CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total page	s filed: 7
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr	FIRST James	MI	OFFI	CE USE ONLY
NAME	NICKNAME	LAST Pressler	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 8035 Cross Sugar Land,	Trail Dr	CITY; STATE; ZIP CODE		JUL 7 2023 RC
Change of Address				-	
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	253-2863	EXTENSION	Date Hand-delive	ered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mr	FIRST	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	. Date Processed	
	NONOUNE	Pressler	SULLY	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 8035 Cross Sugar Land,	Trail Dr	SUITE #; CITY;	STATE;	ZIP CODE
			EXTENSION		
3 CAMPAIGN TREASURER PHONE	(713)	253-3023	EXTENSION		
REPORT TYPE	January 15	30th day before	election	treasure	y after campaign r appointment older Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit		eport (Attach C/OH - FR)
O PERIOD	Month	Day Year	Month	Day Y	/ear
COVERED	1 ,	/ 1 / 23	THROUGH 6	/ 30 / 2	23
1 ELECTION	ELECTION DA	TE	ELECTION TYPE	E	
	Month Day	Year Primary General	Description		
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	m)	
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES I ACCEPTED OR POLITICAL EXPENDITURES I SANTHAUE BEEN MADE WITHOUT THE CAN INED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICE	HOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE COMMITTEE NAME				
COMMITTEE(S)					Vietness Vietnes
COMMITTEE(S) Additional Pages	GENERAL	COMMITTEE ADDRESS			
	GENERAL	COMMITTEE ADDRESS	EASURER NAME		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME James Pressler		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 458.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	^{T DAY} \$ 1,391.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
		3
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the _	day of,
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on and a second s	
My name is James Pres	sler, and my date of birth is	November 17, 1968
My address is 8035 Cros	s Trail Dr Sugar Land TX	
		tate) (zip code) (country)
Executed in Fort Bend	County, State of <u>Texas</u> , on the <u>6th</u> day of <u>July</u> (month)	(year) (year)
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	RNAME	20 Filer ID (Ethics Cor	nmissio	n Filers)
James	s Pressler			
	EDULE SUBTOTALS IE OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			70.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	388.79
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$	3.11

EXPENDITU	RES MADE BY CREDI		RD	SCHI	EDULE F4
If the requested infor	mation is not applicable, DO NOT in	clude this	page in the rep	port.	
	EXPENDITURE CATE	GORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Office Overt Polling Expe Printing Exp Salaries/Wa	ense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
1	James Pressler				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACRE	EDIT CARD	\$	
5 Date	6 Payee name				
06/16/2023	Discover				
7 Amount (\$)	8 Payee address; P.O. Box 71242 Charlotte, NC 28272-1242		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Contribution		(b) Description Greater Hous	ton Pachyderm	n Club
EXPENDITORE	(C) Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	i expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	ice sought	Office h	əld
Date	Payee name	~			
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Poli	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule)	Description		
	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	ice sought	Office h	əld
	ATTACH ADDITIONAL COPIES O	F THIS SC	HEDULE AS NE	EDED	Deviced 8/47/2020

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CAT	GORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services The Instruction Guide expla	Office O Polling I Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor o complete this form.	Travel In District Travel Out Of Distric	oment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
1	James F	Pressler				
4 Date 06/16/2023	5 Business Campa	aign Corp.				
6 Amount (\$) 388.79		address; ross Trail Dr and, TX 77479		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this g Expense	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 s	chedule)	Description		
	C	check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI		ate / 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 s	achedule)	Description		
	(Check if travel outside of Texas. Complete So	chedule T.	Check If Austin,	TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED	

INTEREST, CREDITS, GAINS, REFUNDS, AND **CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
James Pre	ssler	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	Prosperity Bank	
06/30/2023	6 Address of person from whom amount is received; City; Sta 1301 N Mechanic St El Campo, TX 77437	ate; Zip Code 3.11
	7 Purpose for which amount is received Check if interest	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
,	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED
Forme provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/202

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to c	complete this form.
	•• Complete only if "Report Type" on page 1 i	s marked "Final Report" ••
1 C/OH	INAME	2 Filer ID (Ethics Commission Filers)
Jame	es Pressler	
3 SIGN	IATURE	
desig	not expect any further political contributions or political expenditures in o nating a report as a final report terminates my campaign treasurer appo paign contributions or make any campaign expenditures without a camp	pintment. I also understand that I may not accept any
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER	
A.	CAMPAIGN FUNDS	
Che	eck only one:	
	I do not have unexpended contributions or unexpended interest or i	income earned from political contributions.
V	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned filing this final report. Further, I understand that I must dispose of u interest or income earned on political contributions in accordance w	d interest or income earned on political contributions to of unexpended contributions and that I may not retain d on political contributions longer than six years after inexpended political contributions and unexpended
В.	ASSETS	
Che	eck only one:	
V	I do not retain assets purchased with political contributions or intere	est or other income from political contributions.
	I do retain assets purchased with political contributions or interest of that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purch requirements of Election Code, § 254.204.	or interest pr other income from political contributions to
	ICEHOLDER complete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an file. I am also aware that I will be required to file reports of unexpende an officeholder, I retain political contributions, interest or other income political contributions or interest or other income from political contri	ed contributions if, after filing the last required report as e from political contributions, or assets purchased with
		Signature of Officeholder