Austin, Texas 78711-2070

#### **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 Total pages filed; 5
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Ms. Laura		Date Received
	NICKNAME LAST Momison	SUFFIX	CITY CL CEIVED 2 PM
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX, APT / SUITE #. CITY; 610 Baylor St.	STATE; ZIP CODE	Date Hand-delivered or ossimarked
ADDRESS  change of address	Austin, TX 78703		(D
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
OFFICEHOLDER PHONE	(512 ) 974-2258		Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Mark	MI	Date Imaged
	NICKNAME LAST Perimutter	SUFFIX	•
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #.  1717 W 6th St. Suite 375 Austin, TX 78703	CITY, STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 512 ) 476-4944	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2012 THROUGH	Month Day 06 / 30 /	Year / 2012
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General , Special
12 OFFICE	OFFICE HELD (if any) Austin City Council Place 4	13 OFFICE SOUGHT (if known)	
	GO TO PAC	GE 2	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Morrison, Laura (Ms.)			15 ACCOUNT # (Eth 00001000	nics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ı w	0.00	
		POLITICAL CONTRIBUTIONS 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	\$	1086.06	
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$	4584.22		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$	0.00	
18 AFFIDAVIT					
<del> </del>		I swear, or affirm, under penalty o is true and correct and includes al me under Title 15, Election Code.	• • •		
	ANN MARGRETT FRAMMY COMMISSION EXP October 17, 2014	ines Laure Mo	MMM Indidate or Officeholde		
AFFIX NOTARY STAM					
Sworn to and sub-		me, by the said <u>Oura Morrison</u>	my hand and as	_, this the	
day of Suly, 20 2 , to certify which, witness my hand and seal of office.					
ymmonge.	et Jago	Printed name of officer administering oath	Notary	dministering oath	
Signature of officer admi	inistenng oath	Finded harne of onloss authinistering oath	1110 01 011001 6	The state of the s	

#### **POLITICAL EXPENDITURES**

### SCHEDULE F

Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule F Schedule 1/3  2 FI MM  4 Date 01/05/2012  5 Amount (\$)  7 Page 1000000000000000000000000000000000000	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Legal Ser	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor I sing Expense ct ental Expense	Contributions/Donatio Candidate/Officeh OTHER (enter a cate m.	ment & Related Expense
Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule F Schedule 1/3  2 FI MM  4 Date 01/05/2012  5 Amount (\$)  7 Page 1000000000000000000000000000000000000	Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide  ILER NAME Morrison, Laura (Ms.) Payee name Travis County Democratic Party  Expense Tayles address; City; Sta	Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Re	sing Expense fict ental Expense	Transportation Equipr Contributions/Donatio Candidate/Officeh OTHER (enter a cate m.  3 ACCOUNT #	ment & Related Expense ons Made By older/Political Committee gory not listed above)
Consulting Expense Event Expense Fees  1 Total pages Schedule F Schedule 1/3  4 Date 01/05/2012  5 Amount (\$)  7 Page 1	Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide  ILER NAME formison, Laura (Ms.) Payee name fravis County Democratic Party  Rayee address; City; Sta	Travel In District Travel Out Of Distr Office Overhead/Re	ict ental Expense	Contributions/Donation Candidate/OfficehotHER (enter a cate m.  3 ACCOUNT #	ons Made By older/Political Committee gory not listed above)
Event Expense Fees P  I Total pages Schedule F Schedule 1/3  I Date 01/05/2012  5 Amount (\$)  P  P  P	Polling Expense Printing Expense The Instruction Guide  ILER NAME fornison, Laura (Ms.) Payee name fravis County Democratic Party Payee address; City; Sta	Travel Out Of Distr Office Overhead/Re	ict ental Expense (	Candidate/OfficehotHER (enter a catem.  3 ACCOUNT #	older/Political Committee gory not listed above)
Total pages Schedule F Schedule 1/3 M  Date 01/05/2012 5 Page 1 P	The Instruction Guide  ILER NAME forrison, Laura (Ms.)  ayee name fravis County Democratic Party  ayee address;  City; Sta	Office Overhead/Re	ental Expense	OTHER (enter a cate m. 3 ACCOUNT #	gory not listed above)
Total pages Schedule F Schedule 1/3	The Instruction Guide ILER NAME Iorrison, Laura (Ms.) Payee name Travis County Democratic Party Payee address; City; Sta		•	m. 3 ACCOUNT#	
Schedule 1/3 M  Date 5 P: 01/05/2012 Ti  Amount (\$) 7 P:	ILER NAME florrison, Laura (Ms.) rayee name fravis County Democratic Party rayee address; City; Sta	explains how to c	omplete this for	3 ACCOUNT #	(Ethics Commission Filer
Schedule 1/3         M           Date 01/05/2012         5 Properties of the properties o	fornison, Laura (Ms.)  ayee name ravis County Democratic Party ayee address;  City; Sta				(Ethics Commission Filer
01/05/2012 To Amount (\$) 7 Pa	ravis County Democratic Party  ayee address; City; Sta				
01/05/2012 To Amount (\$) 7 Pa	ravis County Democratic Party  ayee address; City; Sta				<del></del>
` '	·				
\$500.00	311 E 6th St., Suite B, Austin, TX 7	te, Zıp Code			#
		8702			
	Category (See categories listed at the top Contributions/Donations Made By	of this schedule)	• •	If travel outside of Texas, o	· ·
	Candidate/Officeholder/Political Co	mmittee	Sponsorship	itsell Richards Awaii	as Diffile
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	•				
	ayee name eague of Women Voters of the Aus	stin Area			
Amount (\$)	ayee address; City; Sta	ite; Zip Code			
<b>\$</b> 55.00 1	1011 W 31st St, Austin, TX 78705				
\$55.00 I	1011 W 315t 3t, Austili, 12 70703				
PURPOSE C	Category (See categories listed at the top Contributions/Donations Made By	of this schedule)		If travel outside of Texas, o	complete Schedule T)
	Candidate/Officeholder/Political Co	mmittee	Otate of the t	only Event Bonation	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
	ayee name			************	
1/11/2012 So	outh Austin Civic Club				
	ayee address; City; Sta P.O. Box 151295, Austin, TX 78715	te; Zip Code			
PURPOSE C	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas,	complete Schedule T)
OF C	Contributions/Donations Made By	·	Club Sponso	orship	
EXPENDITURE (	Candidate/Officeholder/Political Co	mmittee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date P	ayee name			· ·	
	Capital Area Asian American Demo	crats (CAAAD) Asia	an American Progr	ress PAC	
Amount (\$) Pa	ayee address; City, Sta	te, Zıp Code			
\$100.00 P.	O. Box 300595, Austin, TX 78703				
PURPOSE C	Category (See categories listed at the top	of this schedule)		If travel outside of Texas, i	
<u> </u>	Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittee	Lunar New Y	ear Celebration Spo	onsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

	EXPENDITURE C	ATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra	act Labor Loa	in Repayment/Reimbursement	
Accounting/Banking	· · · · · ·	Solicitation/Fundraisin	g Expense Tra	nsportation Equipment & Related Expense	
Consulting Expense	<b>~</b> ,	Fravel In District		tributions/Donations Made By	
Event Expense	<b>.</b>	Travel Out Of District		Candidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/Rent	al Expense OTI	HER (enter a category not listed above)	
	The Instruction Guide e	explains how to cor	nplete this form.		
Total pages Schedule F. Schedule 2/3	2 FILER NAME Morrison, Laura (Ms.)		-	3 ACCOUNT # (Ethics Commission Filers 00001000	
Date	5 Payee name		<del></del>	· · · · · · · · · · · · · · · · · · ·	
02/14/2012	The Volunteer and Service Learning	Center			
Amount (\$)	7 Payee address; City; State	e; Zip Code			
\$100.00	SSB 4.104, A5800, University of Texa	as at Austin, Austin,	TX 78712		
PURPOSE	(a) Category (See categories listed at the top of Contributions/Donations Made By	f this schedule) (b	) Description (Iftra Volunteer Day S	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Candidate/Officeholder/Political Com	,		Sponsorship	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	<u> </u>	Office sought	Office held	
Date 03/05/2012	Payee name Planned Parenthood Texas Capital R	egion			
Amount (\$)	Payee address; City; State	e; Zip Code			
\$100.00	201 E Ben White Blvd., Building B., A	·			
PURPOSE OF	Category (See categories listed at the top of Contributions/Donations Made By			ivel outside of Texas, complete Schedule T) Cause Event Sponsorship	
EXPENDITURE	Candidate/Officeholder/Political Com	mittee			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
3/19/2012	Black Austin Democrats				
Amount (\$)	Payee address; City; State	; Zıp Code			
\$50.00	P. O. Box 212, Austin, TX 78767				
	, ,				
PURPOSE	Category (See categories listed at the top of Contributions/Donations Made By	fthis schedule)		ivel outside of Texas, complete Schedule T) ship Celebration Sponsorship	
OF EXPENDITURE	Contributions/Donations Made By  Condidate/Officeholder/Political Con	mittee	2p g 11101110010	and anamen abanasan	
EXPERIENTIONE	Candidate/Officeholder/Political Com	minuee			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held	
Date 04/07/2012	Payee name University Federal Credit Union		<del>_</del>		
Amount (\$)	Payee address; City, State	e; Zip Code			
\$6.00	4611 Guadalupe St., Austin, TX 7875	•			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If tra	ivel outside of Texas, complete Schedule T}	
OF	Accounting/Banking		Checks for Cred	it Union Account	
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	<u>-</u>	Office sought	Office held	
Complete ONLY if direct		PIES OF THIS SO			

Revised 09/28/2011 www.ethics.state tx.us

### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

(TDD 1-800-735-2989)

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Conti Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Ren	ract Labor ng Expense t tal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
Schedule 3/3	Momson, Laura (Ms.)			00001000
<b>4</b> Date 5/7/2012	5 Payee name Interfaith Action of Central Texas (i	ACT)		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zıp Code		
\$100.00	2921 E 17th St., Building D, Suite 3	i, Austin, TX 78702		
8 PURPOSE OF	(a) Category (See categories listed at the top Contributions/Donations Made By	of this schedule) (		(If travel outside of Texas, complete Schedule T) s Sponsorship
EXPENDITURE	Candidate/Officeholder/Political Co	mmittee	riopo / iirai a	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	. ——	Office sought	t Office held
Date	Payee name			
05/17/2012	ThunderCloud Subs			
Amount (\$)	Payee address, City; Sta	ate; Zip Code		
\$25.06	360 Nueces St., Austin, TX 78701			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense		Staff Lunch	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City: Sta	ate; Zip Code		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texas, complete Schedute T)
OF EXPENDITURE				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH		Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SC	HEDULEAS	(EEDED

20

### **VERIFICATION FOR ELECTRONIC FILING**

#### **AFFIDAVIT**

I, Aura Morrison, swear or affirm, that the accompanying report filed on electronic disk is true and correct and includes all information required to be reported by me under Title 15, Election Code.  The state of	RECEIVED
Sworn to and subscribed before me, by the said Laura Mossison, this the 2nd day of July, 20012, to certify which, witness my hand and seal.	



Signature – officer administering oath