

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00001000	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Laura	MI
	NICKNAME	LAST Morrison	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 610 Baylor Street Austin, TX 78703		
	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Mark	MI
	NICKNAME	LAST Perlmutter	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1717 W 6th Street Suite 375 Austin, TX 78703-4868		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	476-4944	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2011 12/31/2011		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Council Place 4		12 OFFICE SOUGHT (if known)
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Morrison, Laura (Mrs.)**14 ACCOUNT #** (Ethics Commission filers)
00001000**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

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

\$

0.00

**EXPENDITURE
TOTALS**

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

460.33

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

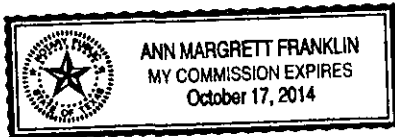
\$

5,670.28

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

\$

0.00

17 AFFIDAVITI 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.

Laura Morrison
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Morrison, this the 11th day
of January, 2012, to certify which, witness my hand and seal of office.

Ann Margaret Franklin
Signature of officer administering oath

Ann Margaret Franklin
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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 # Schedule: 1/2 Report: 3/5		2 FILER NAME Morrison, Laura (Mrs.)		3 ACCOUNT # (TEC filers) 00001000	
4 Date 09/14/2011		5 Payee name Capital Area Democratic Women			
6 Amount (\$) \$100.00		7 Payee address City; State; Zip Code P.O. Box 2211 Austin, TX 78768-2211			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Awards Dinner Sponsorship	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/21/2011		Payee name National Association for the Advancement of Colored People			
Amount (\$) \$75.00		Payee address City; State; Zip Code 1107 East 11th Street Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Awards Dinner Sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/07/2011		Payee name People Organized in Defense of Earth and her Resources (PODER)			
Amount (\$) \$100.00		Payee address City; State; Zip Code P.O. Box 6237 Austin, TX 78762-6237			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Anniversary Program Sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/07/2011		Payee name PeopleFund			
Amount (\$) \$50.00		Payee address City; State; Zip Code 2921 E. 17th St, Building D, Suite 1 Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gala Dinner Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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 # Schedule: 2/2 Report: 4/5		2 FILER NAME Morrison, Laura (Mrs.)		3 ACCOUNT # (TEC filers) 00001000
4 Date 09/07/2011	5 Payee name South Austin Democrats			
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code P.O. Box 152592 Austin, TX 78715			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Awards Dinner Sponsorship	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan 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 # Schedule: 1/1 Report: 5/5		2 FILER NAME Morrison, Laura (Mrs.)		3 ACCOUNT # (TEC filers) 00001000
4 Date 07/01/2011	5 Payee name AT&T			
6 Amount (\$) \$35.33 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code P.O. Box 650574 Dallas, TX 75265			
8 PURPOSE OF EXPENDITURE	(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) <input type="checkbox"/> Cell phone service	

ANNUAL RECONCILIATION

(To be filed by candidate, officeholder or campaign committee with the January 15th
contribution and expenditure report)

Name of candidate, officeholder or campaign committee: Laura Morrison

For each checking, savings or other financial institution account maintained during 2011
the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: JPMorgan Chase Bank, N.A.

Type of account: Business Checking

The beginning balance: \$6,095.28

The ending balance: \$5,670.28

Enter the following information for checks issued on that account that have not cleared by
December 31:

Date	Payee	Amount
N/A		

Enter the following information for checks received as contributions and deposited but dishonored
by the contributor's financial institution:

Date of receipt	Contributor	Amount
N/A		

Amount of interest or dividends earned: \$0.0

SCHEDULE W - attach to form C/OH (C&E)
Reference 2-2-25, Austin City Code

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
N/A		

A listing of checks received that have not been deposited into any account by December 31:

Date of receipt	Contributor	Amount
N/A		