CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs Laura		Date Received
	NICKNAME LAST	SUFFIX	
	Morrison		A 2013
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CFTY;	STATE; ZIP CODE	AUSTI 13 JAN
OFFICEHOLDER MAILING	610 Baylor St.		Date Hand-delivered or Postmarked
ADDRESS	Austin, Texas 78703		.5 G
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(512) 974-2258		- m
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged
NAME	Mr. Mark		
	NICKNAME LAST Perlmutter	SUFFIX	
	Ferringteer		<u></u>
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	1717 W. 6th St. Suite 375		
(residence or business)	Austin, Texas 78703		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 476-4944		
9 REPORT TYPE	X January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 Sth day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)
	July 15 8th day before election	limit 5500	Final report (Attach Cron - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	Month Day Year	Month Day 12 / 31 /	
	0.7 01 7 12	12 / 31 /	12
11 ELECTION	ELECTION DATE ELECTION TYPE	##* · ***	
TI ELECTION	Month Day Year Primary	Runoff	General Special
	/ / -		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
12 OFFICE		OFFICE GOOGHT (II KIIOWII)	
	Austin City Council		
	Place 4		
GO TO PAGE 2			

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 ACCOUNT # (Ethics 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	1
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	ZED \$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 250.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	\$ 4334.22
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y 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. CANDY HINKLE My Commission Expires			
	July 17, 2014	Signature of Cand	idate or Officeholder
Sworn to and subscribed before me, by the said			
and Hukle Candy Hinkle Notary uslice.			y hand and seal of office. What y had to
Signature of officer admir	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGOR		
Advertising Expense		ges/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/	undraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Di	strict	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out	Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Over	nead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains he	w to complete this fo	rm.
1 Total pages Schedule F:	2 FILER NAME	···	3 ACCOUNT # (Ethics Commission Filers)
1	Laura Morrison		
4 Date 7/22/12	5 Payee name BIG Austin		
6 Amount (\$)	7 Payee address; City; State; Zip Co-	ie	
\$75.00	5407 N IH 35 Suite 200		
	Austin, Texas 78723		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(b) Description	(if travel outside of Texas, complete Schedule T)
8 PURPOSE OF	Contributions/Donations Made By		Awards Sponsorship
EXPENDITURE	Candidate/Officeholder/Political Comm	ittee	-
	<u> </u>		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	office held
Date	Payee name		
9/26/12	Friends of the MACC		
Amount (\$)	Payee address; City; State; Zip Co	de	
¢50.00	4900 E. Oltorf #1114		
\$50.00	. "		
	Austin, Texas 78741		
PURPOSE	Category (See categories listed at the top of this schedule Contributions/Donations Made By	Description	(If travel outside of Texas, complete Schedule T)
OF	<u> </u>		nip of 27th Annual Dia de la
EXPENDITURE	Candidate/Officeholder/Political Com	mittee Raza Cele	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name		
10/22/12	Texas Low Income Housing Inf	ormation Servi	ces
Amount (\$)	Payee address; City; State; Zip Coo		
\$125.00	508 Powell		
\$125.00	Austin, Texas 78703		
	Austin, lexas 78703		
PURPOSE	Category (See categories listed at the top of this schedule	Description	(If travel outside of Texas, complete Schedule T)
OF	Category (See categories listed at the top of this schedule Contributions/Donations Made By		ship of 2011-2012 Texas Houser
EXPENDITURE	Candidate/Officeholder/Political Cor		Luncheon
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held
expenditure to benefit C/O		eou aougn	- Jilioo Hulu
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Coo	0	· ··
	·		İ
DUDDOOS	Category (See estangling Balad at the langetible	Do	Office and assessed and Towns and Assessed to The
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		1	1
EAFENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	t Office held
expenditure to benefit C/C	ЭН		
<u> </u>	A 500 A 51 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS I	NEEDED

BANK RECONCILIATION

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

Name of candidate, officeholde	er or campaign committee: _Laura	a Morrison
	ther financial institution account acted. For each additional institut	
The name of the financial instit	ution:_JPMorgan Chase Bank, N	.A
Type of account:_Business Che	ecking	
The beginning balance:_\$5670.	28	
Union checking account)	osed account 5/4/12, shifting fund	
Date	Payee	Amount
N/A		
Enter the following information by the contributor's financial in	for checks received as contribution:	ons and deposited but dishonored
Date of receipt	Contributor	Amount
N/A		
Amount of interest or dividends	s earned: _\$0.0	
Office of the City Clerk, 20.36		hics Review Commission 10/16/2012

Page 1 of 2

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

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
4/7/12		\$25.00*
5/4/12		\$4684.28**

^{*}Transferred to new University Federal Credit Union account to open account

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

Date of receipt	Contributor	Amount
N/A		

^{**}Remaining balance withdrawn to close account, and transferred to new University Federal Credit Union account.

BANK RECONCILIATION

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

Name of candidate, officeholder	r or campaign committee: _Laur	ra Morrison
For each checking, savings or ot the following information indicates	her financial institution account ated. For each additional institu	maintained during 2012, enter ation, use a copy of this schedule.
The name of the financial institu	ation:_University Federal Credi	t Union
Type of account:_ Checking		
The beginning balance:_\$0.0_(c	opened account 4/7/12)	
The ending balance:\$4334.22 Enter the following information December 31:		
Date	Payee	Amount
N/A		
Enter the following information by the contributor's financial ins		ions and deposited but dishonored
Date of receipt	Contributor	Amount
N/A		
Amount of interest or dividends Office of the City Clerk, 20.36		Cthics Review Commission 10/16/2012

Page 1 of 2

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

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
4/7/12	\$25.00*	
5/4/12	\$4684.28**	

^{*}Transferred from JPMorgan Chase account to open account

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

Date of receipt	Contributor	Amount_
N/A		

^{**}Remaining balance from JPMorgan Chase account shifted to new University Federal Credit Union account.