

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)

2 Total pages filed:

2015 JUN 13 PM 2:53

AUSTIN CITY CLERK
RECEIVED3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms
NICKNAMELAURA
LASTC
SUFFIX

Morrison

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

610 Baylor St.

Austin

TX

78703

☐ change of address

Date Hand-delivered or Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

494-8702

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr
NICKNAMEMark
LAST
SUFFIX

Perlmutter

Receipt #

Amount

Date Processed

Date Imaged

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



January 15



30th day before election



Runoff

15th day after campaign
treasurer appointment
(officeholder only)

July 15



8th day before election

Exceeded \$500
limit

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 01 / 14

THROUGH

Month

Day

Year

12 / 31 / 14

11 ELECTION

Month

ELECTION DATE
Day

Year

/ /

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

Austin City Council, Place 4
ACM

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0-

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

\$ 0-

EXPENDITURE
TOTALS

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

\$ 0-

4. TOTAL POLITICAL EXPENDITURES

\$ 1435.36

CONTRIBUTION
BALANCE

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

\$ 0-

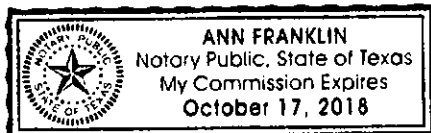
OUTSTANDING
LOAN TOTALS

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

\$ 0-

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Laura Morrison

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Laura Morrison, this the 13 day of January, 20 15, to certify which, witness my hand and seal of office.

Ann Franklin

Signature of officer administering oath

Ann 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:		2 FILER NAME <i>LAURA MORRISON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/29/14</i>		5 Payee name <i>Avance Austin</i>			
6 Amount (\$) <i>\$500</i>		7 Payee address; City; State; Zip Code <i>4818 E. Ben White Blvd, Austin, TX 78741</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contributions/Donations Made By Candidate/Officeholder/Political Committee</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Donation</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/29/14</i>		Payee name <i>Forklift Productions</i>			
Amount (\$) <i>\$335.36</i>		Payee address; City; State; Zip Code <i>2023 Cesar Chavez, Austin, TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contributions/Expenditures Made By Candidate/Officeholder/Political Committee</i>		Description (If travel outside of Texas, complete Schedule T) <i>Donation</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/29/14</i>		Payee name <i>Avance Austin</i>			
Amount (\$) <i>\$300</i>		Payee address; City; State; Zip Code <i>4818 E. Ben White Blvd, Austin, TX 78741</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contributions/Expenditures Made By Candidate/Officeholder/Political Committee</i>		Description (If travel outside of Texas, complete Schedule T) <i>Donation</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/29/14</i>		Payee name <i>Peoples Community Clinic</i>			
Amount (\$) <i>\$300</i>		Payee address; City; State; Zip Code <i>2909 N. IH 35, Austin, TX 78722</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contributions/Expenditure Made By Candidate/Officeholder/Political Committee</i>		Description (If travel outside of Texas, complete Schedule T) <i>Donation</i>	
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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

LAURA MORRISON

2 ACCOUNT # (Ethics Commission Filers)
3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

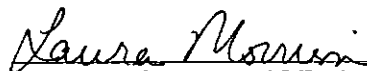
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

☒

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder

BANK 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 20 14, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: University Federal Credit Union

Type of account: Checking

The beginning balance: \$1960.36

The ending balance: \$0

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

Date	Payee	Amount
12/29/14	Avance-Austin	\$300
12/29/14	Forklift Productions	\$335.36
12/29/14	Peoples Community Clinic	\$300

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

SCHEDULE ATX. 4 - 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		