

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00001000		2 PAGE # 1 of 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Laura		<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged		
	NICKNAME LAST SUFFIX Morrison				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 610 Baylor Street Austin, TX 78703				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Mark				
	NICKNAME LAST SUFFIX Perlmutter				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1717 W 6th Street Suite 375 Austin, TX 78703-4868				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 476-4944				
8 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)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2008 12/31/2008				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council, Place 4		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				

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**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME** Morrison, Laura (Mrs.)**15 ACCOUNT #** (Ethics Commission filers)  
00001000**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

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

\$

0.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

3,721.65

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

\$

0.00

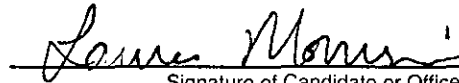
**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

32,878.40

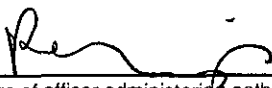
**18 AFFIDAVIT**

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Morrison, this the 20 day  
of January, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Reyna Ruiz

Print name of officer administering oath

Admin. specialist

Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/5
2 FILER NAME Morrison, Laura (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001000
4 Date  08/18/2008	5 Payee name Calling Solutions, Inc  6 Payee address; City; State; Zip Code 2200 McCullough Ave San Antonio, TX 78212	7 Amount (\$)  \$2,670.00
8 Purpose of payment (See instructions regarding type of information required.) Voter Contact  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/18/2008	Payee name Chase Bank  Payee address; City; State; Zip Code Box 961103 Ft Worth, TX 76161	Amount (\$)  \$32.00
Purpose of payment (See instructions regarding type of information required.) Service Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/01/2008	Payee name Ignite Consulting  Payee address; City; State; Zip Code 4032 South Lamar Suite 500, Box 146 Austin, TX 78704	Amount (\$)  \$613.49
Purpose of payment (See instructions regarding type of information required.) Printing and Graphic Design  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/13/2008	Payee name Paypal  Payee address; City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125	Amount (\$)  \$3.20
Purpose of payment (See instructions regarding type of information required.) Service Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 4/5
2 FILER NAME Morrison, Laura (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001000
4 Date  07/08/2008	5 Payee name AT&T ..... 6 Payee address; City; State; Zip Code 555 Main Street Room 228-CR Beaumont, TX 77701 7 Purpose of expenditure (See instructions regarding type of information required.) Phone and Internet Services for Office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$)  \$223.62  <input type="checkbox"/> Reimbursement from political contributions intended
Date  07/19/2008	Payee name City of Austin - Austin Energy ..... Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783 Purpose of expenditure (See instructions regarding type of information required.) Office Utilities  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$179.34  <input type="checkbox"/> Reimbursement from political contributions intended

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 5/5**2** FILER NAME Morrison, Laura (Mrs.)**3** ACCOUNT # (Ethics Commission filers)  
00001000

<b>4</b> Date  07/31/2008	<b>5</b> Payor name AT&T <hr/> <b>6</b> Payor address; City; State; Zip Code 555 Main Street Room 228-CR Beaumont, TX 77701 <hr/> <b>7</b> Reason for credit Closed account, overpayment reimbursed	<b>8</b> Amount (\$)  \$143.59
Date  07/10/2008	Payor name Carl Daywood Realtors <hr/> Payor address; City; State; Zip Code 600 Sabine Street #200 Austin, TX 78701 <hr/> Reason for credit Reimburse of Security Deposit for Office Rental	Amount (\$)  \$1,500.00