CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guil	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 PAGE # 1 of 27
		00000001	10121
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR FIRST Laura	MI	OFFICE USE ONLY >
NAME	NICKNAME LAST Morrison	SUFFIX	Date Received JUL STIN CIT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 610 Baylor Street Austin, TX 78703	CITY: STATE; ZIP CODE	P Date Hand-delivered of Date Postmarked
Change of Address			21 K
			Receipt # Amount
5 CAMPAIGN TREASURER	Ms/mrs/mr First Mr. Mark	МІ	Date Processed
NAME	NICKNAME LAST Perimutter		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT 7: 1717 West 6th Street Suite 375 Austin, TX 78703	SUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 476-4944	EXTENSION	
8 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th day before ele	ection Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	Month Day	Yøar
OOVERLD	05/05/2011	06/30/20	11
10 ELECTION	ELECTION DATE ELECTION Month Day Year	TYPE	
		mary Runoff X	General Special
11 OFFICE	OFFICE HELD (if any) Austin City Council District 4	12 OFFICE SOUGHT (If known) Austin City Council (District 4
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign Candidates are required to disclose this information.		
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	GO TO	O PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Morri	son, Laura (Mrs.)			15 ACCOUNT # 00000001	(Ethics Commission filers)
16 NOTICE FROM POLITICAL	have been made with	tice of political expenditures by polit out the candidate's or officeholder's y receive notice of such expenditure	knowledge or consent. Candid:		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Better Austin Today PA	AC .		
	GENERAL	COMMITTEE ADDRESS P.O. Box 91041 Austin, TX 78709-1041			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Ogunro, Sunny			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. BOX 91041 Austin, TX 78709			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$ S, LOANS, OR GUARANTEES OF		\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS)	\$	12,940.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$				60.00
	4. TOTAL F	POLITICAL EXPENDITURES		\$	61,012.74
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			6,095.28
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTS Y OF THE REPORTING PERIOD	STANDING LOANS AS OF THE	\$	0.00
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. REYNA RUIZ ROTARY PLBLE STATE OF TEXAS COBUISSION EXPIRES: 10-12-2011 Signature of Candidate or Officeholder					
AFFIX NOTARY S Sworn to and subscrib	STAMP / SEAL ABOV	171112	Morrison	, this the	n day
وبايئ	1 1	tify which, witness my hand	and seal of office.	Admin	Specialist
Signature of officer admi	nistering oath	Print name of officer add	ministering oath	Title of officer adm	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 1/14 Report: 3/27 2 FILER NAME Morrison, Laura (Mrs.) 3 ACCOUNT # (Ethics Commission filers) 00000001 4 Date 5 Full name of contributor ut-of-state PAC (ID#_ 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) Abbott, Robin 05/10/2011 6 Contributor address: City: State: Zip Code

03/10/2011	5601 Blueridge Court		\$100.00	1
	Austin, TX 78731			I
			(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#		Amount of	In-kind contribution
	Aguirre, Lupe		contribution (\$)	description (if applicable)
1				1
05/12/2011	Contributor address; City; State; Zip Code 2210 White Dove Pass		\$350.00	1
	Austin, TX 78734			l
Ę			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Store Manag	er	Bealls		
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
	Albright, Thomas		contribution (\$)	description (if applicable)
.				
05/10/2011	Contributor address; City; State; Zip Code 1305 Alta Vista Avenue		\$25.00	
	Austin, TX 78704		,	1
			(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	In-kind contribution
	Alexander, Mike		contribution (\$)	description (if applicable)
			475.00	
05/05/2011	Contributor address; City; State; Zip Code 2827 Salado Street		\$75.00	
	Austin, TX 78705			!
			(If travel outside of	Texas, complete Schedule T)
Principat occup	eation / Job title (See Instructions)	Employer (See In:	structions)	<u> </u>
Date	Full name of contributor)	Amount of	In-kind contribution
	Arriola, Richard		contribution (\$)	description (if applicable)
05/07/0044	Contribute address City State 7in Code		\$10.00	
05/07/2011	Contributor address; City; State; Zip Code 7700 Whispering Winds Drive		\$10.00	
	Austin, TX 78745			
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

P.O.Box 12070 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 2/14 Report: 4/27 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Morrison, Laura (Mrs.) 00000001 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Bailey, Brooke 05/10/2011 6 Contributor address; City; State; Zip Code \$25.00 1801 West 10th Street Austin, TX 78703 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date In-kind contribution contribution (\$) description (if applicable) Bailey, Heather 05/10/2011 Contributor address; City: State: Zip Code \$100.00 1500 Raleigh Avenue 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# In-kind contribution Date Amount of contribution (\$) description (if applicable) Barker, Bobbie City; State; Zip Code 05/06/2011 Contributor address; \$50.00 802 Terrace Mountain Drive Austin, TX 78746 (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# Amount of In-kind contribution contribution (\$) description (if applicable) Burton, Charles 05/08/2011 Contributor address: City; State; Zip Code \$40.00 1118 Mission Ridge Austin, TX 78704 (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# In-kind contribution Amount of Date description (if applicable) contribution (\$) Carroll, Marianne 05/14/2011 Contributor address; City; State; Zip Code \$50.00 210 Lee Barton Drive Unit 613 Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

Engineer

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 3/14 Report: 5/27 2 FILER NAME (Ethics Commission filers) Morrison, Laura (Mrs.) 3 ACCOUNT# 00000001 4 Date 5 Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Cartlidge, Ron 05/10/2011 6 Contributor address; City; State; Zip Code \$30.00 1802 Woodland Avenue Austin, TX 78741 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#_ In-kind contribution contribution (\$) description (if applicable) Cates, Nancy 05/05/2011 Contributor address; City; State; Zip Code \$100.00 P.O. Box 1163 Dripping Springs, TX 78620 (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# In-kind contribution Date Amount of description (if applicable) contribution (\$) Dougherty, Molly 05/10/2011 Contributor address; City: State: Zip Code \$15.00 1100 Claire Drive Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) in-kind contribution Full name of contributor ut-of-state PAC (ID# Amount of Date contribution (\$) description (if applicable) Elfant, Bruce 05/07/2011 Contributor address; City; State; Zip Code \$100.00 4522 Avenue F Austin, TX 78751 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#) to-kind contribution Date Amount of contribution (\$) description (if applicable) Friese, Karen Contributor address; City; State; Zip Code \$350.00 05/09/2011 6603 Cat Creek Trail Austin, TX 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) K Friese & Associates

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	OTTER THAN FLEDGES OR LOANS					
	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/	14 Report: 6/27	
2	FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/10/2011	6 Contributor address; City; State; Zip Code 5804 Garden Oaks Austin, TX 78745		\$350.00	 	
				<u> </u>	Texas, complete Schedule T)	
9	Principal occup Dentist	pation / Job title (See Instructions)	10 Employer (See In Self	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/07/2011	Contributor address; City; State; Zip Code 3000 Kerbey Lane Austin, TX 78703		\$20.00) 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	F)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	05/13/2011	Contributor address; City; State; Zip Code 2006 Arthur Lane Austin, TX 78704		\$100.00	 	
ļ	District Control		C		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)	
	05/13/2011	Contributor address; City; State; Zip Code 2901 Cityplace West Boulevard Apt. 617 Dallas, TX 75204		\$350.00		
	5			_ '	Texas, complete Schedule T)	
	Principal occup Program Dire	eation / Job title (See Instructions) ctor	Employer (See In: Palmer Drug Ab	structions) ouse Program of A	ustin	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/11/2011	Contributor address; City; State; Zip Code 5909 Bull Creek Road Austin, TX 78757		\$150.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 5/14 Report: 7/27 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Morrison, Laura (Mrs.) 00000001 4 Date ☐ out-of-state PAC (ID#_ Full name of contributor Amount of in-kind contribution contribution (\$) description (if applicable) Greenberg, Leigh Anne 05/10/2011 6 Contributor address: City: State: Zip Code \$350.00 1522 South Congress Avenue Austin, TX 78704 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) *Student None Date Amount of In-kind contribution contribution (\$) description (if applicable) Greenberg, Sean 05/07/2011 City; State; Zip Code Contributor address: \$350.00 330 Eanes School Road Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) *Buyer Allen's Boots Date Amount of In-kind contribution description (if applicable) contribution (\$) Greenberg, Stephen 05/10/2011 Contributor address; City; State; Zip Code \$350.00 1522 South Congress Avenue Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Allen's Boots *Owner In-kind contribution Date Amount of contribution (\$) description (if applicable) Hammond, Granville 05/13/2011 Contributor address; City; State; Zip Code \$350.00 403 Chaparral Road Austin, TX 78745 (if travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) City of Austin Auditor Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution Date description (if applicable) contribution (\$) Harris, Karen City; State; Zip Code \$100.00 05/10/2011 Contributor address; 1409 Alameda Drive Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 6/	14 Report: 8/27	
2	FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hartman, David)	7 Amount of contribution (\$)	8	
	05/10/2011	6 Contributor address; City; State; Zip Code 300 Bowie Street #1008 Austin, TX 78703		\$25.00	 	
				(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)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/08/2011	Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713		\$300.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Marketing Dir	ation / Job title (See Instructions) ector	Employer (See In Harutunian Eng			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/08/2011	Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713		\$300.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In: Harutunian Eng			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/11/2011	Contributor address; City; State; Zip Code 7701 Bramblewood Circle Austin, TX 78731		\$350.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup *Attorney	ation / Job title (See Instructions)	Employer (See Ins Brown McCarro			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/11/2011	Contributor address; City; State; Zip Code 1104 Enfield Drive Austin, TX 78703		\$100.00 		
		·		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u>'</u>	· · · ·	
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OTHER THAN PLEDGES OR LUANS					
The INSTRUCTION GUIDE explains how to complete this	form. 1 PAGE # Schedule: 7/14 Report: 9/27				
2 FILER NAME Morrison, Laura (Mrs.)	3 ACCOUNT # (Ethics Commission filers) 00000001				
4 Date 5 Full name of contributor ☐ out-on Holderness, Earl	f-state PAC (ID#) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)				
05/07/2011 6 Contributor address; City; Sta 2943 Thousand Oaks Drive Austin, TX 78746	ste; Zip Code \$100.00				
	(If travel outside of Texas, complete Schedule T)				
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)				
Date Full name of contributor Dout-o	f-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)				
05/06/2011 Contributor address; City; Sta 3324 Silkgrass Bend Austin, TX 78748	ste; Zip Code \$350.00				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) *Attorney	Employer (See Instructions) Brown McCarroll				
Date Full name of contributor ☐ out-o	f-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)				
05/12/2011 Contributor address; City; Sta 6205 Indian Canyon Drive Austin, TX 78746	ste; Zip Code \$350.00				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) *Attorney	Employer (See Instructions) Brown McCarroll				
Date Full name of contributor ☐ out-o Jefferson, Ellen	f-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)				
05/10/2011 Contributor address; City; Sta 1400 Eva Street Austin, TX 78704	\$100.00 \$100.00				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date Full name of contributor Dout-o	S-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)				
05/06/2011 Contributor address; City; Sta 4204 Venado Drive Austin, TX 78731	ste; Zip Code \$250.00				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) *Attorney	Employer (See Instructions) Brown McCarroll				

OTHER THAN PLEDGES OR LOANS					
The Instruct	юм Guide explains how to complete this form.		1 PAGE# Schedule: 8/	14 Report: 10/27	
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID# Jung, Richard	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
05/13/2011	6 Contributor address; City; State; Zip Code 2530 Harris Boulevard Austin, TX 78703		\$350.00	! [
			L '	Texas, complete Schedule T)	
9 Principal occu Principal	pation / Job title (See Instructions)	10 Employer (See In Jung & Associa			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/10/2011	Contributor address; City; State; Zip Code 7006 Priscilla Drive Austin, TX 78752		\$25.00	 	
			1	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Kim, Paul)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/13/2011	Contributor address; City; State; Zip Code 10524 Roy Butler Drive Austin, TX 78717		\$350.00	 	
6:			<u> </u>	Texas, complete Schedule T)	
Principal occu President	pation / Job title (See Instructions)	Employer (See In: ATX Environme	structions) Intal Solutions, LL	c	
Date	Full name of contributor)	Amount of contribution (\$)	fn-kind contribution description (if applicable)	
05/06/2011	Contributor address; City; State; Zip Code 1008 East 44th Street Austin, TX 78751		\$350.00	 	
				Texas, complete Schedule T)	
Principal occu *Attorney	pation / Job title (See Instructions)	Employer (See Ins Texas Classroo	structions) m Teacher's Asso	ociation	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/09/2011	Contributor address; City; State; Zip Code 1914 A Larchmont Drive Austin, TX 78704		\$100.00 		
				Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)		

OTHE	OTHER THAN PLEDGES OR LOANS					
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/	14 Report: 11/27		
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID) Matula, Judy	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
05/10/2011	6 Contributor address; City; State; Zip Code 5917 Lookout Mountain Drive Austin, TX 78731		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/11/2011	Contributor address; City; State; Zip Code 3810 Meandering Creek Cove Austin, TX 78746		\$25.00	<u> </u> 		
	Adding 1770740		(If traval outside of	Towns normalista Sahadula T\		
Principal occ	upation / Job title (See Instructions)	Employer (See In	·	Texas, complete Schedule T)		
Date	Full name of contributor ut-of-state PAC (ID# McElhatten, Karen	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/10/2011	Contributor address; City; State; Zip Code 7108 Gentle Oak Drive Austin, TX 78749		\$100.00	 		
			<u> </u>	Texas, complete Schedule T)		
Principal occu	ipation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/12/2011	Contributor address; City; State; Zip Code 1710 Windsor Road Austin, TX 78703		\$350.00			
Driveriant	Landing / Jah Alla (Can Instructions)	Employer (See In	_ `	Texas, complete Schedule T)		
Founder	pation / Job title (See Instructions)		vernmental Affairs			
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/12/2011	Contributor address; City; State; Zip Code 1710 Windsor Road Austin, TX 78703		\$350.00			
			(If travel outside of	Texas, complete Schedule T)		
•	pation / Job title (See Instructions)	Employer (See In:	structions)	Toxas, complete schedule 1)		
Founder		McWilliams Gov	ernmental Affairs			

POLITICAL CONTRIBUTIONS OTHER THAN DI EDGES OF LOAMS

OTHER	THAN PLEDGES OR LOAD			
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	/14 Report: 12/27
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ul-of-state PAC (ID: Meade, Gloria	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/06/2011	6 Contributor address; City; State; Zip Code 19822 Teller Boulevard Spring, TX 77388		\$100.00	1
			(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)
05/06/2011	Contributor address; City; State; Zip Code 5363 Austral Loop Austin, TX 78739		\$350.00	†
		T"	'	Texas, complete Schedule T)
*Student	pation / Job title (See Instructions)	Employer (See In None	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/06/2011	Contributor address; City; State; Zip Code 19822 Teller Boulevard Spring, TX 77388		\$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)
05/06/2011	Contributor address; City; State; Zip Code 2016 Fall Creek Drive		\$100.00	
	Leander, TX 78641		(If travel outside of	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)
05/10/2011	Contributor address; City; State; Zip Code 1507 Mohle Drive Austin, TX 78703		\$25.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 11	/14 Report: 13/27	
2	FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Meyer, Gretchen)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/09/2011	6 Contributor address; City; State; Zip Code 1406 Kinney Avenue Austin, TX 78704		\$25.00) ! 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/13/2011	Contributor address; City; State; Zip Code 917 West Lynn Street Austin, TX 78703		\$350.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In: Michel Law Firn			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2011	Contributor address; City; State; Zip Code 3119 Honey Tree Lane Austin, TX 78746		\$350.00	 	
		•		(If travel outside of	Texas, complete Schedule T)	
	Principal occup *General Mar	ation / Job title (See Instructions) pager	Employer (See In: MTG Managem			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2011	Contributor address; City; State; Zip Code 3267 Bee Cave Road #107 #92 Austin, TX 78746		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupation occupation of the Principal occupation occupa	ation / Job title (See Instructions) er	Employer (See Ins MTG Managem			
	Date	Full name of contributor ut-of-state PAC (ID# Oliver, Kerianne)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2011	Contributor address; City; State; Zip Code 3119 Honey Tree Lane Austin, TX 78746		\$350.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupation	ation / Job title (See Instructions)	Employer (See Ins None	structions)		

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 12	/14 Report: 14/27	
2	FILER NAMÉ	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Oliver, Stacy)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/10/2011	6 Contributor address; City; State; Zip Code 3267 Bee Cave Road #107 #92 Austin, TX 78746		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup *Owner	pation / Job title (See Instructions)	10 Employer (See In MTG Managem			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/10/2011	Contributor address; City; State; Zip Code 3267 Bee Cave Road #107 #92 Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$350.00		
		Austin, 17 70740		()54	 	
	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u>l</u>	Texas, complete Schedule T)	
	*Owner		MTG Managem	,		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/06/2011	Contributor address; City; State; Zip Code 2309 Farnswood Circle Austin, TX 78704		\$25.00	 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup *	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Pyle, Melanie)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/06/2011	Contributor address; City; State; Zip Code 2016 Fall Creek Drive Leander, TX 78641		\$100.00		
				(If travel outside of	Texas, complete Schedule T)	
•	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/11/2011	Contributor address; City; State; Zip Code 6202 Peggy Street Austin, TX 78723		\$50.00 		
				(If travel outside of	Fexas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	_ `	, -	

OTHER THAN PLEDGES OR LOANS				
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/14 Report: 15/27
2 FILER NAME	Morrison, Laura (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Russell, Kim	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/10/2011	6 Contributor address; City; State; Zip Code 7813 Via Verde Drive Austin, TX 78739		\$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)
05/14/2011	Contributor address; City; State; Zip Code 23 Hull Circle Drive Austin, TX 78746		\$100.00	
			/16 Assural sustaints = 6 '	Towar commisse Sabadula T\
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2011	Contributor address; City; State; Zip Code 23 Hull Circle Drive Austin, TX 78746		\$100.00 	
			(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)
05/14/2011	Contributor address; City; State; Zip Code 301 Briarwood Trail Austin, TX 78746		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Executive	pation / Job title (See Instructions)	Employer (See In: HomeAway	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/10/2011	Contributor address; City; State; Zip Code 3310-A Doolin Drive Austin, TX 78704		\$150.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See Ins	structions)	

OTHER THAN PLEDGES OR LUANS					
The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 14	/14 Report: 16/27	
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: Wallace, H. Dalton	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
05/13/201	6 Contributor address; City; State; Zip Code 9505 Johnny Morris Road Austin, TX 78724		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occ Owner	cupation / Job title (See Instructions)	10 Employer (See In: SafeSite Inc.	structions)		
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/07/2011	Contributor address; City; State; Zip Code 1701 Bouldin Avenue Austin, TX 78704	, ,	\$25.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occ	pupation / Job title (See Instructions)	Employer (See In:	L_`	Texas, complete seriedate 1)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/06/2011	Contributor address; City; State; Zip Code 1918 East Side Drive Austin, TX 78704		\$350.00	! !	
			(If travel outside of	Texas, complete Schedule T)	
Principal occ *Attorney	supation / Job title (See Instructions)	Employer (See In: Brown McCarro			
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/12/2011	Contributor address; City; State; Zip Code 608 Harthan Street Austin, TX 78703		\$25.00	 	
		·		Texas, complete Schedule T)	
Principal occ	upation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/11/2011	Contributor address; City; State; Zip Code 7 Sentinel Hill Austin, TX 78737		\$200.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Regional Vice President		Employer (See Instructions) Texas Gas Service			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services ood/Beverage 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

Polling Expense Printing Expense Candidate/Officeholder/Political Committee 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.) Schedule: 1/10 Report: 17/27 00000001 5 Payee name Date 05/08/2011 Armand, Reginald 6 Amount (\$) Payee address City; State; Zip Code 2200 South Pleasant Valley \$291.50 Austin, TX 78741 (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 held: Office sought: direct expenditure to benefit C/OH Date Payee name Armand, Reginald 05/14/2011 Amount (\$) Payee address City; State; Zip Code 2200 South Pleasant Valley \$319.00 Austin, TX 78741 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** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/12/2011 AT&T Amount (\$) Payee address City; State; Zip Code 1011 West 5th Street \$82.70 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Phone Service Office Overhead/Rental Expense OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Austin Chronicle 05/09/2011 City; State; Zip Code Amount (\$) Payee address P.O. Box 49066 \$1,870.00 Austin, TX 78765 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Advertising Expense **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if

SCHEDULE F

EXPENDITURE CATEGORIES

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

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 The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Morrison, Laura (Mrs.) Schedule: 2/10 Report: 18/27 00000001 4 Date 5 Payee name Badgley, Shawn 05/13/2011 Payee address 6 Amount (\$) 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 (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Salaries/Wages/Contract Labor Salary **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Badgley, Shawn 05/30/2011 Amount (\$) Payee address City; State; Zip Code 1005 Edgecliff Terrace \$3,500.00 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** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Black, Kevin 05/08/2011 Payee address City; State; Zip Code Amount (\$) 4606 Bennett Avenue \$350.75 Austin, TX 78751 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** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Black, Kevin 05/14/2011 Amount (\$) Payee address City; State; Zip Code 4606 Bennett Avenue \$247.25 Austin, TX 78751 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** Office held: Complete ONLY if Candidate / Officeholder name Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Event Expense Fees	Polling Expense Travel Ou Printing Expense Office Ov	it Of District Candida	ns/Donations made By te/Officeholder/Political Committee titer a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/10 F	[7 ** * * * * * * * * * * * * * * * * *		00000001
4 Date 05/30/2011	5 Payee name Black, Kevin		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$500.00	4606 Bennett Avenue Austin, TX 78751		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Salaries/Wages/Contract Labor	e) (b) Description (if travel outs Salary	ide of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held:	
Date	Payee name		
05/30/2011	Butts, David		
Amount (\$)	Payee address City; State; Zip Code	<u> </u>	
\$5,000.00	1914 Patton Lane Austin, TX 78723		
PURPOSE	Category (See Categories listed at the top of this schedul Consulting Expense	e) Description (If travel outs Consulting Fees	ide of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 05/09/2011	Payee name Checkmark Typesetting		
Amount (\$) \$97.43	Payee address City; State; Zip Code 3217 N IH-35		
	Austin, TX 78722		
PURPOSE OF	Category (See Categories listed at the top of this schedule Printing Expense	e) Description (If travel outs Design work	ide of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
05/14/2011	CVS Pharmacy		
Amount (\$)	Payee address City; State; Zip Code		
\$20.26	2927 Guadalupe Street Austin, TX 78705		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Food/Beverage Expense	e) Description (If travel outs Food supplies for Electi	ide of Texas, complete Schedule T) on Day
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

to benefit C/OH

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

OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Morrison, Laura (Mrs.) Schedule: 4/10 Report: 20/27 00000001 5 Payee name 4 Date Good Luck Food Mart 05/12/2011 6 Amount (\$) Payee address City; State; Zip Code 3713 Guadalupe Street \$15.05 Austin, TX 78705 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Beverages for staff OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Levinski, Robert 05/30/2011 Amount (\$) Payee address City; State; Zip Code 5800 Duval Street \$1,000.00 Austin, TX 78752 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consulting Fees OF **EXPENDITURE** Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 05/14/2011 Lopez, Anthony State; Zip Code Amount (\$) Payee address City; 3605 Savage Springs Drive Austin, TX 78754 \$319.00 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** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Maria's Taco Xpress 05/07/2011 City; State; Amount (\$) Payee address Zip Code 2529 South Lamar Boulevard \$28.14 Austin, TX 78704 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE Event Costs** Event Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Morrison, Laura (Mrs.) Schedule: 5/10 Report: 21/27 00000001 Date 5 Payee name Morrison, Laura 05/30/2011 6 Amount (\$) Payee address City, State, Zip Code 610 Baylor Street \$32,878.40 Austin, TX 78703 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Loan Repayment/Reimbursement Loan Repayment OF EXPENDITURE Candidate / Officeholder name Office sought: Office held: 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name OfficeMax 05/09/2011 Payee address Amount (\$) City: State: Zip Code 907 West 5th Street \$32.46 Austin, TX 78703 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Supplies Office Overhead/Rental Expense OF **EXPENDITURE** Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name OfficeMax 05/10/2011 Amount (\$) Payee address City; State: Zip Code 907 West 5th Street Austin, TX 78703 \$14.91 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Supplies Office Overhead/Rental Expense **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Oliver, Bill 05/07/2011 City; State; Payee address Zip Code Amount (\$) 2728 South Congress Avenue #12 \$600.00 Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Music Performance **Event Expense** OF EXPENDITURE Office held:

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES

Pase Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense Travel Out Of Di	strict Candid /Rental Expense OTHER (e	ons/Donations Made By ate/Officeholder/Political Committee enter a category not listed above)	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)	
Schedule: 6/10 F			00000001	
4 Date	5 Payee name		•	
06/30/2011	PayPal			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$62.07	1840 Embarcadero Road Palo Alto, CA 94303			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel out Cumulative transaction	side of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	
Date	Payee name			
05/14/2011	Pyramid Properties			
Amount (\$) \$238.17	Payee address City; State; Zip Code 1717 West 6th Street Suite 380 Austin, TX 78703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Utility charges for campaign office		
EXI ENDITORE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	
Date	Payee name			
06/30/2011	Pyramid Properties		2.00	
Amount (\$)	Payee address City; State; Zip Code			
\$220.62	1717 West 6th Street Suite 380 Austin, TX 78703			
PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Utilities for Office		
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	
Date	Payee name			
05/30/2011	Rindy & Associates, Inc.			
Amount (\$)	Payee address City; State; Zip Code	.	· · · · · · · · · · · · · · · · · · ·	
\$1,716.53	2401 East 6th Street Suite 1003 Austin, TX 78702			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel out Consulting Fees	side of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

to benefit C/OH

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

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

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

The Instruction Guide explains how to complete this form.

1 PAGE# 2 FILER NAME		2 FILER NAME Morrison, Laura (Mrs.)		3 ACCOUNT # (TEC filers)
Schedule: 7/10 F	~	iviorrison, Laura (Wrs.)		00000001
4 Date	5 Payee name Romero, Eri	ale		
05/08/2011 6 Amount (\$)				
L	7 Payee addres	•		
\$115.50	5705 Abby A			
}				
8	(a) Category (Se	e Categories listed at the top of this schedule)	(b) Description (If travel outs	ide of Texas, complete Schedule T)
PURPOSE		ges/Contract Labor	Salary	
OF EXPENDITURE		~	·	
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
05/14/2011	Romero, Eri	ck		
Amount (\$)	Payee addres			
\$85.25				
Ψ00.20	Austin, TX			
DUID 000	Category (Se	e Categories listed at the top of this schedule)	·	ide of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wa	ges/Contract Labor	Salary	
EXPENDITURE				
Complete ONLY if	Condidate / O	fficeholder name	Office sought:	Office held:
direct expenditure	Candidate / C	miceriolder Harne	Office sought.	Office field.
to benefit C/OH			· <u> </u>	
Date	Payee name		-	
05/30/2011	Rush, Barba	ra		
Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •		
\$1,000.00	1801 Palmw Austin, TX 7			
ļ	Austin, IX	(6/5/		
	Calogory (So	e Categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
PURPOSE	Consulting E		Consulting Fees	de di vexas, complete concede 1)
OF EXPENDITURE		,		
LAFERDITORE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
05/14/2011	Scholz Garte	en		
Amount (\$)	Payee addres	·		
\$9.01	i -	cinto Boulevard		
ψ9.01	Austin, TX 7			
	Category (See	a Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
PURPOSE OF	Event Exper	ise	Victory Party food and t	peverages
EXPENDITURE				
A. 1. A	Condides 10	Good older name	Office sought	Office hold:
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:

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/Fundralsing Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Morrison, Laura (Mrs.) Schedule: 8/10 Report: 24/27 00000001 4 Date 5 Payee name Scholz Garten 05/14/2011 6 Amount (\$) 7 Payee address City: State: Zip Code 1607 San Jacinto Boulevard \$620.69 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE Event Expense** Victory Party food and beverages OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Smith, Jeff 05/30/2011 Payee address Amount (\$) City: State: Zip Code 4005 Wrightwood Road \$1,250.00 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consulting Fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Tram Stop Shell 05/10/2011 Amount (\$) Pavee address City: State: Zip Code \$10.00 3201 North Lamar Boulevard Austin, TX 78705 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Ice for Event Event Expense OF **EXPENDITURE** Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name United States Postal Service 05/09/2011 Amount (\$) Payee address City; State; Zip Code \$47.52 3507 North Lamar Boulevard Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Solicitation/Fundraising Expense Postage OF **EXPENDITURE** Office held: Candidate / Officeholder name Office sought: Complete ONLY if

SCHEDULE F

Advertising Expense Accounting/Banking Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage 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

Consulting Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Morrison, Laura (Mrs.) Schedule: 9/10 Report: 25/27 00000001 5 Payee name Date 05/10/2011 United States Postal Service 6 Amount (\$) Payee address City; State; Zip Code 3507 North Lamar Boulevard \$23.76 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage **OF EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name VerticalResponse, Inc. 05/20/2011 Amount (\$) Payee address City: State: Zip Code 501 2nd Street \$46.00 Suite 700 San Francisco, CA 94107 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** E-mail Service Office Overhead/Rental Expense OF **EXPENDITURE** Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/20/2011 VerticalResponse, Inc. Amount (\$) Payee address City; State; Zip Code 501 2nd Street \$46.00 Suite 700 San Francisco, CA 94107 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** E-Mail Service Office Overhead/Rental Expense **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/14/2011 Wheatsville Food Co-Op City; State; Payee address Amount (\$) Zip Code 3101 Guadalupe Street \$5.50 Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Election Day food supplies Food/Beverage Expense OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

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

Office Overhead/Rental Expense

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

OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Morrison, Laura (Mrs.) Schedule: 10/10 Report: 26/27 00000001 4 Date 5 Payee name 05/13/2011 Wick, Jim 6 Amount (\$) City; State; Zip Code Payee address 2611 Ektom Drive \$2,000.00 Unit D Austin, TX 78745 (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 Candidate / Officeholder name Office held: 9 Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name 05/30/2011 Wick, Jim Amount (\$) Payee address City; State; Zip Code \$4,500.00 2611 Ektom Drive Unit D Austin, TX 78745 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing 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
OTHER (enter a category not listed above)

1 PAGE # Schedule: 1/1 Report: 27/27 2 FILER NAME Morrison, Laura (Mrs.) 3 ACCOUNT # (TEC filers 000000001 4 Tata A Tata A mount (S) 3 S39.27 B Schabutsering pode(cil) Introduction winded 8 PURPOSE OF EXPENDITURE (a) Catagory (See Catagories Isseed at the lay of this schedule) Office Overhead//Rontal Expense (b) Description (if Invertiousled of Taxas, complete Schedule T) Phone Service	Event Expense Fees	Polling Printing	g Expense g Expense The Instruction (Travel Out Of Dist Office Overhead/R Guide explains how	rict Rental Expense / to complete this forr	OTHER (enter a c	ceholder/Political C ategory not listed a	ommittee above)
Schedule: 1/1 Report: 27/27 Morrison, Laura (Mrs.) 4 Date	1 PAGE#						ACCOUNT #	(TEC filers)
4 Date 06/01/2011 5 Payee name AT&T 6 Amount (\$) \$39.27 \$\begin{array}{c} \text{Reimbursement from political contributions intended} \end{array} 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense 5 Payee name AT&T 6 Amount (\$) 7 Payee address City; State; Zip Code P.O. Box 650574 Dallas, TX 75265 (b) Description (if travel outside of Texas, complete Schedule T) [Phone Service	ľ	eport: 27/27		Irs.)] -		•
6 Amount (\$) \$39.27 Reimbursement contributions intended 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense City; State; Zip Code P.O. Box 650574 Dallas, TX 75265 (b) Description (If travel outside of Texas, complete Schedule T) Phone Service	4 Date	5 Payee name						
\$39.27 Reimbursement from political contributions intended 8 PURPOSE OF Office Overhead/Rental Expense P.O. Box 650574 Dallas, TX 75265 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense P.O. Box 650574 Dallas, TX 75265 (b) Description (If travel outside of Texas, complete Schedule T) Phone Service		7 Payee addres	ss City; State;	Zip Code				
8 PURPOSE OF	\$39.27 Reimbursement from political contributions intended	Dallas, TX	75265					
	PURPOSE OF			of this schedule)			Texas, complete Si	chedule T)
\mathbf{I}								

PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Name of Candidate/Officeholder:LAURA	MORRISON
on your behalf during the reporting peri individuals. (This requirement does not app	who has solicited and obtained contributions od of \$200 per person from five or more ply to an individual who raises funds in total e through a fundraising event held at the
Name of person soliciting contributions	Address
*NIKELLE MEADE	5363 AUSTRAL LOOP, AUSTIN, TX 78739

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.