Amount of
contribution (\$)

20

 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Union Rep

Employer (See instructions)

ATU Local 1091

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1 Total pages Schedule A:

The instruction guide explains how to complete this form.

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

3/6/12

5 Full name of contributor

Braden Abshire

out-of-state PAC (ID#)

7 Amount of

contribution (\$)

100

8 In-kind contribution

description (if applicable)

6 Contributor address; City; State; Zip Code

1105 Norwalk Ln Austin TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

Engineer

10 Employer (See instructions)

LJA Engineerin

Date

2/16/12

Full name of contributor

Joneth Wyatt

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2105 Roundtree Dr. Austin TX 78722

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Union President

Employer (See instructions)

ATII 1091

Date

2/29/12

Full name of contributor

Xinzheng Yang

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1046 Liberty St El Cerrito CA 94530

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Project Scientist

Employer (See instructions)

UC Berkeley

Date

1/19/12

Full name of contributor

Cary Yarosh

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

817 Windy Shores Loop spicewood, TX 78669

Amount of
contribution (\$)

60

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Lean Coach

Employer (See instructions)

Hospira

Date

3/31/12

Full name of contributor

Ira Yates

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

5711 SH 45 Austin TX 78739

Amount of
contribution (\$)

200

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Activist

Employer (See instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1 Total pages Schedule A:

The instruction Guide explains how to complete this form.

2 FILER NAME

Laura Pressley

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

2/29/12

5 Full name of contributor

Ronald Yokubaitis

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

8403 Critter Canyon Austin TX 78746

7 Amount of

contribution (\$) 250

8 In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Co-CEO

10 Employer (See Instructions)

Giga News

Date

3/31/12

Full name of contributor

Don Zimmerman

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

10901 Enchanted Rock Cv Austin TX 78726

Amount of
contribution (\$)

250

In-kind contribution
description (if applicable)Advertising
Locations

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Firmware Engineering

Date

3/31/12

Full name of contributor

Don Zimmerman

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

10901 Enchanted Rock Cv Austin TX 78726

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

Director

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Firmware Engineering

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B:	
2 FILER NAME				3 ACCOUNT # (Ethics Commission Filters)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨					\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code				
				(If travel outside of Texas, complete Schedule II)	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside of Texas, complete Schedule II)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside of Texas, complete Schedule II)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside of Texas, complete Schedule II)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside of Texas, complete Schedule II)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filer)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount(\$)

None this period

6 Is lender
a financial
Institution?**6** Lender address; City; State; Zip Code**10** Interest rate

Y N

11 Maturity date**12** Principal occupation / Job title (See instructions)**13** Employer (See instructions)☐☐**14** Description of Collateral**15** Check if personal funds were deposited into political account

none

16 GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount(Guaranteed(\$))☐**18** Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See instructions)**21** Employer (See instructions)☐

Date of loan

Name of lender

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

Loan Amount(\$)

Is lender
a financial
Institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

☐☐

Description of Collateral

Check if personal funds were deposited into political account

none

GUARANTOR
INFORMATION

Name of guarantor

Amount(Guaranteed(\$))

☐

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 Pressloy	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/30/12	5 Payee name Vivo	
6 Amount (\$) 26.00	7 Payee address; City; State; Zip Code Austin, TX	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(ww) Category (See categories listed at the top of this schedule) (xx) Food & Beverage	(vv) Description (If travel outside of Texas, complete Schedule T) Staff Lunch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 1/5/12	Payee name Wahoski	
Amount (\$) 350.00	Payee address; City; State; Zip Code 3715 Bird House Dr Round Rock TX 78665	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/6/12	Payee name Whole Foods	
Amount (\$) 8.49	Payee address; City; State; Zip Code 5th and Lamar Ausitn TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/31/12	Payee name Zimmerman	
Amount (\$) 250.00	Payee address; City; State; Zip Code 10901 Enchanted Rock Cv Austin TX 78726	
<input type="checkbox"/> 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/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/31/12	5 Payee name The Boutique Real Estate	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 101 Colorado Austin TX 78799	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(tt) Category (See categories listed at the top of this schedule) (uu) Rent	(vv) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/19/12	Payee name Tiffany Haresq	
Amount (\$) 20.00	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/12/12	Payee name Ultimate Imaging	
Amount (\$) 95.00	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/16/12	Payee name US Foods	
Amount (\$) 200.00	Payee address; City; State; Zip Code 9399 West Higgins Road Rosemont IL 60018	
<input type="checkbox"/> 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/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 2/27/12		5 Payee name Stollak			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code 6805 Northview Cove Austin TX 78724			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(qq) Category (See categories listed at the top of this schedule) (rr) Advertising		(cc) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/31/12		Payee name Swail			
Amount (\$) 350.00		Payee address; City; State; Zip Code 1214 Barton Hills Drive Austin TX 78704			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/31/12		Payee name Tafoya			
Amount (\$) 350.00		Payee address; City; State; Zip Code 2908 Overdale Rd Austin TX 78723			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/7/12		Payee name Texas Women In Business			
Amount (\$) 27.37		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 2/27/12		5 Payee name Stacy Guidry			
6 Amount (\$) 1275		7 Payee address; City; State; Zip Code Austin, TX			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(nn) Category (See categories listed at the top of this schedule) (oo) Salary		(nn) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/8/12		Payee name Stacy Guidry			
Amount (\$) 1325.00		Payee address; City; State; Zip Code Austin,			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salary		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/19/12		Payee name Stacy Guidry			
Amount (\$) 275.00		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Supplies		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/25/12		Payee name Stacy Guidry			
Amount (\$) 1250.00		Payee address; City; State; Zip Code Austin, TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salary		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 2/8/12	5 Payee name Russell's Bistro
-------------------------	---

6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code Austin TX
-------------------------------	--

8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(kk) Category (See categories listed at the top of this schedule) (ll) Food	(mm) Description (If travel outside of Texas, complete Schedule T)
---	--	--

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

Date 3/5/12	Payee name Russell's Bistro
----------------	--------------------------------

Amount (\$) 28.00	Payee address; City; State; Zip Code Austin TX
----------------------	---

<input type="checkbox"/> 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/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/25/12	Payee name Sellers
-----------------	-----------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code Austin TX 78704
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<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/11/12	Payee name Simpson
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Amount (\$) 350.00	Payee address; City; State; Zip Code 4521 Highland Terrace Austin TX
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<input type="checkbox"/> 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/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**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
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 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; State; Zip Code			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(ii) Category (See categories listed at the top of this schedule) Event Supplies		(iii) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/16/12		Payee name Pure Rain			
Amount (\$) 350.00		Payee address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & Beverage		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/31/12		Payee name Quintero			
Amount (\$) 350.00		Payee address; City; State; Zip Code 1018 Spence St Austin TX 78702			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/16/12		Payee name Texas Liberty Radio			
Amount (\$) 350.00		Payee address; City; State; Zip Code 1516 S. Lamar Austin TX 78704			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/19/12	5 Payee name PayPal	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(ff) Category (See categories listed at the top of this schedule) (gg) Events	(hh) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/8/12	Payee name Pirya	
Amount (\$) 10.00	Payee address; City; State; Zip Code	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Web
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 1/5/12	Payee name Pressley	
Amount (\$) 3500.00	Payee address; City; State; Zip Code 2210 White Horse Trail Austin TX 78757	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Web Development/Maintenance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/20/12	Payee name Pump Project	
Amount (\$) 300.00	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Supplies	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 1/19/12		5 Payee name Paypal			
6 Amount (\$) 2.06		7 Payee address; City; State; Zip Code			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(cc) Category (See categories listed at the top of this schedule) (dd) Banking		(ee) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1/23/12		Payee name PayPal			
Amount (\$) 0.88		Payee address; City; State; Zip Code			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1/26/12		Payee name PayPal			
Amount (\$) 2.06		Payee address; City; State; Zip Code			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/8/12		Payee name Paypal			
Amount (\$) 150.00		Payee address; City; State; Zip Code			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/12/12	5 Payee name Office Depot	
6 Amount (\$) 196.99	7 Payee address; City; State; Zip Code Austin TX	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(aa) Category (See categories listed at the top of this schedule) Other	(bb) Description (If travel outside of Texas, complete Schedule T) Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name N/A	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> 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/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/16/12	Payee name Paperless Post	
Amount (\$) 70.00	Payee address; City; State; Zip Code	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/31/12	Payee name Parsons	
Amount (\$) 350.00	Payee address; City; State; Zip Code 3706 Graystone Austin TX 78731	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/31/12		5 Payee name McGinnis			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 612 W. 34th St. Austin TX 78705			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(y) Category (See categories listed at the top of this schedule) Advertising		(z) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/18/12		Payee name Morales			
Amount (\$) 200.00		Payee address; City; State; Zip Code 325 Angel Oak St Austin TX 78748			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/16/12		Payee name NAC			
Amount (\$) 50.00		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Marketing		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/5/12		Payee name NWARW			
Amount (\$) 16.00		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 2/16/12	5 Payee name Joe Quintero	
6 Amount (\$) 105.00	7 Payee address; City; State; Zip Code Austin TX	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(w) Category (See categories listed at the top of this schedule) Consulting	(v) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/16/12	Payee name Martinez	
Amount (\$) 100.00	Payee address; City; State; Zip Code 3200 S. Congress Ave Austin TX 78704	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Flowers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 2/11/12	Payee name Mason	
Amount (\$) 350.00	Payee address; City; State; Zip Code 4521 Highland Terrace Austin TX	
<input type="checkbox"/> 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/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 2/11/12	Payee name McGinnis	
Amount (\$) 150.00	Payee address; City; State; Zip Code 612 W. 34th St. Austin TX 78705	
<input type="checkbox"/> 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/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES**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
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 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 Code Austin TX			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(u) Category (See categories listed at the top of this schedule) Other		(v) Description (If travel outside of Texas, complete Schedule T) Subscription	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/6/12		Payee name IT Copy			
Amount (\$) 29.23		Payee address; City; State; Zip Code Austin,			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/9/12		Payee name IT Copy			
Amount (\$) 50.00		Payee address; City; State; Zip Code Austin, TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/12		Payee name IT Printing			
Amount (\$) 54.13		Payee address; City; State; Zip Code Austin, TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/31/12	5 Payee name Guidry	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 4802 Turnstone Dr. Austin TX 78744	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	(8) Category (See categories listed at the top of this schedule) Advertising	(9) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/29/12	Payee name Hanna	
Amount (\$) 100.00	Payee address; City; State; Zip Code 21012 Lakeshore Dr. W Spicewood TX 78669	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Events	Description (If travel outside of Texas, complete Schedule T) Mom
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name n/a	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> 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/OH		
Date 3/27/12	Payee name Hopp	
Amount (\$) 300.00	Payee address; City; State; Zip Code 9801 W. Parmer Ln Austin TX 78717	
<input type="checkbox"/> 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/OH		

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POLITICAL EXPENDITURES**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
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 F:		2 FILER NAME Laura Pressley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/31/12		5 Payee name Fielding			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code 324 Pedigree Dr Austin TX 78748			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(q) Category (See categories listed at the top of this schedule) Advertising / Marketing		(r) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/17/12		Payee name Freddies Place			
Amount (\$) 12.00		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held
Date 1/6/12		Payee name Frost Bank			
Amount (\$) 1.00		Payee address; City; State; Zip Code P.O. Box 1315 Houston TX 77251			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Bank Fee		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/6/12		Payee name Frost Bank			
Amount (\$) 2.00		Payee address; City; State; Zip Code P.O. Box 1315 Houston TX 77251			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Bank Fee		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 1/5/12	Payee name Event Brite	
Amount (\$) 30.00	Payee address; City; State; Zip Code 651 Brannan Street San Francisco CA 94107	
<input type="checkbox"/> 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/OH	Candidate / Officeholder name Office sought Office held	
Date 3/1/12	Payee name Fazio	
Amount (\$) 350.00	Payee address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705	
<input type="checkbox"/> 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/OH	Candidate / Officeholder name Office sought Office held	
Date 3/31/12	Payee name Salinas	
Amount (\$) 350.00	Payee address; City; State; Zip Code 6804 Meadow Run, Austin, TX 78745	
<input type="checkbox"/> 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/OH	Candidate / Officeholder name Office sought Office held	

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/16/12		5 Payee name De Rochemont			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code 12501 Tech Ridge Blvd Austin TX 78753			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(m) Category (See categories listed at the top of this schedule) Advertising		(n) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/31/12		Payee name Deitrich			
Amount (\$) 350.00		Payee address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/13/12		Payee name Dirt Cheap Signs			
Amount (\$) 925.54		Payee address; City; State; Zip Code Liberty Hill TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/29/12		Payee name Dirt Cheap Signs			
Amount (\$) 925.54		Payee address; City; State; Zip Code Liberty Hill TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/30/12	5 Payee name Capitol Visitor	
6 Amount (\$) 2.00	7 Payee address; City; State; Zip Code Austin TX	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(k) Category (See categories listed at the top of this schedule) Parking Fee	(l) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 1/6/12	Payee name Casa De Luz	
Amount (\$) 24	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> 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/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 1/28/12	Payee name Corey	
Amount (\$) 150.00	Payee address; City; State; Zip Code 3955 Shoal Creek Blvd, #210 Austin TX 78756	
<input type="checkbox"/> 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/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/19/12	Payee name Dana Ambbs	
Amount (\$) 212.00	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/16/12		5 Payee name Brave New Books			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(i) Category (See categories listed at the top of this schedule) Event Supplies		(ii) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date 1/28/12		Payee name Bumpersticker.com			
Amount (\$) 350.00		Payee address; City; State; Zip Code 612 W. 34th St. Austin TX 78705			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held

Date 3/31/12		Payee name Bush			
Amount (\$) 350.00		Payee address; City; State; Zip Code 1904 Guadalupe St. Austin TX 78705			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held

Date 2/10/12		Payee name Capital Area Democratic Women			
Amount (\$) 76.00		Payee address; City; State; Zip Code Ausitn TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/2/12	5 Payee name Austin Tejano Democrats	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code Austin TX	
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE	(g) Category (See categories listed at the top of this schedule) Marketing	(h) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/16/12	Payee name Blankemeyer	
Amount (\$) 350.00	Payee address; City; State; Zip Code 5100 E. 7th St Austin TX 78702	
<input type="checkbox"/> 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/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/1/12	Payee name Blasé	
Amount (\$) 350.00	Payee address; City; State; Zip Code 1017 Milam Place Austin TX 78704	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 2/29/12	Payee name Boutique Real Estate	
Amount (\$) 1500.00	Payee address; City; State; Zip Code Austin TX	
<input type="checkbox"/> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Rent	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 2/23/12		5 Payee name Anami			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code Austin TX			
8 <input type="checkbox"/> PURPOSE OF EXPENDITURE		(e) Category (See categories listed at the top of this schedule) Rent		(f) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/6/12		Payee name Anami			
Amount (\$) 1500.00		Payee address; City; State; Zip Code Austin TX			
<input type="checkbox"/> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Rent		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/7/12		Payee name Antones			
Amount (\$) 50.00		Payee address; City; State; Zip Code Austin, TX			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/5/12		Payee name Austin Java			
Amount (\$) 43.97		Payee address; City; State; Zip Code 301 W. 2nd Austin TX 78799			
<input type="checkbox"/> 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/OH		Candidate / Officeholder name		Office sought	Office held

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 3/30/12	5 Payee name American Printing	
6 Amount (\$) 1389.44	7 Payee address; City; State; Zip Code Austin TX	
8 PURPOSE OF EXPENDITURE	(c) Category (See categories listed at the top of this schedule) Printing	(d) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 1/19/12	Payee name AMPCO	
Amount (\$) 3.00	Payee address; City; State; Zip Code Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 3/7/12	Payee name Ampco	
Amount (\$) 4.50	Payee address; City; State; Zip Code Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 3/12/12	Payee name Ampco	
Amount (\$) 6.00	Payee address; City; State; Zip Code Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 2/10/12	5 Payee name Abshire	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 7630 Wood Hollow Dr. Austin TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) IKD: Database
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 2/24/12	Payee name Act Blue	
Amount (\$) 140.00	Payee address; City; State; Zip Code Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/7/12	Payee name Aimee Blasé	
Amount (\$) 365.34	Payee address; City; State; Zip Code 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) Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/31/12	Payee name Ambs	
Amount (\$) 235.00	Payee address; City; State; Zip Code 3208 CherryWood Rd Austin TX 78722	
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/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 G:		2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule H)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule H)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule H)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule H)	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
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 outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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)	(b) 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 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 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 of information required.)

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission/Filers)

4 Date

5 Name of person from whom amount is received

8 Amount
(\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

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 FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 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
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

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
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

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)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME
2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check 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 from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder