

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 / OFFICEHOLDER NAME	MS / MRS / MR Ms.		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 St. Austin, TX 78703				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE		PHONE NUMBER		EXTENSION
	(512) 974-2258				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Mark		MI
	NICKNAME		LAST Perlmutter		SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #,		CITY, STATE, ZIP CODE
	1717 W 6th St. Suite 375 Austin, TX 78703				
8 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION
	(512) 476-4944				
9 REPORT TYPE	<input 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 checked="" 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)				
10 PERIOD COVERED	Month		Day		Year
	01 / 01		2012		THROUGH 06 / 30 / 2012
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month / Day / Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	Austin City Council Place 4				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Morrison, Laura (Ms.)		15 ACCOUNT # (Ethics Commission Filers) 00001000		
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		
	<input type="checkbox"/> GENERAL			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
<input type="checkbox"/> additional pages				
17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
	EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
		4.	TOTAL POLITICAL EXPENDITURES	\$ 1086.06
	CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4584.22
	OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.



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 2nd day of July, 2012, to certify which, witness my hand and seal of office.

Ann Margaret Franklin

Signature of officer administering oath

Ann Margaret Franklin

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 Total pages Schedule F Schedule 1/3	2 FILER NAME Morrison, Laura (Ms.)	3 ACCOUNT # (Ethics Commission Filers) 00001000
4 Date 01/05/2012	5 Payee name Travis County Democratic Party	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1311 E 6th St., Suite B, Austin, TX 78702	
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) Johnson Bentsen Richards Awards Dinner Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/09/2012	Payee name League of Women Voters of the Austin Area	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 1011 W 31st St, Austin, TX 78705	
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) State of the City Event Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 1/11/2012	Payee name South Austin Civic Club	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P.O. Box 151295, Austin, TX 78715	
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) Club Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/17/2012	Payee name Capital Area Asian American Democrats (CAAAD) Asian American Progress PAC	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 300595, Austin, TX 78703	
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) Lunar New Year Celebration Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 Total pages Schedule F, Schedule 2/3	2 FILER NAME Morrison, Laura (Ms.)	3 ACCOUNT # (Ethics Commission Filers) 00001000
4 Date 02/14/2012	5 Payee name The Volunteer and Service Learning Center	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code SSB 4.104, A5800, University of Texas at Austin, Austin, TX 78712	
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) Volunteer Day Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/05/2012	Payee name Planned Parenthood Texas Capital Region	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 201 E Ben White Blvd., Building B., Austin, TX 78704	
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) Cocktails for a Cause Event Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/19/2012	Payee name Black Austin Democrats	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P. O. Box 212, Austin, TX 78767	
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) Spring Membership Celebration Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/07/2012	Payee name University Federal Credit Union	
Amount (\$) \$6.00	Payee address; City; State; Zip Code 4611 Guadalupe St., Austin, TX 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Checks for Credit Union Account
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
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Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F: Schedule 3/3	2 FILER NAME Morrison, Laura (Ms.)	3 ACCOUNT # (Ethics Commission Filers) 00001000			
4 Date 5/7/2012	5 Payee name Interfaith Action of Central Texas (IACT)				
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2921 E 17th St., Building D, Suite 3, Austin, TX 78702				
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) Hope Awards Sponsorship			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 05/17/2012	Payee name ThunderCloud Subs				
Amount (\$) \$25.06	Payee address; City; State; Zip Code 360 Nueces St., Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Staff Lunch			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address; City; State; Zip Code				
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Candidate / Officeholder name	Office sought	Office held			

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VERIFICATION FOR ELECTRONIC FILING

AFFIDAVIT

I, Laura 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.

7/2/12
Date

Laura Morrison
Signature – Candidate or Officeholder

2012 JUL 2 PM 1 45

AUSTIN CITY CLERK
RECEIVED

Sworn to and subscribed before me, by the said Laura Morrison, this the 2nd day of July, 2012, to certify which, witness my hand and seal.



Ann Margaret Franklin
Signature – officer administering oath