#### **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

CAMI AIGHT	MANUL KLI OKI		GOVER ONCE FO
The C/OH INSTRUCTION GU	DIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE# 1 of 35
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mrs. Laura	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Morrison	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 610 Baylor Street Austin, TX 78703	CITY: STATE; ZIP CODE	Date Hand-delivered or Date Pastmanded
Change of Address			က ငြ
5 CAMPAIGN	Ms/Mrs/Mr First Mr. Mark	MI	Date Processed
TREASURER NAME	NICKNAME LAST Perlmutter	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU  1717 West 6th Street Suite 375 Austin, TX 78703	JITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 476-4944	EXTENSION	
8 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (officeholder only)
	July 15 X 8th day before electi	ion Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRC 04/05/2011	Month Day DUGH 05/04/201	Year 11
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year  05/14/2011 Primar		General Special
11 OFFICE	OFFICE HELD (if any) Austin City Council District 4	12 OFFICE SOUGHT (if known) Austin City Council E	District 4
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign exp Candidates are required to disclose this information of		
BY OTHER INDIVIDUALS	Name		
addoonal pages	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	
	GO TO I	PAGE 2	

CANDIDATE	/ OFFICEH	OLDER REPORT:	(512)463-5800 <b>F(</b>	ORM C/OH
SUPPORT &				SHEET PG 2
14 C/OH NAME Morris	son, Laura (Mrs.)		15 ACCOUNT # (E 00000001	thics Commission filers)
16 NOTICE FROM	have been made with	stice of political expenditures by political committees to support the ca tout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	21,430.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL F	OLITICAL EXPENDITURES	\$	26,810.35
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	54,128.75
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y 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.  YVONNE SPENCE My Commission Expires July 01, 2014  Signature of Candidate or Officeholder				
AFFIX NOTARY ST	TAMP / SEAL ABOVE		1-1.	
Sworn to and subscribe			, this the $(2^{+t}$	day
Signature of officer admin	- Drene	e Vonce Spence Print name of officer administering oath	Notaru Title of officer administ	2 bring path

		THAIT ELBOLO ON LOA			
The	İnstructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/	23 Report: 3/35
2 FILEF	R NAME	Morrison, Laura (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Da	te	5 Full name of contributor	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/28	3/2011	6 Contributor address; City; State; Zip Code 815 A Brazos Street Austin, TX 78701		\$50.00	[ ] [
				(If travel outside of	Texas, complete Schedule T)
9 Princi	pal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Dat	te	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12	2/2011	Contributor address; City; State; Zip Code 4107 Medical Parkway Austin, TX 78756		\$350.00	! 
		Ausum, 12 70750		(If travel outside of	Texas, complete Schedule T)
Princip n/a	pal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	le	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/11	/2011	Contributor address; City; State; Zip Code 1507 Yaupon Valley Road West Lake Hills, TX 78746		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	oal occup elance V	ation / Job title (See Instructions) Vriter	Employer (See In Self	structions)	
Date	e	Full name of contributor	<del>‡)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/	/2011	Contributor address; City; State; Zip Code 902 Blanco Street Austin, TX 78703		\$200.00   	
				(If travel outside of	Texas, complete Schedule T)
	al occupa iate Pro	ation / Job title (See Instructions) fessor	Employer (See In: University of Te		
Date	•	Full name of contributor	<u>'</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/	/2011	Contributor address; City; State; Zip Code 98 San Jacinto Boulevard Suite 1400 Austin, TX 78701		\$250.00     	
		11. 11. 11. 10.	P	<del></del>	Texas, complete Schedule T)
Attorne	•	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	

OTHER THAN PLEDGES OR LOANS				
The Instruc	rion Guide explains how to complete this form.		1 PAGE # Schedule: 2/2	23_Report: 4/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Barrett, Monte	#)	7 Amount of contribution (\$)	8
04/06/2011	6 Contributor address; City; State; Zip Code 10503 War Bonnet Drive Austin, TX 78733		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID: Beers, Joseph	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/2011	Contributor address; City; State; Zip Code 8522 Woodstone Drive Austin, TX 78757		\$10.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u>L`</u>	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 1808 Forestglade Drive Austin, TX 78745		\$50.00	·
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Boothe, Terry	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 12525 Hwy 71 West Austin, TX 78738		\$100.00   	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of   contribution (\$)	In-kind contribution description (if applicable)
04/13/2011	Contributor address; City; State; Zip Code 3115 Helms Street #307 Austin, TX 78705	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00     	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	-

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	
			Schedule: 3/2	23 Report: 5/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8
04/07/2011	6 Contributor address; City; State; Zip Code 2711 Tether Trail Austin, TX 78704		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu **None	pation / Job title (See Instructions)	10 Employer (See In None	structions)	
Date	Fuil name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 8103 Asmara Drive Austin, TX 78750		\$125.00	 
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 8103 Asmara Drive Austin, TX 78750		\$125.00 	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/15/2011	Contributor address; City; State; Zip Code P.O. Box 144542 Austin, TX 78714		\$350.00   	
				Texas, complete Schedule T)
Principal occup ***Driver	ation / Job title (See Instructions)	Employer (See Ins Lone Star Cab	structions)	
Date	Full name of contributor	<u> </u>	Amount of   contribution (\$)	In-kind contribution description (if applicable)
04/05/2011 -	Contributor address; City; State; Zip Code 1475 Federal Heights Drive Salt Lake City, UT 84103		\$350.00     	
	•		(if travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	,
*Advertising	,	Reagan Advertis		

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 4/23 Report: 6/35 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Morrison, Laura (Mrs.) 00000001 5 Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) Crossley, Cecilia 04/14/2011 6 Contributor address: City: State: Zip Code \$25.00 3100 Catalina Drive Austin, TX 78741 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor □ out-of-state PAC (ID# In-kind contribution Date Amount of description (if applicable) contribution (\$) Davis, Griffin 04/07/2011 Contributor address; City; State; Zip Code \$200.00 2604 Stratford Drive Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President of Marketing MarketHardware.com Date Amount of In-kind contribution contribution (\$) description (if applicable) Durrett, Marshall 04/13/2011 Contributor address; City; State; Zip Code \$50.00 1608 Poquonock Road Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Ejigu, Daniel 04/13/2011 Contributor address; City; State; Zip Code \$100.00 1522 Thibodeaux Austin, TX 78664 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

City; State; Zip Code

Date

04/16/2011

Ellis, Mary Dale

Principal occupation / Job title (See Instructions)

Contributor address;

1704 West Avenue #301 Austin, TX 78701

In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T)

Amount of contribution (\$)

Employer (See Instructions)

\$100.00

OTHER	R THAN PLEDGES OR LOA	NS 		
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/	23 Report: 7/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Engdaw, Teferi	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/12/2011	<b>6</b> Contributor address; City; State; Zip Code 11700 Metric Boulevard #402 Austin, TX 78758		\$100.00	1 ] 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See in	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2011	Contributor address; City; State; Zip Code 615 East Wonsley Drive Apt. 244		\$100.00	 
	Austin, TX 78753		(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See Ir	<u></u>	
Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746	,	\$350.00	
			<u> </u>	Texas, complete Schedule T)
Principal occup Title Insurand	pation / Job title (See Instructions)	Employer (See In Heritage Title C	structions) company of Austin	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746		\$350.00	
Principal occup None	ation / Job title (See Instructions)	Employer (See In None		Texas, complete Schedule T)
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011 ·	Contributor address; City; State; Zip Code 5503 Blueridge Court Austin, TX 78731		\$100.00 <mark> </mark>   	
		_	(If travel outside of 1	Гехаs, complete Schedule Т)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

OTHER THAN PLEDGES OR LOANS				
The Instru	стюм Guide explains how to complete this form.		1 PAGE # Schedule: 6/	/23 Report: 8/35
2 FILER NAM	E Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Forrest, Hugh	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/08/201	1 6 Contributor address; City; State; Zip Code 703 East 50th Street Unit B Austin, TX 78751		\$350.00	{   
			(If travel outside of	Texas, complete Schedule T)
9 Principal oci **Event Dir	cupation / Job title (See Instructions) rector	10 Employer (See In SXSW, Inc.	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/201	Contributor address; City; State; Zip Code 703 East 50th Street Unit B Austin, TX 78751		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occ **None	cupation / Job title (See Instructions)	Employer (See In None	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 703 Caribou Ridge Trail Pflugerville, TX 78660		\$100.00	 
_	<u> </u>		L `	Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12/2011	Contributor address; City; State; Zip Code 2722 Highpoint Drive Round Rock, TX 78664		\$250.00	
8 / 4 / 4 / 4 / 4		5		Texas, complete Schedule T)
Principal occ ***Accounta	upation / Job title (See Instructions) ant	Employer (See Ins Financial Freedo		
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2011	Contributor address; City; State; Zip Code 2711 Tether Trail Austin, TX 78704		\$350.00 <mark> </mark>   	
			<u> </u>	Texas, complete Schedule T)
Principal occi **Creative D	upation / Job title (See Instructions) Director	Employer (See Ins SXSW, Inc.	tructions)	

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The Instruct	ON GUIDE explains how to complete this form.	·	1 PAGE# Schedule: 7/	23 Report: 9/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Guller, Douglas	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2011	6 Contributor address; City; State; Zip Code 3506 Mount Bonnell Road Austin, TX 78731	•••••	\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 7308 Moon Rock Road Austin, TX 78739		\$25.00	 
				Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 703 Main Street Bastrop, TX 78602		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/2011	Contributor address; City; State; Zip Code 6700 Midwood Parkway Austin, TX 78736		\$75.00     	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor  ut-of-state PAC (ID# Hersh, Stuart	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2011	Contributor address; City; State; Zip Code 1307 Kinney Avenue #117 Austin, TX 78704		\$100.00 {   	
			(If travel outside of 1	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
•		•		

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	23 Report: 10/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/22/2011	6 Contributor address; City; State; Zip Code 1701 West Avenue Austin, TX 78701		\$100.00	 
			<u></u>	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 2510 Ridgeview Street Austin, TX 78704		\$20.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 2603 Tanglewood Trail Austin, TX 78703		\$100.00	 
		<u> </u>	L `	Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<del>/</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 1608 B Haskell Street Austin, TX 78702		\$350.00	
Principal acque	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
**Accountant	alion / Job line (See Instructions)	SXSW, Inc.	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/24/2011	Contributor address; City; State; Zip Code 2008 B Rabb Glen Austin, TX 78704		\$100.00   	
				exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

OTHER THAN PLEDGES OR LOANS				
The Instruct	אסוי Guide explains how to complete this form.		1 PAGE# Schedule: 9/	23 Report: 11/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Jackson, Charlie		7 Amount of contribution (\$)	8
04/11/2011	6 Contributor address; City; State; Zip Code 11900 Metric Boulevard J163 Austin, TX 78758		\$100.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12/2011	Contributor address; City; State; Zip Code 2958 Donnell Drive Round Rock, TX 78664		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu ***Owner	pation / Job title (See Instructions)	Employer (See In Lone Star Cab	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/15/2011	Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660		\$350.00	
	<u> </u>		<u> </u>	Texas, complete Schedule T)
Principal occup ***Data Entry	pation / Job title (See Instructions)  Clerk	Employer (See In: Texas Departme	structions) ent of Public Safet	у
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2011	Contributor address; City; State; Zip Code 4419 Barrow Austin, TX 78751		\$350.00   	
Principal occup **Festival Pro	ation / Job title (See Instructions) ducer	Employer (See Ins SXSW, Inc.	<u> </u>	Fexas, complete Schedule T)
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2011	Contributor address; City; State; Zip Code 1306 Bentwood Austin, TX 78722		\$350.00 <mark> </mark> 	
			<u> </u>	exas, complete Schedule T)
Principal occup  **Owner	ation / Job title (See Instructions)	Employer (See Ins Austintatious Ev		

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/23 Report: 12/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Koepke, John	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/08/2011	6 Contributor address; City; State; Zip Code 1306 Bentwood Austin, TX 78722		\$350.00	1 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu **Park Peac	pation / Job title (See Instructions) e Officer	10 Employer (See In Government Ca	structions) inyon State Natur	al Area
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2011	Contributor address; City; State; Zip Code 916 West 12th Street Austin, TX 78703		\$300.00	 
				Texas, complete Schedule T}
Owner	pation / Job title (See Instructions)	Employer (See Ins Central Austin M	structions) fanagement Grou	p
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/18/2011	Contributor address; City; State; Zip Code 11000 Onion Creek Court Austin, TX 78747		\$100.00 I	
			`	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2011	Contributor address; City; State; Zip Code 4901 Avenue F Austin, TX 78751		\$25.00   	_
				Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 1800 Parkside Lane Austin, TX 78745		\$350.00 <mark> </mark> 	
				exas, complete Schedule T)
Principal occup **Retired	ation / Job title (See Instructions)	Employer (See Insi None	tructions)	

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	/23 Report: 13/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Majewski, George	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/05/2011	6 Contributor address; City; State; Zip Code 1800 Parkside Lane Austin, TX 78745		\$350.00	ł   
	<u> </u>		l	Texas, complete Schedule T)
9 Principal occu **Retired	pation / Job title (See Instructions)	10 Employer (See In None	structions)	
Date	Full name of contributor	<del> </del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2011	Contributor address; City; State; Zip Code 2507 Cascade Drive Austin, TX 78757		\$350.00	<b> </b> 
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) ive Coordinator	Employer (See Ins ProArts Collecti		
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 9102 Clearock Drive Austin, TX 78750		\$100.00   	
<b>D</b> 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			<u> </u>	Texas, complete Schedule T)
Principal occup	Pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Mather, Jean	·)	Amount of   contribution (\$)	In-kind contribution description (if applicable)
04/14/2011	Contributor address; City; State; Zip Code 1611 Alameda Drive Austin, TX 78704		\$100.00 <mark> </mark> 	·
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	)	Amount of   contribution (\$)	In-kind contribution description (if applicable)
04/19/2011	Contributor address; City; State; Zip Code 507 Kingfisher Creek Drive Austin, TX 78748		\$100.00 <mark> </mark>   	
		•	(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Insti	RUCTION GUIDE explains how to complete this form.	,	1 PAGE # Schedule: 12	2/23 Report: 14/35	
2 FILER NA	ME Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4 Date	5 Full name of contributor  ut-of-state PAC (ID Meisenbach, Albert	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
04/19/20	6 Contributor address; City; State; Zip Code 1800 San Gabriel Street Austin, TX 78701		\$250.00	} 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal of Physicial	occupation / Job title (See Instructions)	10 Employer (See In University of Te			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/19/20	11 Contributor address; City; State; Zip Code 1800 San Gabriel Street Austin, TX 78701		\$250.00	   	
			(If travel outside of	Texas, complete Schedule T)	
	occupation / Job title (See Instructions)	Employer (See In	structions)		
Musician		Self			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/07/20	Contributor address; City; State; Zip Code 4419 Barrow Austin, TX 78751	, ,	\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal o **Studen	ccupation / Job title (See Instructions)	Employer (See In None	structions)		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/26/20	Contributor address; City; State; Zip Code 98 San Jacinto Boulevard FSR #PH Austin, TX 78701		\$250.00	·   	
	Austin, 12 70701		(If travel outside of	Texas, complete Schedule T)	
Principal o President	ccupation / Job title (See Instructions)	Employer (See Ins Meritage Capita	structions)		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/15/20	Contributor address; City; State; Zip Code 4501 East Riverside Drive Apartment 2032 Austin, TX 78741		\$350.00   		
			<u> </u>	Texas, complete Schedule T)	
Principal or ***Driver	ccupation / Job title (See Instructions)	Employer (See Ins Lone Star Cab	structions)		

Texas Ethics Co	mmission P.O.Box 12070 Austin	i, Texas 78711-2070	(512)4	63-5800 TDD 1-800-735-
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	3/23 Report: 15/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Montgomery, Ariene	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/09/2011	6 Contributor address; City; State; Zip Code 1706 Nueces Street Austin, TX 78701		\$50.00	]   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	Dation / Job title (See Instructions)	10 Employer (See In	<u> </u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 809 Canyon Creek Drive Austin, TX 78746		\$25.00	{   
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<del>*************************************</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 7212 Marywood Circle Austin, TX 78723		\$150.00	
			·	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<del> </del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/17/2011	Contributor address; City; State; Zip Code 2710 West 49th 1/2 Street Austin, TX 78731		\$100.00 I	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor  ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 1202 Shelley Avenue Austin, TX 78703		\$100.00   	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

			- <del></del>	<u> </u>
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14	1/23 Report: 16/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID: Parish, James	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/16/2011	6 Contributor address; City; State; Zip Code P.O. Box 13145 Austin, TX 78711		\$50.00	 
			(if travel outside of	Texas, complete Schedule T)
9 Principal occu	ipation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 115 Merion Drive Austin, TX 78737	,	\$100.00	 
			<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 1801 South Mopac Expwy Suite 100 Austin, TX 78746		\$50.00 I	
Distinct co.	God ( John Filly (October 1985)	Frankrije (Saala		Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12/2011	Contributor address; City; State; Zip Code 10037 Circleview Drive Austin, TX 78733	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00     	
			(if travel outside of	Texas, complete Schedule T)
Principal occup Homemaker	pation / Job title (See Instructions)	Employer (See Ins None	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2011	Contributor address; City; State; Zip Code 5101 Crestway Drive Austin, TX 78731		\$25.00   	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
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OTHE	R THAN PLEDGES OR LOA	.NS 		
The INSTRUC	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/23 Report: 17/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/11/2011	6 Contributor address; City; State; Zip Code 705 West 8th Street #3 Austin, TX 78701		\$200.00	 
			J	Texas, complete Schedule T)
9 Principal occi Retired Atto	upation / Job title (See Instructions) rney	10 Employer (See In None	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 2022 Laird Drive Salt Lake City, UT 84108		\$350.00	 
	Can Earle Sity, 61 64 166		(If travel outside of	Texas, complete Schedule T)
Principal occu *Advertising	upation / Job title (See Instructions)	Employer (See In Reagan Adverti	structions)	Total Complete Control of the Contro
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 1475 Federal Heights Drive Salt Lake City, UT 84103		\$350.00	  - 
			(If travel outside of	Texas, complete Schedule T)
Principal occu *Advertising	pation / Job title (See Instructions)	Employer (See In Reagan Adverti		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 1492 Penrose Drive Salt Lake City, UT 84103		   \$350.00 	
				Texas, complete Schedule T)
Principal occu *Advertising	pation / Job title (See Instructions)	Employer (See Ins Reagan Advertis		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 2022 Laird Drive Salt Lake City, UT 84108		\$350.00     	
	<u> </u>			Texas, complete Schedule T)
Principal occu *Advertising	pation / Job title (See Instructions)	Employer (See Ins Reagan Advertis		

·	OTHER	THAN PLEDGES OR LOA	NS 	<u>-</u> -:	
	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	6/23 Report: 18/35
2	FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (IDIReagan, William	<u> </u>	7 Amount of contribution (\$)	8
	04/05/2011	6 Contributor address; City; State; Zip Code 1492 Penrose Drive Salt Lake City, UT 84103		\$350.00	 
				<u> </u>	Texas, complete Schedule T)
9	*Advertising	pation / Job title (See Instructions)	10 Employer (See In Reagan Adverti		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/05/2011	Contributor address; City; State; Zip Code 4100 McBrine Place Austin, TX 78746		\$350.00	 
		Addult, FX 70740		(If travel outside of	Texas, complete Schedule T)
	Principal occup *Advertising	ation / Job title (See Instructions)	Employer (See In Reagan Adverti	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/22/2011	Contributor address; City; State; Zip Code 528 Tanner Trail Pflugerville, TX 78660	•	\$100.00	  - 
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID#) Rigney, Robert	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/05/2011	Contributor address; City; State; Zip Code 1902 Anita Drive Austin, TX 78704		\$250.00   	
	Dringing on the	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	Senior CADD		University of Tex	xas	
	Date	Full name of contributor		Amount of   contribution (\$)	In-kind contribution description (if applicable)
	04/18/2011	Contributor address; City; State; Zip Code 1000 Glen Oaks Court Austin, TX 78702		\$100.00	
				(If travel outside of 3	「exas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		ones, complete ochedule ()
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THE MOTROCI	rion Guide explains how to complete this form.			//23 Report; 19/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
	, ,		00000001	
4 Date	5 Full name of contributor  ut-of-state PAC (ID#Ross, Lauren	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/03/2011	6 Contributor address; City; State; Zip Code 1405 Hillmont Austin, TX 78704		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
<b>9</b> Principal occu Engineer	pation / Job title (See Instructions)	10 Employer (See In Glenrose Engin		
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/2011	Contributor address; City; State; Zip Code 1519 Murray Lane Austin, TX 78703		\$100.00	
	Austin, 17,76703			
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 1312 Glenda Drive Round Rock, TX 78681		\$50.00     	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code P.O. Box 1445 Austin, TX 78767		\$200.00     	
			·	exas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See Ins Wild About Musi		
Owner			Amount of   contribution (\$)	In-kind contribution description (if applicable)
Owner Date	Full name of contributor			description (ii applicable)
			\$50.00	description (ii applicable)
Date	Schulze, Jack  Contributor address; City; State; Zip Code 1308 Ridgemont Drive		\$50.00   	exas, complete Schedule T)

OTHE	THAN PLEDGES OR LOA	N2	<u>.</u>	
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	3/23 Report: 20/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Seifu, Yemane	#>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/13/2011	6 Contributor address; City; State; Zip Code 1015 East Yager Lane #92 Austin, TX 78753		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2011	Contributor address; City; State; Zip Code 17117 FM 969 Manor, TX 78653		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup **Executive F	pation / Job title (See Instructions) Producer	Employer (See In: SXSW, Inc.	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/2011	Contributor address; City; State; Zip Code 800 West 5th Street #603 Austin, TX 78703		\$150.00   	
				exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of   contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 2200 South IH-35 Austin, TX 78704		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

OTHER	THAN FLEDGES OR LOA			
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	/23 Report: 21/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/09/2011	6 Contributor address; City; State; Zip Code 1519 Murray Lane Austin, TX 78703		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 600 South 1st Street #335 Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup **Marketing	pation / Job title (See Instructions)	Employer (See In SXSW, Inc.	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2011	Contributor address; City; State; Zip Code 250 Bolton Drive Austin, TX 78737		\$100.00   	
			1	Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<b>‡</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 208 Barton Springs Road Austin, TX 78704		\$100.00     	
				exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code P.O. Box 4181 Austin, TX 78765		\$350.00   	
			(If travel outside of T	exas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ins	structions)	
**Sales and N	larketing Manager	SXSW, Inc.		

		<u> </u>	<u> </u>	
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	)/23 Report: 22/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/11/2011	6 Contributor address; City; State; Zip Code 1507 Yaupon Valley Road West Lake Hills, TX 78746		\$350.00	   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu **Executive	pation / Job title (See Instructions)	10 Employer (See In SXSW, Inc.	structions)	
Date	Full name of contributor	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12/2011	Contributor address; City; State; Zip Code 2958 Donnell Drive Round Rock, TX 78664		\$350.00	 
				Texas, complete Schedule T)
Principal occu ***None	pation / Job title (See Instructions)	Employer (See Ins None	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2011	Contributor address; City; State; Zip Code 1704 Kerr Drive Austin, TX 78704		\$50.00	
			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2011	Contributor address; City; State; Zip Code 4033 Vail Divide Austin, TX 78738		\$100.00 <mark> </mark>   	ļ
			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 507 Red Tailed Hawk Pflugerville, TX 78660		\$100.00   	
	•		(If travel outside of T	exas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	<u> </u>	oxas, complete ocheonie 1/
оры особр		p.0701 (000 1110	,	

SCHEDULE A

# **POLITICAL CONTRIBUTIONS**

OTHER	R THAN PLEDGES OR LOA	NS ————————————————————————————————————		
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 21	1/23 Report: 23/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Walsh, James	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/22/2011	6 Contributor address; City; State; Zip Code 7124 Quimper Lane Austin, TX 78749		\$100.00	 
=			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u>#</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/2011	Contributor address; City; State; Zip Code 608 Harthan Street Austin, TX 78703		\$25.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2011	Contributor address; City; State; Zip Code 6704 Tampa Cove Austin, TX 78723		\$100.00     	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code P.O. Box 5623 Austin, TX 78763		\$300.00   	
Principal occup President	eation / Job title (See Instructions)	Employer (See Ins MDW Interests		Texas, complete Schedule T)
Date	Full name of contributor  ut-of-state PAC (ID# Wheeler, Diana	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12/2011	Contributor address; City; State; Zip Code 2604 West 49th Street Austin, TX 78731		\$50.00     	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
				1

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22	2/23 Report: 24/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID: Wheeter, Richard	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/13/2011	6 Contributor address; City; State; Zip Code 1903A Crested Butte Drive Austin, TX 78746		\$350.00	. 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Retired	pation / Job title (See Instructions)	10 Employer (See In None	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 6607 Willamette Drive Austin, TX 78723		\$50.00	
			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2011	Contributor address; City; State; Zip Code 2507 Cascade Drive Austin, TX 78757		\$350.00	
				Texas, complete Schedule T)
Principal occup **Director of	ation / Job title (See Instructions) Fechnology	Employer (See In: SXSW, Inc.	structions)	·
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2011	Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745		\$350.00	
	T			Texas, complete Schedule T)
Principal occup **Bookkeeper	ation / Job title (See Instructions)	Employer (See Ins Clarence Utley,		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2011	Contributor address; City; State; Zip Code 79 Pascal Lane Austin, TX 78746		\$25.00     	-
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 23	3/23 Report: 25/35
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Wong Mok, Amy	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/05/2011	6 Contributor address; City; State; Zip Code 6301 Cat Mountain Cove Austin, TX 78731		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor  ut-of-state PAC (ID#_Yedeme, Tigabue	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2011	Contributor address; City; State; Zip Code 12118 Walnut Park Circle Apt. 123 Austin, TX 78753		\$100.00	   
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2011	Contributor address; City; State; Zip Code 13608 Merseyside Drive Pflugerville, TX 78660		\$100.00	!   
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/15/2011	Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660		\$350.00   	
0 17 10, 20 1 1				
			(If travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ins Lone Star Cab	*	Texas, complete Schedule I)
Principal occupa			*	Texas, complete Schedule I)
Principal occupa			*	Texas, complete Schedule I)
Principal occupa			*	Texas, complete Schedule I)

Austin, Texas 78711-2070

#### (512)463-5800 TDD 1-800-735-2989

SCHEDULE F

#### **POLITICAL EXPENDITURES**

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

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

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

Event Expense Fees		Expense Expense The Instruction		District ad/Rental Expense now to complete this t	OTHER (er	te/Officeholder/Political Committee hter a category not listed above)
1 PAGE#		2 FILER NAME	<u> </u>	<del>.</del>	· · ·	3 ACCOUNT # (TEC filers)
Schedule: 1/9 R	eport: 26/35	Morrison, Laura (M	rs.)			00000001
4 Date	5 Payee name	<u> </u>		<del></del> -	<del></del>	00000001
05/02/2011	Armand, Re	ainald				
6 Amount (\$)	7 Payee address	<u> </u>	Zin Codo			
-	1	• • • • • • • • • • • • • • • • • • • •	Zip Code			
\$121.00	Austin, TX	Pleasant Valley 78741				
8		e Categories listed at the top of	of this schedule)	(b) Description	(If travel outs	ide of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wa	ges/Contract Labor		Salary		
EXPENDITURE						
		_		_ <u>, .</u> l		
9 Complete ONLY if	Candidate / O	fficeholder name		Office so	ught:	Office held:
direct expenditure to benefit C/OH						
<del></del>	<u> </u>				<del></del>	
Date	Payee name ARRIBA Nev					
04/29/2011			-: 0	<u></u>		
Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •	Zip Code			
\$310.00		esar Chavez Street				
	Austin, TX 7	0102				
			<u>.</u>			
PURPOSE		Categories listed at the top o	of this schedule)	Description		de of Texas, complete Schedule T)
OF	Advertising <b>E</b>	expense		Newspaper	Advertiseme	ent
EXPENDITURE						
					<del></del>	
Complete ONLY if direct expenditure	Candidate / O	fficeholder name		Office so	ught:	Office held:
to benefit C/OH						
Date	Payee name					
05/02/2011	Austin Chror	nicle				Į.
Amount (\$)	Payee address		Zin Codo		<del></del>	
	•	•	Zip Code			
\$1,870.00	P.O. Box 490 Austin, TX 7					
	, 1201111, 1711	-, 00				i
	Cotogon, (Co-	O-1	£ 41-1	Description	/2/ harmond and all	de of Texas, complete Schedule T)
PURPOSE		Categories listed at the top o	t this schedule)	Description	Advertiseme	· 1
OF	Advertising E	xpense		Newshaper	Advertiseme	311t
EXPENDITURE						
Complete ONLY if	Candidata / Of	ficeholder name		Office so	ight:	Office held:
direct expenditure	Gandidate / Of	MOSHOWSI HAIRE		Office SO	agrit.	Onice risid.
to benefit C/OH						
Date	Payee name					
04/05/2011	Badgley, Sha	iwn				-
Amount (\$)	Payee address		Zip Code	<u> </u>		
	1005 Edgecli					
\$1,750.00	Austin, TX 7					
	Category (Soc	Categories listed at the top of	this schodule)	Description	If travel outsin	le of Texas, complete Schedule T)
PURPOSE		es/Contract Labor	nna sonedule)	Salary	(ii uavei outsit	10 or raxas, complete scriedule 1)
OF	Saiai iesi way	joaroomiaci Laboi		Jalary		
EXPENDITURE				1		ľ
Complete ON V if	Candidate / Of	ficeholder name		Office sou	icht:	Office held:
Complete ONLY if direct expenditure	Candidate / Of	neenoluel Hattle		Office SOL	igiit.	Office field.
to benefit C/OH						

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

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

Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Morrison, Laura (Mrs.) 00000001 Schedule: 2/9 Report: 27/35 5 Payee name Date 04/15/2011 Badgley, Shawn 6 Amount (\$) 7 Payee address City; State; Zip Code 1005 Edgecliff Terrace \$1,750.00 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 05/03/2011 Badgley, Shawn Amount (\$) Payee address City; State; Zip Code 1005 Edgecliff Terrace \$1,750.00 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary **OF EXPENDITURE** Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name Bintliff, David 04/05/2011 Amount (\$) Payee address City; State; Zip Code 6303 Danwood Drive \$2,250.00 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor Contract Labor - Signs OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Pavee name Black, Kevin 04/05/2011 Amount (\$) Payee address City; State; Zip Code 4606 Bennett Avenue Austin, TX 78751 \$261.63 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor **\$alary EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY it

SCHEDULE F

ļ			
Advertising Exp Accounting/Ban Consulting Expe Event Expense Fees	nking Legal Services Solicitation/Fundi ense Food/Beverage Expense Travel In District	/Contract Labor draising Expense strict /Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) orm.
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/9 R	- <sub>1</sub>		0000001
4 Date 04/11/2011	5 Payee name Black, Kevin		
6 Amount (\$) \$247.25	7 Payee address City; State; Zip Code 4606 Bennett Avenue Austin, TX 78751		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Salary	(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ght: Office held:
Date	Payee name		<del></del>
04/20/2011	Black, Kevin		<u>-</u>
Amount (\$)	Payee address City; State; Zip Code		
\$218.50	4606 Bennett Avenue Austin, TX 78751		
	Category (See Categories listed at the top of this schedule)	· ·	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Salary	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office souç	ght: Office held:
Date	Payee name		
04/26/2011	Black, Kevin		
Amount (\$) \$166.75	Payee address City; State; Zip Code 4606 Bennett Avenue Austin, TX 78751		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Salary	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ght: Office held:
Date 05/01/2011	Payee name Black, Kevin		
Amount (\$)	Payee address City; State; Zip Code		
\$342.13	4606 Bennett Avenue Austin, TX 78751		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description ( Salary	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht: Office held:

SCHEDULE F

<u> </u>			
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	nking Legal Services Solicitation/Fundra ense Food/Beverage Expense Travel In District	Contract Labor Loan Reparaising Expense Transports Contribution trict Candida Rental Expense OTHER (e	payment/Reimbursement lation Equipment & Related Expense lons/Donations Made By late/Officeholder/Political Committee late/Officeholder/Political Committee lenter a category not listed above)
1 PAGE# Schedule: 4/9 Re	2 FILER NAME Morrison, Laura (Mrs.)	<u></u>	3 ACCOUNT # (TEC filers) 00000001
4 Date 04/15/2011	5 Payee name Capital Area Progressive Democrats	<u> </u>	1 0000001
6 Amount (\$) \$60.00	7 Payee address City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Sponsorship	tside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 04/00/2014	Payee name		
04/06/2011 Amount (\$)	Chambless, Paul Payee address City; State; Zip Code		
\$1,125.00	,, , , , , , , , , , , , , , , , , , , ,		
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outs Contract Labor - Signs	side of Texas, complete Schedule T)
OF EXPENDITURE	Salaries/wages/Contract Fabor	Contract Labor - Signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held;
Date 04/28/2011	Payee name Craigslist.org		
Amount (\$) \$25.00	Payee address City; State; Zip Code 1381 9th Avenue San Francisco, CA 94122		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outsi Advertisement	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 04/20/2011	Payee name La Prensa Newspaper		
Amount (\$)	Payee address City; State; Zip Code		
\$400.00	1704 East 5th Street Austin, TX 78702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outsi Newspaper Advertiseme	ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense Printing Expense			Candidate OTHER (ente	/Donations Made By /Officeholder/Political Committee or a category not listed above)
1 PAGE#	2 FILER NAME	<u>-</u>	<u> </u>		3 ACCOUNT# (TEC filers)
Schedule: 5/9 R	eport: 30/35 Morrison, Laura (M	∕Irs.)			00000001
4 Date	5 Payee name				
04/25/2011	La Voz Newspaper				
6 Amount (\$)	7 Payee address City; State	; Zip Code			
\$500.00	P.O. Box 19457 Austin, TX 78760				
8	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	(If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising Expense	,	Newspaper A	•	
OF EXPENDITURE	,		' ' '		
EXPENDITURE					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ght:	Office held:
Date	Payee name				
04/15/2011	LULAC Council 650				
Amount (\$)	Payee address City; State	; Zio Code			· <del></del> -
` '	5128 Ganymede Drive	, 4,5 0000			
\$100.00	Austin, TX 78727				
	Category (See Categories listed at the top	of this schedule)	Description	(If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By		Event Spons	orship	
EXPENDITURE	Candidate/Officeholder/Political Co	ommittee			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ght:	Office held:
Date	Payee name				
04/27/2011	Nokoa The Observer				
Amount (\$)	Payee address City; State:	Zip Code	<u> </u>		
\$630.00	P.O. Box 1131 Austin, TX 78767				
	Category (See Categories listed at the top	of this schedule)	Description	If travel outside	of Texas, complete Schedule T)
PURPOSE	Advertising Expense	•	Newspaper A	dvertisemen	t -
OF EXPENDITURE	• •				
Complete ONLY if	Candidate / Officeholder name		Office soug	.ht·	Office held:
direct expenditure	Candidate / Chiconolide Haine		Onice addy	,,,,,	Office riold,
to benefit C/OH					
Date	Payee name				
04/20/2011	Oak Hill Gazette				
Amount (\$)	Payee address City; State;	Zip Code			
\$305.00	7200-B Hwy 71 West				
<b>\$550.50</b>	Austin, TX 78749				
·	Category (See Categories listed at the top of	of this schedule)	Description (	If travel outside	of Texas, complete Schedule T)
PURPOSE	Advertising Expense	,	Newspaper A		· Land
OF EXPENDITURE	<u> </u>				
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name		Office soug	ht:	Office held:
direct expenditure to benefit C/OH					
LO DOLLONG OF OF					

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

nse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Morrison, Laura (Mrs.) 00000001 Schedule: 6/9 Report: 31/35 4 Date 5 Payee name OfficeMax 04/25/2011 Payee address State; 6 Amount (\$) City; Zip Code 907 West 5th Street \$32.46 Austin, TX 78703 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies - Paper OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/06/2011 Opinion Analysts, Inc. Amount (\$) Payee address City; State; Zip Code 906 Rio Grande Street \$4,000.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Polling** Polling Expense OF EXPENDITURE Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name PayPal 05/04/2011 Amount (\$) Payee address City; State; Zip Code 1840 Embarcadero Road \$99.52 Palo Alto, CA 94303 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Cumulative Processing Fees for Reporting Period OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Romero, Erick 04/30/2011 Amount (\$) Payee address City; State; Zip Code 5705 Abby Ann Lane Austin, TX 78747 \$90.75 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Printing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Morrison, Laura (Mrs.) 00000001 Schedule: 7/9 Report: 32/35 4 Date 5 Payee name 05/02/2011 Romero, Erick 6 Amount (\$) Pavee address City: State: Zip Code 5705 Abby Ann Lane Austin, TX 78747 \$109.25 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/04/2011 Scholz Garten Pavee address State: Zip Code Amount (\$) City; 1607 San Jacinto Boulevard \$378.88 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Event Expense Room Rental Fees for Election Night Party OF **EXPENDITURE** Complete ONLY if Office sought: Candidate / Officeholder name Office held: direct expenditure to benefit C/OH Date Payee name 04/25/2011 The Villager Payee address City; State; Zip Code Amount (\$) 1223-A Rosewood Avenue \$504.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Advertising Expense Newspaper Advertisement OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/13/2011 Time Warner Cable Payee address City; State; Zip Code Amount (\$) \$160.26 P.O. Box 85100 Austin, TX 78708 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Internet Service OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	lking Legal Services Solicitation/Fund ense Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	/Contract Labor Loan Rej draising Expense Transpor t Contribut Strict Candi d/Rental Expense OTHER	payment/Reimbursement rlation Equipment & Related Expense tions/Donations Made By idate/Officeholder/Political Committee (enter a category not listed above)
1 PAGE# Schedule: 8/9 Re	2 FILER NAME Morrison, Laura (Mrs.)		3 ACCOUNT# (TEC filers) 00000001
4 Date 04/19/2011	5 Payee name VerticalResponse, Inc.		
6 Amount (\$) \$46.00	Suite 700 San Francisco, CA 94107		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel or E-mail Service	utside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 04/05/2011	Payee name Wick, Jim		
04/05/2011 Amount (\$)	Payee address City; State; Zip Code		<del></del>
\$2,000.00			
PURPOSE	Category (See Categories listed at the top of this schedule)	' '	utside of Texas, complete Schedule T)
OF EXPENDITURE	Salaries/Wages/Contract Labor	Salary 	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 04/15/2011	Payee name		
04/15/2011 Amount (\$)	Wick, Jim Payee address City; State; Zip Code		<del>,</del>
\$2,000.00	2611 Ektom Drive Unit D Austin, TX 78745		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel ou Salary	tside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 05/03/2011	Payee name Wick, Jim		
Amount (\$)	Payee address City; State; Zip Code		
\$2,000.00	2611 Ektom Drive Unit D Austin, TX 78745		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel out Salary	tside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Exp Accounting/Bant Consulting Expe Event Expense Fees	king Legal Services Solicitation/Fundra	ontract Labor Loan Ising Expense Trans Contri ict Ca ental Expense OTHE	Repayment/Reimbursement portation Equipment & Related Expense ibutions/Donations Made By ndidate/Officeholder/Political Committee R (enter a category not listed above)
1 PAGE# Schedule: 9/9 Re	pport: 34/35 FILER NAME Morrison, Laura (Mrs.)		3 ACCOUNT# (TEC filers) 00000001
4 Date 04/15/2011	5 Payee name Worley Printing		
6 Amount (\$) \$1,137.17	7 Payee address City; State; Zip Code 3217 North IH-35 Austin, TX 78722		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If trave Printing - Pushcard	l outside of Texas, complete Schedule T) [
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

**EXPENDITURE CATEGORIES** 

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense

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

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

Fees	Printing Expense Office Overhead  The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers
Schedule: 1/1 Re		00000001
4 Date	5 Payee name	
04/06/2011	AT&T	
6 Amount (\$) \$34.90	7 Payee address City; State; Zip Code P.O. Box 650574	
Reimbursement from political contributions intended	Dallas, TX 75265	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Phone Service
OF EXPENDITURE		
Date 05/01/2011	Payee name AT&T	
Amount (\$)	Payee address City; State; Zip Code	
\$34.90  Reimbursement from political contributions intended	P.O. Box 650574 Dallas, TX 75265	
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Phone Service
OF EXPENDITURE	Onice Overnesar Contain Expense	Thorse estate

Name of Candidate/Officeholder: \_ LAURA MORRISON

#### PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Enter the name and address of	of any person who	has solicited and ob	tained contributions
on your behalf during the	reporting period o	f \$200 per person	from five or more
individuals. (This requirement	it does not apply to	an individual who	raises funds in total
amount of \$5,000 or less to	for a candidate th	rough a fundraising	event held at the

individual's residence.)

Name of person soliciting contributions	Address		
* MIKE KELLY	4806 TIMBERLINE DR, AUSTIN, TX 78746		
** MICHAEL WHELLAN	4600 LAUREL CANYON DR, AUSTIN, TX 78731		
*** SOLOMON KASSA	2958 DONNELL DR, ROUND ROCK, TX 78664		

Reminder: This form is to identify bundlers, i.e. individuals who solicit and obtain contributions on your behalf. Remember there is a separate form to identify the *actual* donors (C/OH).

NOTE: DONATIONS COLLECTED BY BUNDLERS LISTED ABOVE ARE NOTED IN THE "OCCUPATION" FIELD FOR EACH DONATION WITH THE CORRESPONDING ASTERISKS.