

FORM C/OH  
COVER SHEET PG 1

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME HOUSTON, ORA (Ms.)

14 ACCOUNT # (Ethics Commission filers)  
0000000115 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages16 CONTRIBUTION  
TOTALS1. 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)

\$

29,173.00

EXPENDITURE  
TOTALS

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

\$

60.00

4. TOTAL POLITICAL EXPENDITURES

\$

8,794.12

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

20,378.88

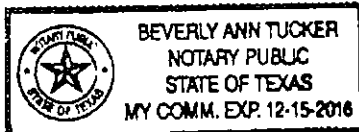
OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

## 17 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.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ORA HOUSTON, this the 15th day of July, 2014, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

BEVERLY ANN TUCKER  
Print name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/29 Report: 3/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Mary Lou  6 Contributor address; City; State; Zip Code 7308 Valburn Dr Austin, TX 78731-1146	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Associates Professor Clinical Nursing		10 Employer (See Instructions) Retired	
Date  06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, William Seth  Contributor address; City; State; Zip Code 2707 Silver Crest Langley, WA 98260-9304	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Episcopal Priest		Employer (See Instructions) Retired	
Date  06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akins, William C  Contributor address; City; State; Zip Code 1603 Astor Pl Austin, TX 78721-1306	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert, David  Contributor address; City; State; Zip Code 1700 Burton Dr. Austin, TX 78741-2910	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) ACC	
Date  06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aldridge, Howard O.  Contributor address; City; State; Zip Code 1408 Bonnie View Rd. Dallas, TX 75203-4507	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/29 Report: 4/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Lamont  6 Contributor address; City; State; Zip Code 9101 Frostwood Trl. Austin, TX 78720	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Self Employed		10 Employer (See Instructions) Self Employed	
Date  05/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Mary  Contributor address; City; State; Zip Code 3404 Southhill Cir austin, TX 78703-1046	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Environmental Volunteer		Employer (See Instructions) None	
Date  05/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aubrey, Christine  Contributor address; City; State; Zip Code 1311 W 10th Sr Austin, TX 78703-4815	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) St. Stephen's Episcopal School	
Date  06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartz, Joan E.  Contributor address; City; State; Zip Code 9713 Tulsa Cv. Austin, TX 78723	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Battise, Sandra  Contributor address; City; State; Zip Code 11901 Swearingen Dr. Austin, TX 78758-2258	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Mortgage Lender		Employer (See Instructions) Gateway Mortgage Group	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/29 Report: 5/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beattie, Brenda Coleman  6 Contributor address; City; State; Zip Code 8402 Burkwood Cove austin, TX 78735	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Self Employed		10 Employer (See Instructions) Self Employed	
Date  05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Douglas  Contributor address; City; State; Zip Code 9202 Cedar Crest Dr. Austin, TX 78750-2719	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired	
Date  06/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boldin, Jim  Contributor address; City; State; Zip Code 2602 Clear Cv Austin, TX 78704-4510	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Bolding Insurance Agency	
Date  06/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boldin, Rosalie  Contributor address; City; State; Zip Code 2602 Clear Cv Austin, TX 78704-4510	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Bolding Insurance Agency	
Date  06/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyd, Donald  Contributor address; City; State; Zip Code 5820 Tributary Ridge Dr. Austin, TX 78759-5144	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired From State of TX	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/29 Report: 6/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradshaw, Bill  6 Contributor address; City; State; Zip Code 4006 Lewis Ln austin, TX 78756-3621	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Gracy Title Company	
Date  05/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradshaw, Caren  Contributor address; City; State; Zip Code 4006 Lewis Ln Austin, TX 78756-3621	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braha, Jack  Contributor address; City; State; Zip Code 28 Tilbury Ln San Antonio, TX 78230-5639	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Principal and Owner- Real Estate and Land Development		Employer (See Instructions) Fulcrum Development	
Date  05/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braswell, William E.  Contributor address; City; State; Zip Code 1103 North Band Dr. Austin, TX 78758	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date  06/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brewer, galen  Contributor address; City; State; Zip Code 1406 Newening Ave Austin, TX 78704-2533	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/29 Report: 7/34	
2 FILER NAME : HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brooks, Doris E  6 Contributor address; City; State; Zip Code 201 S. Glenville Dr. Apt. 220 Richardson, TX 75051-4541	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Opal Otela  Contributor address; City; State; Zip Code 3765 High St. No. 11 Oakland, CA 94619	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  05/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Browne, Duvagnade D.  Contributor address; City; State; Zip Code 7401 Bucknell Dr. Austin, TX 78723-1633	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date  06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burress, Kent  Contributor address; City; State; Zip Code 5706 Shoal Creek Blvd. Austin, TX 78757-3122	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butts, David  Contributor address; City; State; Zip Code 1914 Patton Ln. Austin, TX 78723-1236	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Policial Consultant		Employer (See Instructions) Selfemployed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/29 Report: 8/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calkins, Alan  6 Contributor address; City; State; Zip Code 3820 41st Ave. SW Seattle, WA 98116-3814	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Social Worker		10 Employer (See Instructions) Retired	
Date  06/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camarillo, Silvia  Contributor address; City; State; Zip Code PO Box. 9632 Austin, TX 78755	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Legislative Aide		Employer (See Instructions) TX State Senate	
Date  06/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castle, Rex W.  Contributor address; City; State; Zip Code 1924 29th St. Lubbock, TX 79411-1516	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) TCCMHMRC	
Date  05/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chargois, J. Michael  Contributor address; City; State; Zip Code 5201 Waters Edge Cv Austin, TX 78731-5139	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions) JMC Auto Group	
Date  05/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chargois, Roxann  Contributor address; City; State; Zip Code 5201 Waters Edge Cv Austin Austin, TX 78731-5139	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions) JMC Auto Group	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 7/29 Report: 9/34	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claiborne, Gretchen		7 Amount of contribution (\$)  \$350.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11016 Calle Verde Dr. Austin, TX 78759-5305		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Retired			10 Employer (See Instructions) Retired		
Date  05/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clay, Aaron (Mr.)		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5516 Montview St. Austin, TX 78756-1610		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Marketing Manager			Employer (See Instructions) Amy's Ice Creams		
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coddinton, Jeff		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 W. Cesar Chavez St Austin, TX 78701-4049		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Real Estate			Employer (See Instructions) Cushman & Wakefield / Oxford Commercial		
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins, William M.		Amount of contribution (\$)  \$300.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box. 2219 St. thomas, VI 00803		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Self Employed			Employer (See Instructions) Self Employed		
Date  06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Carolyn M.		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4304 Placid Pl Austin, TX 78731		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/29 Report: 10/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig, Hugh  6 Contributor address; City; State; Zip Code 1213 Hollow Creek Dr. Apt. 4 Austin, TX 78704-1996	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  06/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Jacqueline  Contributor address; City; State; Zip Code 9017 Camelback Dr. Austin, TX 78733-3277	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions) Steling Acura of Austin	
Date  06/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dawson, Clint  Contributor address; City; State; Zip Code 4317 Scales St Austin, TX 78723-5396	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Austin	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deyoung, Claire N.  Contributor address; City; State; Zip Code 4612 Red River St. Austin, TX 78751-3227	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doggett, Lisa  Contributor address; City; State; Zip Code 1309 Marshall Ln. Austin, TX 78703-4028	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/29 Report: 11/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donohue-Adams, Amy  6 Contributor address; City; State; Zip Code 2707 Silver Crest Ct. Langley, WA 98260-9304	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Episcopal Priest		10 Employer (See Instructions) Retired	
Date  06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Douglas, Marvin  Contributor address; City; State; Zip Code 1909 Chestnut Ave Austin, TX 78722	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Austin Fire Fighter		Employer (See Instructions) Retired	
Date  05/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Esparza, Alberto P.  Contributor address; City; State; Zip Code 2109 E. 22nd Street Austin, TX 78722	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Assistant Manager		Employer (See Instructions) State Of Texas	
Date  05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fly, Sally  Contributor address; City; State; Zip Code 18058 Adriane Dr Austin, TX 78721-1213	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Executive Director, Professional Society		Employer (See Instructions) The American Institute Of Architects	
Date  05/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frede, Martha  Contributor address; City; State; Zip Code 4200 Jackson Ave. Austin, TX 78731-0661	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/29 Report: 12/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuller, Frank R.  6 Contributor address; City; State; Zip Code 1815 Madison Ave. Austin, TX 78757	7 Amount of contribution (\$)  \$8.00	8 In-kind contribution description (if applicable) 2 DOZ OF EGGS  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  05/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuller, Frank R.  Contributor address; City; State; Zip Code 1815 Madison Ave. Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Carol  Contributor address; City; State; Zip Code 1602 Roberts Ave. Austin, TX 78704-4839	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Neighbor Advisor		Employer (See Instructions) City Of Austin	
Date  05/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gill, Madeline  Contributor address; City; State; Zip Code 120 Bass St Georgetown, TX 78633-4765	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  05/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilman, Holly  Contributor address; City; State; Zip Code 4003 Avenue A Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 11/29 Report: 13/34	
2 FILER NAME HOUSTON, ORA (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graf, M.H.		7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1900 Scotfield Ridge Austin, TX 78727		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired		
Date  06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grassbaugh, David M.		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 316 W 12th St # 107 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed		
Date  05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guillory, Joyce		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 16696 Austin, TX 78761-6696		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin Community College		
Date  06/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harrington, James		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5304 Halmark Dr. Austin, TX 78723-5424		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Civil Rights Project		
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Jerry L.		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Congress Ave. St 1400 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Husch & Blackwell		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/29 Report: 14/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Lyndia  6 Contributor address; City; State; Zip Code 11700 Arbor Downs Rd. Austin, TX 78748-2036	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haussmann, Michele  Contributor address; City; State; Zip Code 5612 Parade Rdg. Austin, TX 78731-3350	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Principal and Owner- Real Estate and Land Development		Employer (See Instructions) Land Use Solutions	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heare, Jerry  Contributor address; City; State; Zip Code 3313 Thousand Oaks CV. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  05/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henna, Louis  Contributor address; City; State; Zip Code 9011 Atwater Cv. Austin, TX 78733-3267	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Automotive Dealer		Employer (See Instructions) Henna Chevrolet	
Date  05/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henna, Marci  Contributor address; City; State; Zip Code 9011 Atwater Cv. Austin Austin, TX 78733-3267	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Automotive Dealer		Employer (See Instructions) Henna Chevrolet	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/29 Report: 15/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henton, David  6 Contributor address; City; State; Zip Code 1304 North St. Austin, TX 78756-2417	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) Texas State University	
Date  06/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilliard, James E.  Contributor address; City; State; Zip Code 927 Oak Grove Loop China Spring, TX 76633-2624	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houston, Gina  Contributor address; City; State; Zip Code 5411 Palo Blanco Austin, TX 78744	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Data Transcription		Employer (See Instructions) IRS	
Date  06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunter, Billy R.  Contributor address; City; State; Zip Code PO Box. 13352 Austin, TX 78711-3352	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hupp, Bruce  Contributor address; City; State; Zip Code 605 Harris Ave. No. 8 Austin, TX 78705-2515	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/29 Report: 16/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutchinson, Michael  6 Contributor address; City; State; Zip Code 8504 Silverhill CV Austin, TX 78759-7415	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <del>Computer Game</del> OWNER of Hut's		10 Employer (See Instructions) Self Employed	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jammer, Brian K.  Contributor address; City; State; Zip Code Po Box 19528 Austin, TX 78760	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Governmental Affairs		Employer (See Instructions) University Of Texas	
Date  05/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jesen, Jody  Contributor address; City; State; Zip Code 2615 Deep River Cir Round Rock, TX 78665-5639	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas	
Date  05/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirk, Sandra  Contributor address; City; State; Zip Code 217 Clifton St. Austin, TX 78704-4352	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  05/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klindt, Tamara  Contributor address; City; State; Zip Code 4908 York Hill Dr Austin, TX 78723-6238	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Emergency Manager		Employer (See Instructions) Tamara Klindt	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 15/29 Report: 17/34	
2 FILER NAME HOUSTON, ORA (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kramer, Diane F.		7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4204 Sinclair Ave. Austin, TX 78756		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) ACC		
Date  06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krouse, Josephine D.		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 505 Bellevue Place #8 Austin, TX 78705-3137		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		
Date  05/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kruse, Timothy		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1304 North St. Austin, TX 78756-2417		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Register Nurse		Employer (See Instructions) Retired		
Date  05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lambert, Amy		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14910 Chamberlain Ct Austin, TX 78724-6382		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Travis County		
Date  05/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lamme, Sharon (Ms.)		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3820 41st Ave. SW Seattle, WA 98116-3814		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Retired		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 16/29 Report: 18/34	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langmore, John		7 Amount of contribution (\$)  \$50.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1408 Preston Ave Austin, TX 78703-1902		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Consultant			10 Employer (See Instructions) Self		
Date  05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawver, Lawerence		Amount of contribution (\$)  \$120.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7607 Parkview Austin, TX 78731-1127		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Research Scientist			Employer (See Instructions) Univ. of Texas at Austin		
Date  06/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leomard, Joe		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin, TX 78754		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date  05/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lett, Mark E.		Amount of contribution (\$)  \$200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5409 Claymoor Dr. Austin, TX 78723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linder, Nelson		Amount of contribution (\$)  \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1807 Rhodes Rd Austin, TX 78721-1545		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Insurance Agent			Employer (See Instructions) Linder Insurance		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 17/29 Report: 19/34	
2 FILER NAME HOUSTON, ORA (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Locke, Jere		7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2302 Westworth Cir Austin, TX 78704-5821		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Volunteer		10 Employer (See Instructions) Retired		
Date  05/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madison, Scott		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15207 Valera Dr. Austin, TX 78725-2157		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Merchandising Manager		Employer (See Instructions) Living Direct, INC		
Date  05/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madry, Lisa		Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2808 Nordham Dr. Austin, TX 78745-4740		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Education Director		Employer (See Instructions) National Wildlife Federation		
Date  06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Markland, Barret		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1306 Cloverleaf Dr. Austin, TX 78723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		
Date  05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marshall, Margot		Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2105 Brackenridge St Austin, TX 78704-4322		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) Retired		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/29 Report: 20/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Patricia Elaine  6 Contributor address; City; State; Zip Code 3306 Hemlock Ave. Austin, TX 78722-1632	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Owner East Side Cafe		10 Employer (See Instructions) Self Employed	
Date  06/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCarver, Jaimes W.  Contributor address; City; State; Zip Code 1719 Manor Rd Austin, TX 78722-2538	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date  05/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDoald, Carol L.  Contributor address; City; State; Zip Code 1902 W. 37th St. Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Independent College & UT		Employer (See Instructions) President	
Date  05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGill, Eve Eve  Contributor address; City; State; Zip Code 1705 Nickerson St. Austin, TX 78704-3544	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Whole Foods Market	
Date  05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGill, Tobin  Contributor address; City; State; Zip Code 1705 Nickerson St. Austin, TX 78704-3544	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Whole Foods Market	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/29 Report: 21/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKim, Mark  6 Contributor address; City; State; Zip Code 1906 E. Martin Luther King Jr. Blv Austin, TX 78702-1668	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Mentor		10 Employer (See Instructions) Blue Sky Abilities	
Date  06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Means, Bertha  Contributor address; City; State; Zip Code Valburn Austin, TX	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Means, Diane  Contributor address; City; State; Zip Code 6007 Mesa Dr. Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AISD	
Date  06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Means, Jasmine  Contributor address; City; State; Zip Code 1701 Astor Place Austin, TX 78721	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Austin Cab	
Date  06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Means, Ronald  Contributor address; City; State; Zip Code 6007 Mesa Dr. Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Austin Cab	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/29 Report: 22/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melancon, Rebecca  6 Contributor address; City; State; Zip Code 509 E 39th St Austin, TX 78705-1701	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) AIBA	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Babara B.  Contributor address; City; State; Zip Code PO Box 1029 Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) BabaraBMiller Communication	
Date  06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Fred  Contributor address; City; State; Zip Code 8517 Gabttcrest Dr. Austin, TX 78749	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed	
Date  06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Bonnie  Contributor address; City; State; Zip Code 4702 Shadow Ln Austin1, TX 78731-5335	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self- Employed	
Date  06/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrow, Erma N.  Contributor address; City; State; Zip Code 8615 Ashland Dr. Austin, TX 78723	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/29 Report: 23/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neavel, Nancy  6 Contributor address; City; State; Zip Code 2905 Scenic Dr Austin, TX 78703-1042	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Behavioral Scientist		10 Employer (See Instructions) Retired	
Date  06/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nisbett, Christy  Contributor address; City; State; Zip Code 5100 Lea Cove Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Court Administrator		Employer (See Instructions) Travis County	
Date  05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nyfeler, John  Contributor address; City; State; Zip Code 1805 Adriane Dr. Austin, TX 78721-1213	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) The Nyfeler organization, Inc.	
Date  05/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olbert, Arthur O.  Contributor address; City; State; Zip Code 1906 Raleigh Ave Austin, TX 78703-2643	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date  06/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Neal, Stephanie  Contributor address; City; State; Zip Code 7016 Cromarty Cv austin, TX 78754-5871	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Assistant Controller		Employer (See Instructions) Craftcorps, Inc	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/29 Report: 24/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Outler, Sherri  6 Contributor address; City; State; Zip Code 14008 Ashton Woods Cir Austin, TX 78727-3005	7 Amount of contribution (\$)  \$50.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Technology Executive		10 Employer (See Instructions) No Employer	
Date  05/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oyervides, Juan (Mr.)  Contributor address; City; State; Zip Code 11601 Oak Trl Austin, TX 78532-2839	Amount of contribution (\$)  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) U.S. Hispanic Contractors Association	
Date  05/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paget, Virginia H.  Contributor address; City; State; Zip Code 1304 Mariposa, 131 PH. Austin, TX 78704	Amount of contribution (\$)  \$300.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date  06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick, Mary  Contributor address; City; State; Zip Code PO Box 303370 Austin, TX 78703-0057	Amount of contribution (\$)  \$50.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perkins, Jerry  Contributor address; City; State; Zip Code 4128 Lawless St Austin, TX 78723-5393	Amount of contribution (\$)  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 23/29 Report: 25/34	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peters, Kendra K.		7 Amount of contribution (\$)  \$150.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2203 E. 20th St. Austin, TX 78722-2109			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Case Manager			10 Employer (See Instructions) Family Eldercare		
Date  06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petit, Catherine		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4412 Elmsgrove Dr. Austin, TX 78721			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date  06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ragusa, Jake Jr.		Amount of contribution (\$)  \$250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4612 Island Cv. Austin, TX 78731-5143			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Commercial Real Estate			Employer (See Instructions) KDC Real State		
Date  06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rhambo, Edna		Amount of contribution (\$)  \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1814 Miriam Ave Austin, TX 78702-1519			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rhedin, Judith A		Amount of contribution (\$)  \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8807 Mariscal canyon Austin, TX 78759			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Assistant Director			Employer (See Instructions) University Of Texas		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/29 Report: 26/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, Juanita  6 Contributor address; City; State; Zip Code 2710 Manor Rd. Austin, TX 78722	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) TAX Manager		10 Employer (See Instructions) Self Employed	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel, Hermath K.  Contributor address; City; State; Zip Code 220 W Guadalupe St La Grange, TX 78945	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self Employed	
Date  06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saunders, Lisa  Contributor address; City; State; Zip Code 4600 Mueller Blvd Austin, TX 78723-3382	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Parish Priest		Employer (See Instructions) St. James Episcopal Church	
Date  06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin  Contributor address; City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Political Organizer		Employer (See Instructions) Texas Campaigning for Environment	
Date  05/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sepulveda, Eugene  Contributor address; City; State; Zip Code 3114 Wheeler St. Austin, TX 78705-2816	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Entrepreneours Foundation	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/29 Report: 27/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <del>Sepulveda</del> , Steven Tomlinson  6 Contributor address; City; State; Zip Code 3114 Wheeler St. Austin, TX 78705-2616	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Entrepreneurs Foundation	
Date  05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharlot, Susan  Contributor address; City; State; Zip Code 4200 Jackson Ave Austin, TX 78731-6068	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired Attorney		Employer (See Instructions) Retired	
Date  06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheffield, Mike  Contributor address; City; State; Zip Code 300 W. Sequoia Spur Georgetown, TX 78628-1318	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Admin. Manager		Employer (See Instructions) City of Austin	
Date  06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sherman, Lee  Contributor address; City; State; Zip Code 1800 New York Ave Austin, TX 78702-2124	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Water Resources Engineer		Employer (See Instructions) City of Austin	
Date  06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shomari, Askia  Contributor address; City; State; Zip Code 4701 Kenmore Ave. #117 Alexandria, VA 22304	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) USA	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/29 Report: 28/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, BETTY (Mrs.)  6 Contributor address; City; State; Zip Code 4700 Toreador Dr. Austin, TX 78746	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  06/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, James B. (Mr.)  Contributor address; City; State; Zip Code 4700 Toreador Dr. Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smagula, Lotta  Contributor address; City; State; Zip Code 6203 Linda Ln Austin, TX 78723-1924	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) TAXARNG	
Date  05/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Don  Contributor address; City; State; Zip Code 2109 E. 22nd Street Austin, TX 78722	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed	
Date  06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Rachele  Contributor address; City; State; Zip Code 9704 Braes Valley St. Austin, TX 78729-1905	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Victim Safety First	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/29 Report: 29/34	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen  6 Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723	7 Amount of contribution (\$)  \$125.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Self employed	
Date  05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sulak, Gail  Contributor address; City; State; Zip Code 3605 Windsor Rd Austin, TX 78703-1508	Amount of contribution (\$)  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Retired	
Date  05/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taft, Donald  Contributor address; City; State; Zip Code PO Box 270505 Corpus, TX 78427-0505	Amount of contribution (\$)  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO/ Administrator		Employer (See Instructions) Tejas Management Systems, Inc.	
Date  05/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taft, Susan  Contributor address; City; State; Zip Code PO Box 270505 Corpus, TX 78427-0505	Amount of contribution (\$)  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Tejas Management Systems, Inc.	
Date  06/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, David  Contributor address; City; State; Zip Code 2004 E. 9th St Austin, TX 78702-3438	Amount of contribution (\$)  \$20.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 28/29 Report: 30/34	
2 FILER NAME HOUSTON, ORA (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vogel, Harold M  6 Contributor address; City; State; Zip Code 2701 Bortons Bluff Ln. Austin, TX 78746		7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Manager			10 Employer (See Instructions) Vogel LLC	
Date  06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wainwright, Beryl R.  Contributor address; City; State; Zip Code 2107 Maldom Pl Austin, TX 78722-2003		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired	
Date  06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Lawrence V.  Contributor address; City; State; Zip Code 1025 Clayton Ln. #6301 Austin, TX 78723		Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired	
Date  05/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watson, Debra  Contributor address; City; State; Zip Code 12308 Gatling Gun Ln Austin, TX 78739-4811		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) TX Health and Human Services Commission	
Date  06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Ed  Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731-5308		Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate Developer			Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 29/29 Report: 31/34	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, John		7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 2909 W. 35th St Austin, TX 78703-1105			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Teacher			10 Employer (See Instructions) Retired		
Date  06/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wicce, Kunda		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6607 Willamentte Dr Austin, TX 78703-1105			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) None		
Date  06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Witte, Tracy		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 908 E. 14th St Austin, TX 78702-1021			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Research			Employer (See Instructions) None		
Date  06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wormley, Rodney L.		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 12105 Emerald Oaks Dr. Austin, TX 78730			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Technician			Employer (See Instructions) AT&T		

**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.**

<b>1 PAGE #</b> Schedule: 1/3 Report: 32/34		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 06/12/2014	<b>5 Payee name</b> AZUL STRATEGIES				
<b>6 Amount (\$)</b> \$1,000.00	<b>7 Payee address</b> City; State; Zip Code 1802 ANN ARDOR AUSTIN, TX 78704				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOLD CARDS		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 05/21/2014	<b>Payee name</b> CHECKMARK TYPESETTING				
<b>Amount (\$)</b> \$180.04	<b>Payee address</b> City; State; Zip Code 317 IH 35 FRONTAGE RD AUSTIN, TX 78722				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MAGNETIC NAME		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/02/2014	<b>Payee name</b> HARVEY, MATTHEW				
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City; State; Zip Code 403 KREBS LN AUSTIN, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WAGES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/16/2014	<b>Payee name</b> HARVEY, MATTHEW				
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City; State; Zip Code 403 KREBS LN AUSTIN, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WAGES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1 PAGE #</b> Schedule: 2/3 Report: 33/34		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00000001	
<b>4 Date</b> 05/29/2014	<b>5 Payee name</b> JUNETEENTH PARADE				
<b>6 Amount (\$)</b> \$25.00	<b>7 Payee address</b> City; State; Zip Code ROSEWOOD AVE AUSTIN, TX 78722				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PARADE		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/02/2014	<b>Payee name</b> MOORE, CHARLOTTE				
<b>Amount (\$)</b> \$750.00	<b>Payee address</b> City; State; Zip Code 4424 GAINES RANCH LOOP APT 503 AUSTIN, TX 78735				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WAGES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/17/2014	<b>Payee name</b> MOORE, CHARLOTTE				
<b>Amount (\$)</b> \$750.00	<b>Payee address</b> City; State; Zip Code 4424 GAINES RANCH LOOP APT 503 AUSTIN, TX 78735				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WAGES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/04/2014	<b>Payee name</b> NGP VAN				
<b>Amount (\$)</b> \$300.00	<b>Payee address</b> City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SOLICITATION		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1 PAGE #</b> Schedule: 3/3 Report: 34/34		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 06/02/2014	<b>5 Payee name</b> PANZER, JONATHAN				
<b>6 Amount (\$)</b> \$1,500.00	<b>7 Payee address</b> City: State: Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WAGES		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/16/2014	<b>Payee name</b> PANZER, JONATHAN				
<b>Amount (\$)</b> \$1,500.00	<b>Payee address</b> City: State: Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WAGES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/02/2014	<b>Payee name</b> SAGE PAYMENT SOLUTIONS				
<b>Amount (\$)</b> \$408.79	<b>Payee address</b> City: State: Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> BANKCARD MERCH FEES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/27/2014	<b>Payee name</b> SAGRA AUSTIN				
<b>Amount (\$)</b> \$320.29	<b>Payee address</b> City: State: Zip Code 1050 E. 11TH ST SUITE 100 AUSTIN, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUNDRAISING		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held: