

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) 00000001 | 2 PAGE # 1 of 50 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Ms. ORA | | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX HOUSTON | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2207 E. 22nd St. Austin, TX 78722 | | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2014 OCT 6 PM 2:05 RECEIVED AUSTIN CITY CLERK </div> |
| | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI SUNNY | | |
| | NICKNAME LAST SUFFIX OGUNRO | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4700 LOYOLA LN. STE. 101 AUSTIN, TX 78723 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 928-9860 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 07/01/2014 THROUGH 09/25/2014 | | |
| 10 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/04/2014 | | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) City Council District 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

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 752.00

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

\$ 34,692.00

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 27,154.94

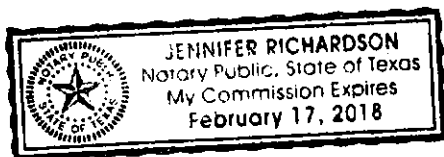
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 27,911.94

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ora Houston, this the 6th day
of October, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Jennifer Richardson
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: 1/35 Report: 3/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akingbala, Funsho and Fannie 6 Contributor address; City; State; Zip Code 6711 Dubuque Lane Austin, TX 78723-2226 | 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) Retired | | 10 Employer (See Instructions) N/A | |
| Date 08/19/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aleshire, Bill Contributor address; City; State; Zip Code 3605 Shady Valley Drive Austin, TX 78739-4425 | 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) Riggs, Aleshire & Ray PC | |
| Date 08/20/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Zita Contributor address; City; State; Zip Code 270 Convent Avenue New York, NY 10031-9125 | 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) DC 37 Communications Director | | Employer (See Instructions) District Council 37, AFSCME, AFL-CIO | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alsop, Mitchell and Marion Contributor address; City; State; Zip Code 2311 Pruett Street Austin, TX 78703-4337 | 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) N/A | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) American Federation Of State,County And Municipal Employees Contributor address; City; State; Zip Code 1625 L STREET N.W WASHINGTON, DC 20036 | 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) N/A | | Employer (See Instructions) N/A | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/35 Report: 4/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Ada 6 Contributor address; City; State; Zip Code 5613 Palisade Court Austin, TX 78731 | 7 Amount of contribution (\$) \$200.00 | 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) N/A | |
| Date 08/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews, Freeman and Elna Contributor address; City; State; Zip Code 408 Settlers Valley Drive Pflugerville, TX 78660-4765 | 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) Retired | | Employer (See Instructions) N/A | |
| Date 09/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Bobbie H. Contributor address; City; State; Zip Code 4908 Hilldale Drive Austin, TX 78723 | 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) N/A | |
| Date 08/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Darnell Contributor address; City; State; Zip Code 5508 Manor Road Austin, TX 78723 | 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) Dentist | | Employer (See Instructions) SELFEMPLOED | |
| Date 09/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Olice and Christine Contributor address; City; State; Zip Code 4125 Kenway Avenue View Park, CA 90008-4809 | 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: 3/35 Report: 5/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 08/01/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Reginald 6 Contributor address; City; State; Zip Code 3021 E 16th Street Austin, TX 78702-1605 | 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) Pharmacist | | 10 Employer (See Instructions) Retired | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Board of Realtors PAC Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756-3700 | 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) Political Action Committee | | Employer (See Instructions) Austin Board of Realtors | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Firefighters Association Political Cpmmittee PAC Contributor address; City; State; Zip Code 7537 Cameron RD Austin, TX 78752 | 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) PAC | | Employer (See Instructions) Austin Firefighter Ass | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin/Travis County EMS Employee Association PAC Contributor address; City; State; Zip Code 5817 Wilcab Road Austin, TX 78721-2806 | 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) Political Action Committee | | Employer (See Instructions) Austin/Travis County EMS Employee Association PAC | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baccus, Richard Contributor address; City; State; Zip Code 11504 Oakwood Drive Austin, TX 78753-2729 | 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) Owner | | Employer (See Instructions) ABC Vacuum Warehouse | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|---|---|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 4/35 Report: 6/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 08/07/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Debra | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| | | 6 Contributor address; City; State; Zip Code 8500 Andreas Cove Austin, TX 78759-7926 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) Professional Concierge | | | 10 Employer (See Instructions) Bailey Solutions | | |
| Date 07/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, John | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 5933 Highland Hills Drive Austin, TX 78731 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Selfemployed | | | Employer (See Instructions) SelfEmployed | | |
| Date 08/18/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baldwin-McGinnis, Carissa | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 1220 Omar Street Houston, TX 77008-7134 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Consultant | | | Employer (See Instructions) Self-Employed | | |
| Date 09/08/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrow, Sharon and Phil | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 4512 Rimrock Trail Austin, TX 78723-6012 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Broker | | | Employer (See Instructions) AmWins Brokerage of Texas, Inc. | | |
| Date 07/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartz, Joan | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 6713 Tulsa Cove Austin, TX 78723-2246 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|---|--|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 5/35 Report: 7/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/30/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Basciano, Joyce | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1907 W. 34th Street Austin, TX 78703-1318 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) Retired | | | 10 Employer (See Instructions) N/A | | |
| Date 08/01/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beachley, Pamela | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 906 Rio Grande Street Austin, TX 78701-2222 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Attorney | | | Employer (See Instructions) Beachley Law Office | | |
| Date 09/08/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, Kurt | | Amount of contribution (\$) \$25.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5507 Chadwyck Drive Austin, TX 78723-5413 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Manager | | | Employer (See Instructions) City of Austin HHSD | | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Arthur and Barbara | | Amount of contribution (\$) \$25.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3504 E. Martin Luther King Blvd. Austin, TX 78721-1135 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Doug | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 9202 Cedar Crest Drive Austin, TX 78750-2719 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Engineer | | | Employer (See Instructions) Retired | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 6/35 Report: 8/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/04/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beurlein, Steve 6 Contributor address; City; State; Zip Code 2605 Woodmont Avenue Austin, TX 78703 | 7 Amount of contribution (\$) \$350.00 (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) N/A | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bible, L.R. Contributor address; City; State; Zip Code P.O Box 648 Buda, TX 78610 | 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) Manager | | Employer (See Instructions) Lockwood, Andrew & Newnam, Inc | |
| Date 07/26/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bogucka, Valeri Contributor address; City; State; Zip Code 1422 Broadmoor Drive Austin, TX 78723-3124 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Librarian | | Employer (See Instructions) University of Texas at Austin | |
| Date 07/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradford, Jessyl Contributor address; City; State; Zip Code 11229 Avering Lane Austin, TX 78754-5778 | Amount of contribution (\$) \$25.00 (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) N/A | |
| Date 07/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Don and Sharon Contributor address; City; State; Zip Code 4213 Avenue F Austin, TX 78751-3720 | Amount of contribution (\$) \$100.00 (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) N/A | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 7/35 Report: 9/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 08/07/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Budde, Betty 6 Contributor address; City; State; Zip Code 808 Cielo Drive Georgetown, TX 78628-1726 | 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) N/A | |
| Date 08/07/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Budde, Pete Contributor address; City; State; Zip Code 808 Cielo Drive Georgetown, TX 78628-1726 | 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) N/A | |
| Date 07/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byrd, Lisa Contributor address; City; State; Zip Code 5204 Wayborne Hill Drive Austin, TX 78723 | Amount of contribution (\$) \$75.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) AA Cultural Heritage District | | Employer (See Instructions) Director | |
| Date 08/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Linda Contributor address; City; State; Zip Code 11511 Oak Knoll Drive Austin, TX 78759-3802 | 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) N/A | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chernet, Tsegaye A. Contributor address; City; State; Zip Code PO Box 144542 Austin, TX 78714-4542 | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Independent Contractor | | Employer (See Instructions) Lone Star Cab | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/35 Report: 10/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/25/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirkiel, Pamela & Martin 6 Contributor address; City; State; Zip Code 1201 County Road 138 Hutto, TX 78634-5127 | 7 Amount of contribution (\$) \$700.00 (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) Realtor Broker/owner | | 10 Employer (See Instructions) M.e. Gene Johnson Realtors | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirkiel, Shawn & Bria Contributor address; City; State; Zip Code 3208 Sunny Lane Austin, TX 78731-5434 | Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Chef | | Employer (See Instructions) Parkside Projects/Housewife | |
| Date 07/18/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Vollie and Matthew Contributor address; City; State; Zip Code 4806 Carson Hill Drive Austin, TX 78723-6124 | Amount of contribution (\$) \$25.00 (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) N/A | |
| Date 07/20/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Gary and Charlotte Contributor address; City; State; Zip Code 4003 Ridgela Drive Austin, TX 78731-6128 | 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) Psychotherapist/Consultant | | Employer (See Instructions) Charlotte B. Cooper, LCSW, PC | |
| Date 09/22/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Carolyn Contributor address; City; State; Zip Code 7205 Geneva Drive Austin, TX 78723 | Amount of contribution (\$) \$40.00 (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) N/A | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 9/35 Report: 11/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/01/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De Uriarte, Mercedes Lynn 6 Contributor address; City; State; Zip Code 2101 Trail Of The Madrones Austin, TX 78746-2332 | 7 Amount of contribution (\$) \$175.00 | 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) UT Emeritus Associate Professor | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dixon, Jewel Contributor address; City; State; Zip Code 1304 Mariposa Drive Apt. 162 Austin, TX 78704-4403 | 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) N/A | |
| Date 08/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James & Katy Contributor address; City; State; Zip Code 360 Nueces Street Austin, TX 78701-4270 | Amount of contribution (\$) \$700.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) City Planner | | Employer (See Instructions) Duncan Associates | |
| Date 08/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earvin, Larry Contributor address; City; State; Zip Code 10837 Olympia Fields Loop Austin, TX 78747 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Houston-Tillotson University | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ejigu, Daniel & Melesse Contributor address; City; State; Zip Code 1522 Thibodeaux Drive Round Rock, TX 78664-7209 | Amount of contribution (\$) \$600.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) IT Specialist | | Employer (See Instructions) Lone Star Cab | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 10/35 Report: 12/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/24/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elsner, Larry | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1608 Preston Avenue Austin, TX 78703-1906 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| 9 Principal occupation / Job title (See Instructions) Executive Director | | | 10 Employer (See Instructions) Open Door Preschools | | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engdaw, Teferi R. | | Amount of contribution (\$) \$300.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2505 Alexander Court Round Rock, TX 78665-7917 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Independent Contractor | | | Employer (See Instructions) Lone Star Cab | | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fath, Shudde | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1005 Bluebonnet Lane Austin, TX 78704-2303 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 08/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Louisa S. | | Amount of contribution (\$) \$75.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3135 Brooklawn Terrace Chevy Chase, MD 20815-3937 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Social Worker | | | Employer (See Instructions) Federal Government | | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Thelma | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1702 Poquito Austin, TX 78702 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 11/35 Report: 13/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garris, Edward 6 Contributor address; City; State; Zip Code 2004 E. 9th Street Unit A Austin, TX 78702 | 7 Amount of contribution (\$) \$25.00 (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) N/A | |
| Date 07/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garrison, Jada Contributor address; City; State; Zip Code 2103 E 22nd Street Austin, TX 78722-2423 | 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) Development Research | | Employer (See Instructions) University of Texas at Austin | |
| Date 09/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garvey, Jerome Contributor address; City; State; Zip Code 2501 Wilson Austin, TX 78704 | Amount of contribution (\$) \$25.00 (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) N/A | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getahun, Firew & Hailu Contributor address; City; State; Zip Code 2722 High Point Drive Round Rock, TX 78664-5790 | Amount of contribution (\$) \$600.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) Financial Freedom | |
| Date 09/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getter, Kerry and Becky Contributor address; City; State; Zip Code 9301 Johnny Morris Road Austin, TX 78724-1523 | Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Balcones Resources, Inc. | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 12/35 Report: 14/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/23/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GHOSH, PINAKI | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 113 W 55TH 1/2 ST AUSTIN, TX 78751 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| 9 Principal occupation / Job title (See Instructions) INDEPENDENT CONTRACTOR | | | 10 Employer (See Instructions) SELF EMPLOYED | | |
| Date 09/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, Julius W. | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1405 Mussett Street Austin, TX 78754 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 08/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, Shirley | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1406 Mussett Street Austin, TX 78754 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hardin, Drew & Sherry | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 16900 Crystal Caves Rd Austin, TX 78737 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Regional Director, Vice President | | | Employer (See Instructions) Lockwood, Andrews & Newnam, Inc | | |
| Date 07/18/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harriger, Matthew and Elise | | Amount of contribution (\$) \$30.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3903 Willowbrook Drive Austin, TX 78722 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Attorney | | | Employer (See Instructions) State of Texas | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 13/35 Report: 15/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Edward Jr. | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1821 Coronado Hills Drive Austin, TX 78752 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) Retired | | | 10 Employer (See Instructions) N/A | | |
| Date 08/14/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins III, Albert & Jacuelyn | | Amount of contribution (\$) \$700.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 7005 Quill Leaf Cove Austin, TX 78750 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) MANAGER | | | Employer (See Instructions) U S DEPT OF AGRICULTURE | | |
| Date 07/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haynes, Ronald | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code PO Box 123 Todd, NC 28684-0123 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) RETIRED | | | Employer (See Instructions) RETIRED | | |
| Date 07/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidrick, Clarke | | Amount of contribution (\$) \$200.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701-3790 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Attorney | | | Employer (See Instructions) Graves, Dougherty, Hearon & Moody | | |
| Date 09/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Rita M. | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1704 Broadmoor Drive Austin, TX 78723 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 14/35 Report: 16/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/28/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herring, Charles 6 Contributor address; City; State; Zip Code 1204 Castle Hill Street Austin, TX 78703-4126 | 7 Amount of contribution (\$) \$100.00 (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) N/A | |
| Date 07/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holmes, Johnny Contributor address; City; State; Zip Code 3501 E. 12th Street Austin, TX 78721-1101 | Amount of contribution (\$) \$150.00 (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) N/A | |
| Date 08/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Pamela Contributor address; City; State; Zip Code 2304 Fair Oaks Drive Austin, TX 78745-2754 | Amount of contribution (\$) \$100.00 (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) N/A | |
| Date 07/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack, Jeff Contributor address; City; State; Zip Code 2008 B Rabb Glen Austin, TX 78704-3206 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Architect | | Employer (See Instructions) Selfemployed | |
| Date 09/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Charlie Contributor address; City; State; Zip Code 11900 Metric Blvd. Austin, TX 78758-3152 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Technologist | | Employer (See Instructions) Acceleros | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 15/35 Report: 17/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Larry 6 Contributor address; City; State; Zip Code 10904 Jamie Glen Way Austin, TX 78753-3343 | 7 Amount of contribution (\$) \$350.00 (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) N/A | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Robena Contributor address; City; State; Zip Code 5900 Rain Creek Parkway Austin, TX 78759-5535 | Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Communications Consultant | | Employer (See Instructions) RJW Operations | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Carol Contributor address; City; State; Zip Code 7314 Geneva Dr Austin, TX 78723 | Amount of contribution (\$) \$25.00 (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 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Elston Contributor address; City; State; Zip Code 1905 Spring Hollow Path Round Rock, TX 78681 | 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) Manager | | Employer (See Instructions) State of Texas | |
| Date 09/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Ike and Vivian Contributor address; City; State; Zip Code 8703 Quail Ridge Dr San Antonio, TX 78263 | 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) San Antonio | | Employer (See Instructions) Teacher | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 16/35 Report: 18/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 08/12/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Isaac L. Jr. 6 Contributor address; City; State; Zip Code 8703 Quail Ridge Drive San Antonio, TX 78263 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Retired | | 10 Employer (See Instructions) N/A | |
| Date 07/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Karyne Contributor address; City; State; Zip Code 3505 Saratoga Avenue Annapolis, MD 21403-4900 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) President and CEO | | Employer (See Instructions) NCBA | |
| Date 07/01/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Michael Contributor address; City; State; Zip Code 2045 Zach Scott Street Austin, TX 78723-5399 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 08/06/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan, Olden Contributor address; City; State; Zip Code 11705 Rydalwater Lane Austin, TX 78754-5721 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Counselor | | Employer (See Instructions) Austin Community College | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kebede, Denberwa A. Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660-1726 | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Clerk | | Employer (See Instructions) Dept of Public Safety | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 17/35 Report: 19/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/28/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Eric 6 Contributor address; City; State; Zip Code 5712 Painted Valley Drive Austin, TX 78759-5501 | 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) N/A | |
| Date 09/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kerr, Chris and Heather Contributor address; City; State; Zip Code 4115 Abingdon Drive Garland, TX 75043-7251 | Amount of contribution (\$) \$700.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) COO | | Employer (See Instructions) Force Multiplier Solutions, Inc. | |
| Date 07/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, David Contributor address; City; State; Zip Code 1808 Kerr Avenue Austin, TX 78704-1429 | 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) N/A | |
| Date 07/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kramer, Diane and Kenneth Contributor address; City; State; Zip Code 4204 Sinclair Ave. Austin, TX 78756 | 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) Professor | | Employer (See Instructions) ACC | |
| Date 08/14/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kwiecienski, Erik and Kathy Contributor address; City; State; Zip Code 6403 Amberly Place Austin, TX 78759-6131 | 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) School Teacher | | Employer (See Instructions) AISD | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 18/35 Report: 20/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) L.C. Anderson Class of 61 6 Contributor address; City; State; Zip Code 1403 Apache Cove Pflugerville, TX 78660-3890 | 7 Amount of contribution (\$) \$250.00 (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) Retired | |
| Date 07/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry, Jerald Contributor address; City; State; Zip Code 2329 Dugald Place Dallas, TX 75216-3309 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Bookkeeper/Accountant | | Employer (See Instructions) Professional Business Services | |
| Date 09/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawson, Jan E. Contributor address; City; State; Zip Code 3629 Quiette Drive Austin, TX 78754 | Amount of contribution (\$) \$200.00 (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) N/A | |
| Date 09/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawyer, Lawrence Contributor address; City; State; Zip Code 7607 Parkview Circle Austin, TX 78731-1127 | Amount of contribution (\$) \$230.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) University of Texas | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Ira Contributor address; City; State; Zip Code 3923 Dry Creek Drive Austin, TX 78731 | Amount of contribution (\$) \$25.00 (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) N/A | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 19/35 Report: 21/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/11/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leonard, Robert & Linda | | 7 Amount of contribution (\$) \$700.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 7122 Royal Lane Dallas, TX 75230-3608 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) Chairman & CEO | | | 10 Employer (See Instructions) Force Multiplier Solutions, Inc. | | |
| Date 07/01/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Kevin | | Amount of contribution (\$) \$30.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1002 Bouldin Avenue Austin, TX 78704-1616 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Buyer | | | Employer (See Instructions) Whole Earth Provisions Co. | | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Kevin | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1002 Bouldin Avenue Austin, TX 78704-1616 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Buyer | | | Employer (See Instructions) Whole Earth Provisions Co. | | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lippman, Susan | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 8901 Chisholm Lane Austin, TX 78748-6381 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 07/18/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lucas and Randolph, Robert & Suzanne | | Amount of contribution (\$) \$300.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1517 Murray Lane Austin, TX 78703-3410 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 20/35 Report: 22/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/25/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynch, Michele R. 6 Contributor address; City; State; Zip Code 2634 Cascade Falls Drive Austin, TX 78738 | 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) N/A | |
| Date 07/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDaniel, Reuben Contributor address; City; State; Zip Code 3910 Knollwood Drive Austin, TX 78731-2915 | 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 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDowell, Thomas Contributor address; City; State; Zip Code 13113 Rochester Lane Austin, TX 78753 | 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) Administrator | | Employer (See Instructions) Johnson Nursing Home | |
| Date 07/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKinley, Everett Contributor address; City; State; Zip Code 1900 Scofield Ridge Parkway Apt. 2903 Austin, TX 78727-1621 | 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) Manufacturing Manager | | Employer (See Instructions) INSYS Therapeutics | |
| Date 09/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medlin, Cynthia Contributor address; City; State; Zip Code PO Box 40964 Austin, TX 78704 | 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

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 21/35 Report: 23/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/04/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Abera & Workey 6 Contributor address; City; State; Zip Code 9001 Briardale Drive Austin, TX 78753 | 7 Amount of contribution (\$) \$400.00 (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) Independent Contractor | | 10 Employer (See Instructions) Lone Star Cab | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Zenaw Contributor address; City; State; Zip Code 9001 Briardale Drive Austin, TX 78758 | 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) Driver | | Employer (See Instructions) Lone Star Cab | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Metcalfe, Sally & Steven C. Contributor address; City; State; Zip Code 388 Cortona Drive Austin, TX 78746 | 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) Attorney | | Employer (See Instructions) Selfemployed | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michel, Travis Contributor address; City; State; Zip Code 4228 Berkman Austin, TX 78723 | Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Infrastructure Manager | | Employer (See Instructions) Lockwood Andrews & Newnam, Inc | |
| Date 09/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michener, Elizabeth & Patrick Contributor address; City; State; Zip Code 146 18th Street New Orleans, LA 70124-1226 | Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Executive Assistant | | Employer (See Instructions) Force Multiplier Solutions, Inc. | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 22/35 Report: 24/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/18/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milam, Mary 6 Contributor address; City; State; Zip Code 1211 Quail Park Drive Austin, TX 78758-6620 | 7 Amount of contribution (\$) \$100.00 (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) N/A | |
| Date 07/26/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miles, Paul Contributor address; City; State; Zip Code 5200 North Lamar Blvd. Austin, TX 78751-1839 | 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) Attorney | | Employer (See Instructions) Texas Association of Counties | |
| Date 09/18/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miles, Paul Contributor address; City; State; Zip Code 5200 N Lamar Blvd. Austin, TX 78751-1839 | 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) Attorney | | Employer (See Instructions) Texas Association of Counties | |
| Date 08/18/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Jimmie Contributor address; City; State; Zip Code 3608 Quietie Drive Austin, TX 78754-4927 | 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) N/A | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, Hope Contributor address; City; State; Zip Code 606 W Lynn Street Austin, TX 78703-4759 | Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) IT | | Employer (See Instructions) Texas HHSC | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 23/35 Report: 25/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/30/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murray, William 6 Contributor address; City; State; Zip Code 1106 W. 6th Street Apt. 213 Austin, TX 78703-5333 | 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) Attorney | | 10 Employer (See Instructions) selfemployed | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nadler-Olenick, Rae Contributor address; City; State; Zip Code 1205 E. 51st Street Austin, TX 78723 | 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) Journalist | | Employer (See Instructions) Retired | |
| Date 09/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) National Association of Social Workers Pac Contributor address; City; State; Zip Code 810 W. 11th Street Austin, TX 78701-2010 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) n/a | | Employer (See Instructions) n/a | |
| Date 08/20/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nisbett, Clark and Christy Contributor address; City; State; Zip Code 5100 Lea Cove Austin, TX 78731 | Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Insurance | | Employer (See Instructions) Selfemployed | |
| Date 07/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Obilom, Philip and Cecilia Contributor address; City; State; Zip Code 4604 Azul Cove Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 (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) N/A | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 24/35 Report: 26/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 08/19/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogunmuyiwa, Alex 6 Contributor address; City; State; Zip Code 1921 Elysian Fields Austin, TX 78727-3212 | 7 Amount of contribution (\$) \$200.00 | 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) Real Estate | | 10 Employer (See Instructions) Selfemployed | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olson, Jon Contributor address; City; State; Zip Code 6905 Geneva Drive Austin, TX 78723 | Amount of contribution (\$) \$35.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Clerk | | Employer (See Instructions) State of Texas | |
| Date 09/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orr, Reed and Ola Contributor address; City; State; Zip Code 6319 Ridge Forest San Antonio, TX 78233-3919 | 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) N/A | |
| Date 07/01/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Overton, Marva Contributor address; City; State; Zip Code 2112 E 21st Street Austin, TX 78722-2416 | 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) Non-Profit Executive Director | | Employer (See Instructions) University of Texas Health Science Center at Houston | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ozborn, Paul Contributor address; City; State; Zip Code 1600 West Avenue Austin, TX 78701-1544 | 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) Beverage Director | | Employer (See Instructions) Parkside Projects | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 25/35 Report: 27/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/25/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perales, Marisa 6 Contributor address; City; State; Zip Code 2104 Willow St Austin, TX 78702 | 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) ATTORNEY | | 10 Employer (See Instructions) FREDERICK, PERALES, ALLOM & ROCKWELL, P.C | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petersen, Dennis Contributor address; City; State; Zip Code 2925 Briarpark Dr Fourth Floor Houston, TX 77042 | 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) President | | Employer (See Instructions) Lockwood, Andrews & Newnam, Inc | |
| Date 08/14/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peterson, H. Nell and Tara L. Contributor address; City; State; Zip Code 2001 Tillotson Avenue Austin, TX 78702-2834 | 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) N/A | |
| Date 09/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pilington, Betsy Contributor address; City; State; Zip Code 1104 Sahara Avenue Austin, TX 78745 | 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) N/A | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Piper, Beverly Contributor address; City; State; Zip Code 4606 Broadhill Drive Austin, TX 78723 | 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) N/A | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 26/35 Report: 28/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/09/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raleigh, Virginia 6 Contributor address; City; State; Zip Code 5106 Canela Drive Austin, TX 78744 | 7 Amount of contribution (\$) \$100.00 (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) N/A | |
| Date 08/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rath, James Contributor address; City; State; Zip Code 1157 Coletto Street Austin, TX 78702-2211 | Amount of contribution (\$) \$250.00 (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) N/A | |
| Date 09/18/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Frances & Marie (Mr. & Mrs.) Contributor address; City; State; Zip Code 349 E. Charity Cove Salt Lake City, UT 84103-5205 | Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Managing Director | | Employer (See Instructions) Reagan Outdoor Advertising | |
| Date 09/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William & Julia Contributor address; City; State; Zip Code 1775 N Warm Springs Rd. Salt Lake City, UT 84116-2353 | Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Chairman | | Employer (See Instructions) The Reagan Companies | |
| Date 09/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William & Lucy Contributor address; City; State; Zip Code 4100 McBrine Place Austin, TX 78746-1928 | Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Reagan National Advertising | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 27/35 Report: 29/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 08/02/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rickel, Greg, Marti, and Austin | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| | | 6 Contributor address; City; State; Zip Code 1388 Alki Avenue SW Seattle, WA 98116-1877 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) Bishop | | | 10 Employer (See Instructions) Episcopal Diocese of Olympia | | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roby, Edward and Nettie | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 6903 Tulane Drive Austin, TX 78723 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, Lauren | | Amount of contribution (\$) \$300.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 1405 Hillmont Street Austin, TX 78704 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Engineer | | | Employer (See Instructions) Glenrose Engineering Company | | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sack, Margo | | Amount of contribution (\$) \$25.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 8123 Raintree Place Austin, TX 78759 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 08/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlotzhauer, John and Judy | | Amount of contribution (\$) \$55.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 16415 Jackson Street Volente, TX 78641 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 28/35 Report: 30/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 08/20/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Frederick | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code Austin, TX | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) Retired | | | 10 Employer (See Instructions) N/A | | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Harlan | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1000 San Marcos Street Austin, TX 78702-2605 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Manager | | | Employer (See Instructions) Parkside Projects | | |
| Date 09/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SeDWICK, SHANNON | | Amount of contribution (\$) \$250.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2500 KING ARTHUR AUSTIN, TX 78746 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Owner | | | Employer (See Instructions) Esther.s Follies | | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seifu, Yemane | | Amount of contribution (\$) \$300.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1015 E. Yager Lane Austin, TX 78753-7007 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 08/19/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shakir, Jihad A. | | Amount of contribution (\$) \$225.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3001 Glen Rae Street Austin, TX 78702 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 29/35 Report: 31/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/25/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheppard, Jade Chang | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 12425 Dorsett Road Austin, TX 78727-5807 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| 9 Principal occupation / Job title (See Instructions) Construction | | | 10 Employer (See Instructions) Gideon | | |
| Date 09/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simmons, Robert E. | | Amount of contribution (\$) \$40.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code PO Box 6576 Austin, TX 78752-6578 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siyum, Ababa Eyeyu | | Amount of contribution (\$) \$400.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 13608 Mereseyside Drive Pflugerville, TX 78660 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 09/22/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Blondell W. | | Amount of contribution (\$) \$25.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 7203 Marywood Circle Austin, TX 78723 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) N/A | | |
| Date 08/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen | | Amount of contribution (\$) \$125.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1225 Corona 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) Self employed | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 30/35 Report: 32/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/24/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley, Alfred 6 Contributor address; City; State; Zip Code P.O.Box 5674 Austin, TX 78763 | 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) SELFEMPLOYED/PRESIDENT | | 10 Employer (See Instructions) ALFRED STANLEY & ASSOCIATES | |
| Date 08/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steger, Suzanne and Thomas Contributor address; City; State; Zip Code 1623 W. 10th Street Austin, TX 78703 | 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) N/A | |
| Date 08/19/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steinbomer, Robert Contributor address; City; State; Zip Code 321 San Jacinto Street Lockhart, TX 78644-2433 | 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) Architect | | Employer (See Instructions) Steinbomer, Bramwell & Vrazel Architects | |
| Date 08/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stern, E. Charles and Dorothea Contributor address; City; State; Zip Code 2000 Forest Trail Austin, TX 78703 | 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) N/A | |
| Date 09/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonewall Democrats of Austin PAC Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704 | 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) n/a | | Employer (See Instructions) n/a | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | | | |
|--|---|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 31/35 Report: 33/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strickland, Stanton | | 7 Amount of contribution (\$) \$150.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1174 San Bernard Street Austin, TX 78702-2041 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) Attorney | | | 10 Employer (See Instructions) State of Texas | | |
| Date 07/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suman, Ron | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4702 Broadhill Drive Austin, TX 78723-6104 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Marketing Manager | | | Employer (See Instructions) SXSW LLC | | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Alison | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 12604 Rush Creek Lane Austin, TX 78731-1992 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Housewife | | | Employer (See Instructions) Self | | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Slater Jr. | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 12604 Rush Creek Lane Austin, TX 78732-1992 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Marketing | | | Employer (See Instructions) Force Multiplier Solutions | | |
| Date 09/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Slater & Kathryn | | Amount of contribution (\$) \$700.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2018 General Pershing Street New Orleans, LA 70115-5436 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) EVP | | | Employer (See Instructions) Force Multiplier Solutions, Inc. | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|---|--|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 32/35 Report: 34/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/04/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tekle, Yodit & Kassa | | 7 Amount of contribution (\$) \$600.00 | | 8 In-kind contribution description (if applicable) |
| | | 6 Contributor address; City; State; Zip Code 2958 Donnell Drive Round Rock, TX 78664 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) President | | | 10 Employer (See Instructions) ABC ABCO, INC | | |
| Date 07/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, David | | Amount of contribution (\$) \$20.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 2004 E. 9th Street Austin, TX 78702-3438 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Photographer | | | Employer (See Instructions) Self | | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, David | | Amount of contribution (\$) \$20.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 2004 E 9th Street Austin, TX 78702-3438 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Photographer | | | Employer (See Instructions) Self | | |
| Date 07/18/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Donald and Nancy | | Amount of contribution (\$) \$25.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 4703 Broadhill Austin, TX 78723 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) selfemployed | | | Employer (See Instructions) selfemployed | | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Truitt, John Jr. | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code 1513 Purple Sage Drive Cedar Park, TX 78613-1568 | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Selfemployed | | | 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: 33/35 Report: 35/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/22/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John 6 Contributor address; City; State; Zip Code 2604 Geraghty Avenue Austin, TX 78757-2328 | 7 Amount of contribution (\$) \$200.00 | 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) Consultant | | 10 Employer (See Instructions) Austin Energy | |
| Date 09/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VanDyke, Clifton Contributor address; City; State; Zip Code 1506 New York Avenue Austin, TX 78702-2016 | 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) N/A | |
| Date 08/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wahlberg, P. David Contributor address; City; State; Zip Code 5806 Back Court Austin, TX 78731 | 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) Attorney | | Employer (See Instructions) Selfemployed | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Washington, Alan Contributor address; City; State; Zip Code 11502 Blue Spring Way Austin, TX 78753-2807 | 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) Manager | | Employer (See Instructions) City of Austin | |
| Date 08/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Samuel and Angela Contributor address; City; State; Zip Code 10067 Circleview Drive Austin, TX 78753 | Amount of contribution (\$) \$150.00 | 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 | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 34/35 Report: 36/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 08/12/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weir, Diane and Frank 6 Contributor address; City; State; Zip Code 1301 Hill Street Bastrop, TX 78602 | 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) Selfemployed | | 10 Employer (See Instructions) Selfemployed | |
| Date 07/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wicce, Kunda Lee Contributor address; City; State; Zip Code 6607 Willamette Drive Austin, TX 78723-2110 | 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) N/A | |
| Date 09/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Carter & Talley Contributor address; City; State; Zip Code 8209 Dark Ridge Cove Austin, TX 78737 | 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) N/A | |
| Date 09/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Doris F. Contributor address; City; State; Zip Code 1619 East 11th Street Austin, TX 78702 | 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) Retired | | Employer (See Instructions) N/A | |
| Date 07/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Roger and Norma Contributor address; City; State; Zip Code 401 Ridgewood Road Austin, TX 78746-5786 | Amount of contribution (\$) \$150.00 | 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) Andrews Kurth | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 35/35 Report: 37/50 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 07/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Barbara 6 Contributor address; City; State; Zip Code 4804 Oldfort Hill Drive Austin, TX 78723 | 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) N/A | |
| Date 09/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woody, Bob Contributor address; City; State; Zip Code AUSTIN, TX | 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) SELF EMPLOYED | | Employer (See Instructions) SELF EMPLOYED | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yedeme, Tigabue & Messeret Contributor address; City; State; Zip Code 405 Tom Kite Drive Round Rock, TX 78664 | Amount of contribution (\$) \$600.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Independent Contractor | | Employer (See Instructions) Lone Star Cab | |
| Date 09/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zelege, Mulugeta Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660-1726 | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Independent Contractor | | Employer (See Instructions) Lone Star Cab | |

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.

| | | | | | |
|--|--|---|--|---|--------------|
| 1 PAGE # Schedule: 1/13 Report: 38/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 08/15/2014 | 5 Payee name Austin Alpha Foundation | | | | |
| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code 2111 Chicon St Austin, TX 78722 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 08/20/2014 | Payee name AZUL STRATEGIES | | | | |
| Amount (\$) \$1,320.00 | Payee address City; State; Zip Code 1802 ANN ARDOR AUSTIN, TX 78704 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DOOR HANGER | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 08/06/2014 | Payee name CHECKMARK TYPESETTING | | | | |
| Amount (\$) \$417.85 | Payee address City; State; Zip Code 317 IH 35 FRONTAGE RD AUSTIN, TX 78722 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bamber/Printing | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 09/15/2014 | Payee name CHECKMARK TYPESETTING | | | | |
| Amount (\$) \$1,780.20 | Payee address City; State; Zip Code 317 IH 35 FRONTAGE RD AUSTIN, TX 78722 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PRINTING | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | 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.

| | | | | | |
|--|--|---|---|---|--------------|
| 1 PAGE # Schedule: 2/13 Report: 39/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 09/12/2014 | 5 Payee name Company B Austin Antlered Guards | | | | |
| 6 Amount (\$) \$35.00 | 7 Payee address City; State; Zip Code 1542 Burleson San Antonio, TX 78202 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 08/19/2014 | Payee name CVS PHARMACY | | | | |
| Amount (\$) \$10.99 | Payee address City; State; Zip Code 1701 Briarcliff Blvd AUSTIN, TX 78723 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 08/19/2014 | Payee name CVS PHARMACY | | | | |
| Amount (\$) \$7.46 | Payee address City; State; Zip Code 1701 Briarcliff Blvd AUSTIN, TX 78723 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 07/14/2014 | Payee name EXXONMOBIL | | | | |
| Amount (\$) \$12.39 | Payee address City; State; Zip Code 6000 ED Bluestin Blvd AUSTIN, TX 78723 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | 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.

| | | | | | |
|--|---|---|--|---|--------------|
| 1 PAGE # Schedule: 3/13 Report: 40/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 07/07/2014 | 5 Payee name GOOGLE | | | | |
| 6 Amount (\$) \$21.50 | 7 Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| | | | | | |
| Date 08/04/2014 | Payee name GOOGLE | | | | |
| Amount (\$) \$30.00 | Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| | | | | | |
| Date 09/08/2014 | Payee name GOOGLE | | | | |
| Amount (\$) \$25.00 | Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| | | | | | |
| Date 09/08/2014 | Payee name GOOGLE | | | | |
| Amount (\$) \$30.00 | Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | 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.

1 PAGE #
Schedule: 4/13 Report: 41/50

2 FILER NAME
HOUSTON, ORA (Ms.)

3 ACCOUNT # (TEC filers)
00000001

4 Date
07/09/2014

5 Payee name
H E B

6 Amount (\$)
\$11.52

7 Payee address City; State; Zip Code
6610 ED BLUESTIN
AUSTIN, TX 78723

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Office Overhead/Rental Expense

(b) Description (If travel outside of Texas, complete Schedule T) ☐
Office Supply

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

Date
07/01/2014

Payee name
HARVEY, MATTHEW

Amount (\$)
\$1,000.00

Payee address City; State; Zip Code
403 KREBS LN
AUSTIN, TX 78704

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Salaries/Wages/Contract Labor

Description (If travel outside of Texas, complete Schedule T) ☐
Salaries

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

Date
07/15/2014

Payee name
HARVEY, MATTHEW

Amount (\$)
\$1,000.00

Payee address City; State; Zip Code
403 KREBS LN
AUSTIN, TX 78704

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Salaries/Wages/Contract Labor

Description (If travel outside of Texas, complete Schedule T) ☐
Salaries

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

Date
08/01/2014

Payee name
HARVEY, MATTHEW

Amount (\$)
\$1,000.00

Payee address City; State; Zip Code
403 KREBS LN
AUSTIN, TX 78704

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Salaries/Wages/Contract Labor

Description (If travel outside of Texas, complete Schedule T) ☐
Salaries

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

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.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 5/13 Report: 42/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 08/15/2014 | | 5 Payee name HARVEY, MATTHEW | | | |
| 6 Amount (\$) \$1,000.00 | | 7 Payee address City: State: Zip Code 403 KREBS LN AUSTIN, TX 78704 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/02/2014 | | Payee name HARVEY, MATTHEW | | | |
| Amount (\$) \$1,000.00 | | Payee address City: State: Zip Code 403 KREBS LN AUSTIN, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> Salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/15/2014 | | Payee name HARVEY, MATTHEW | | | |
| Amount (\$) \$1,000.00 | | Payee address City: State: Zip Code 403 KREBS LN AUSTIN, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> SALARIES <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 07/02/2014 | | Payee name JFA REALTY HOLDING | | | |
| Amount (\$) \$925.00 | | Payee address City: State: Zip Code 7333 E HWY 290 AUSTIN, TX 78723 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE RENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | 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.

| | | | | | |
|--|---|---|--|---|--|
| 1 PAGE # Schedule: 6/13 Report: 43/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 08/01/2014 | 5 Payee name JFA REALTY HOLDING | | | | |
| 6 Amount (\$) \$930.00 | 7 Payee address City; State; Zip Code 7333 E HWY 290 AUSTIN, TX 78723 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name | | Office sought: Office held: | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 09/02/2014 | Payee name JFA REALTY HOLDING | | | | |
| Amount (\$) \$930.00 | Payee address City; State; Zip Code 7333 E HWY 290 AUSTIN, TX 78723 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name | | Office sought: Office held: | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 08/27/2014 | Payee name MILLER BLUEPRINT | | | | |
| Amount (\$) \$38.97 | Payee address City; State; Zip Code 501 W 6th St AUSTIN, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name | | Office sought: Office held: | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 08/14/2014 | Payee name NEEDBO BEVOS BKST | | | | |
| Amount (\$) \$8.65 | Payee address City; State; Zip Code 1202 WEST AVENUE AUSTIN, TX 78758 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name | | Office sought: Office held: | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |

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.

| | | | | | |
|--|---|---|--|---|--------------|
| 1 PAGE # Schedule: 7/13 Report: 44/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 07/22/2014 | 5 Payee name NGP VAN | | | | |
| 6 Amount (\$) \$170.00 | 7 Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 08/04/2014 | Payee name NGP VAN | | | | |
| Amount (\$) \$320.00 | Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 09/02/2014 | Payee name NGP VAN | | | | |
| Amount (\$) \$320.00 | Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 07/09/2014 | Payee name OFFICE MAX | | | | |
| Amount (\$) \$13.30 | Payee address City; State; Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supply | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | 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.

| | | | | | |
|--|--|---|--|--|--|
| 1 PAGE # Schedule: 8/13 Report: 45/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 09/02/2014 | | 5 Payee name OFFICE MAX | | | |
| 6 Amount (\$) \$73.97 | | 7 Payee address City; State; Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 07/01/2014 | | Payee name PANZER, JONATHAN | | | |
| Amount (\$) \$1,500.00 | | Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> SALARIE <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 07/15/2014 | | Payee name PANZER, JONATHAN | | | |
| Amount (\$) \$1,500.00 | | Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 08/01/2014 | | Payee name PANZER, JONATHAN | | | |
| Amount (\$) \$1,500.00 | | Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> Salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | 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.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 9/13 Report: 46/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 08/15/2014 | | 5 Payee name PANZER, JONATHAN | | | |
| 6 Amount (\$) \$1,500.00 | | 7 Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/02/2014 | | Payee name PANZER, JONATHAN | | | |
| Amount (\$) \$1,500.00 | | Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> Salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/15/2014 | | Payee name PANZER, JONATHAN | | | |
| Amount (\$) \$1,500.00 | | Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> SALARIES <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/05/2014 | | Payee name PIZZA HUT | | | |
| Amount (\$) \$47.63 | | Payee address City; State; Zip Code 6307 Cameron Rd AUSTIN, TX 78723 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | 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.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 10/13 Report: 47/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 07/01/2014 | | 5 Payee name RODRIGUEZ, AMANDA | | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SALARIE <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 07/15/2014 | | Payee name RODRIGUEZ, AMANDA | | | |
| Amount (\$) \$500.00 | | Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 08/01/2014 | | Payee name RODRIGUEZ, AMANDA | | | |
| Amount (\$) \$500.00 | | Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/02/2014 | | Payee name RODRIGUEZ, AMANDA | | | |
| Amount (\$) \$500.00 | | Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747 | | | |
| PURPOSE OF EXPENDITURE | | 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"/> Salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | 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.

1 PAGE #
Schedule: 11/13 Report: 48/50

2 FILER NAME
HOUSTON, ORA (Ms.)

3 ACCOUNT # (TEC filers)
00000001

4 Date
09/15/2014

5 Payee name
RODRIGUEZ, AMANDA

6 Amount (\$)
\$500.00

7 Payee address City; State; Zip Code
8313 TRIPOD DRIVE
AUSTIN, TX 78747

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Salaries/Wages/Contract Labor

(b) Description (If travel outside of Texas, complete Schedule T) ☐
SALARIES

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

Date
07/02/2014

Payee name
SAGE PAYMENT SOLUTIONS

Amount (\$)
\$260.92

Payee address City; State; Zip Code
1750 OLD MEADOW ROAD #300
MCLEAN, VA 22102

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Accounting/Banking

Description (If travel outside of Texas, complete Schedule T) ☐
Merch Fees

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

Date
09/02/2014

Payee name
SAGE PAYMENT SOLUTIONS

Amount (\$)
\$108.60

Payee address City; State; Zip Code
1750 OLD MEADOW ROAD #300
MCLEAN, VA 22102

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Accounting/Banking

Description (If travel outside of Texas, complete Schedule T) ☐
Merch Fees

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

Date
07/16/2014

Payee name
TEXAS DEMOCRATIC

Amount (\$)
\$200.00

Payee address City; State; Zip Code
111 EAST 17TH STREET
AUSTIN, TX 78774

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
OTHER - RESRACH

Description (If travel outside of Texas, complete Schedule T) ☐
RESEARCH

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

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.

| | | | | | |
|--|---|---|--|---|--------------|
| 1 PAGE # Schedule: 12/13 Report: 49/50 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 09/15/2014 | 5 Payee name THE VILLAGER | | | | |
| 6 Amount (\$) \$864.00 | 7 Payee address City; State; Zip Code 4132 E 12TH ST AUSTIN, TX 78721 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| | | | | | |
| Date 07/21/2014 | Payee name WM SUPERCENTER | | | | |
| Amount (\$) \$54.13 | Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| | | | | | |
| Date 07/21/2014 | Payee name WM SUPERCENTER | | | | |
| Amount (\$) \$43.04 | Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| | | | | | |
| Date 07/30/2014 | Payee name WM SUPERCENTER | | | | |
| Amount (\$) \$43.04 | Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | 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.

| | | |
|--|---|---|
| 1 PAGE # Schedule: 13/13 Report: 50/50 | 2 FILER NAME HOUSTON, ORA (Ms.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|---|---|

| | |
|-----------------------------|---------------------------------------|
| 4 Date 07/30/2014 | 5 Payee name WM SUPERCENTER |
|-----------------------------|---------------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$53.87 | 7 Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748 |
|---------------------------------|--|

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|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|------------------------------|
| Date 08/25/2014 | Payee name WM SUPERCENTER |
|--------------------|------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$47.91 | Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748 |
|------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|