Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Guil | DE explains how to complete this form. | 1 ACCOUNT # (Ethics Commission filers) 00000001 | 2 PAGE# 1 of 50 | | |
|---|---|---|---|--|--|
| 3 CANDIDATE / | MS/MRS/MR FIRST | MI | OFFICE USE ONLY | | |
| OFFICEHOLDER NAME | Ms. ORA | | Date Received | | |
| | NICKNAME LAST HOUSTON | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | ADDRESS / PO BOX; APT / SUITE #; | CITY; STATE; ZIP CODE | AU 2014 | | |
| ADDRESS | 2207 E. 22nd St. Austin, TX 78722 | | Date Hand-delivered Date Posmarked | | |
| Change of Address | | | TIN CIT RECEI | | |
| | | | Receipt # TOAmount T | | |
| 5 CAMPAIGN | MS/MRS/MR FIRST | MI | Date Processed | | |
| TREASURER NAME | SUNNY | | Date Imaged | | |
| | NICKNAME LAST | SUFFIX | <u> </u> | | |
| | OGUNRO | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); AP 4700 LOYOLA LN. STE. 101 AUSTIN, TX 78723 | T / SUITE #; CITY; STATE: | ZIP CODE | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 928-9860 | EXTENSION | | | |
| 8 REPORT TYPE | January 15 X 30th day before | re election Runoff | 15th day after campaign treasurer appointment (officeholder only) | | |
| | July 15 Sth day before | e election Exceeded \$500 limit | Final report (Attach C/OH - FR) | | |
| 9 PERIOD | Month Day Year | Month Day | Year | | |
| COVERED | 07/01/2014 | THROUGH 09/25/20 | 14 | | |
| 10 ELECTION | ELECTION DATE ELECT | ION TYPE | | | |
| | Month Day Year 11/04/2014 | Primary Runoff X | General Special | | |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known |) | | |
| | | City Conucil District | 1 | | |
| | GO TO PAGE 2 | | | | |

Signature of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

| 13 C/OH NAME HOU | STON, ORA (Ms.) | | 14 ACCOUNT# 00000001 | (Ethics Commission filers) |
|---|--|--|--|---|
| 15 NOTICE FROM | have been made with | ntice of political expenditures by political committees to support the nout the candidate's or officeholder's knowledge or consent. Candiday receive notice of such expenditures | candidate / officeholder. dates and officeholders a | These expenditures may re required to report this |
| POLITICAL COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | COMMITTEE ADDRESS | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | <u> </u> | | · I | ····· |
| 16 CONTRIBUTION TOTALS | 1. TOTAL I | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 752.00 |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 34,692.00 |
| EXPENDITURE TOTALS | 3. TOTAL | POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI | \$ | 0.00 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ | 27,154.94 |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD | \$ | 27,911.94 |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD | \$ | 0.00 |
| 17 AFFIDAVIT | <u>. </u> | | | |
| 1 3000000000000000000000000000000000000 | NNIFER RICHARDSON bry Public, State of Tel by Commission Expire February 17, 2018 | Me under Little 15. Election Co | es all information requ | |
| | | Signature of | Candidate or Officeh | older |
| | STAMP / SEAL ABO\ | | | , 6 h |
| | | he said | , this the _ | day |
| Signature of officer adm | Lagon vinistering path | Tennifer Richardson Print name of officer administering oath | Nich | ninistefing oath |

| _ | | | | | |
|---|-----------------------------|--|--------------------------------------|-------------------------------|---|
| | The Instruction | N Guide explains how to complete this form. | | 1 PAGE # Schedule: 1/3 | 35 Report: 3/50 |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT # 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Akingbala, Funsho and Fannie |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 07/15/2014 | 6 Contributor address; City; State; Zip Code 6711 Dubuque Lane Austin, TX 78723-2226 | | \$20.00 | _ |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/19/2014 | Contributor address; City; State; Zip Code 3605 Shady Valley Drive Austin, TX 78739-4425 | | \$350.00 | |
| | | Austin, 12 70739-4425 | | | Texas, complete Schedule T) |
| | Principal occup Attorney | ation / Job title (See Instructions) | Employer (See In Riggs, Aleshire | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/20/2014 | Contributor address; City; State; Zip Code 270 Convent Avenue New York, NY 10031-9125 | | \$100.00 | |
| | | | | L.` | Texas, complete Schedule T) |
| | | eation / Job title (See Instructions) unications Director | Employer (See In District Council | structions) 37, AFSCME, AF | L-CIO |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/15/2014 | Contributor address; City; State; Zip Code 2311 Pruett Street Austin, TX 78703-4337 | | \$200.00 | l |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | <u> </u> | |
| | Date | Full name of contributor | _ | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | Contributor address; City; State; Zip Code 1625 L STREET N.W WASHINGTON, DC 20036 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup N/A | pation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| | | | | - | Clastical Cilian Various 2 # 6 |

| 1 PAGE # Schedule: 2/35 Report: 4/50 | |
|---|--|
| 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 7 Amount of 8 In-kind contribution contribution (\$) description (if applicab | le) |
| \$200.00 I | |
| (If travel outside of Texas, complete Schedule T) | |
| 10 Employer (See Instructions) N/A | |
| Amount of In-kind contribution contribution (\$) description (if applicab | le) |
| \$25.00 | |
| (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) | |
| N/A | · |
| Amount of In-kind contribution contribution (\$) description (if applicab | le) |
| \$100.00 | (|
| (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) N/A | |
| Amount of In-kind contribution contribution (\$) description (if applicab | le) |
| \$100.00 | |
| (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) SELFEMPLOED | |
| Amount of In-kind contribution contribution (\$) description (if applicable) | ile) |
| \$100.00 | |
| (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) RETIRED | <u> </u> |
| | Schedule: 2/35 Report: 4/50 3 ACCOUNT # (Ethics Commission filers) 00000001 7 Amount of contribution (\$) 8 In-kind contribution description (if applicab) \$200.00 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) In-kind contribution description (if applicab) \$25.00 In-kind contribution (if applicab) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Amount of contribution (\$) In-kind contribution (if applicab) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind contribution description (if applicab) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind contribution description (if applicab) \$100.00 In-kind contribution (if applicab) \$100.00 In-kind contribution (if applicab) \$100.00 In-kind contribution (if applicab) \$100.00 In-kind contribution (if applicab) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind contribution (if applicab) \$100.00 In-kind contribution (if applicab) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind contribution (if applicab) \$100.00 In-kind contribution (if applicab) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind contribution (if applicab) \$100.00 In-kind contribution (if applicab) Employer (See Instructions) In-kind contribution (if applicab) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind contribution (if applicab) \$100.00 In-kind contribution (if applicab) In-kind contribution (if applicab) |

SCHEDULE A

| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 3/3 | 35 Report: 5/50 | |
|---|------------------------------------|--|-------------------------------------|-------------------------------|--|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# Arnold, Reginald |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 08/01/2014 | 6 Contributor address; City; State; Zip Code 3021 E 16th Street Austin, TX 78702-1605 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup Pharmacist | ation / Job title (See Instructions) | 10 Employer (See In: Retired | structions) | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756-3700 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | | ation / Job title (See Instructions) | Employer (See In | | · · | |
| | Political Actio | n Committee | Austin Board of | Realtors | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Austin Firefighters Associetion Political Committee | | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 7537 Cameron RD Austin, TX 78752 | | \$350.00 | | |
| | | | | | Texas, complete Schedule T) | |
| | Principal occup PAC | ation / Job title (See Instructions) | Employer (See In Austin Firefright | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Austin/Travis County EMS Employee Association | | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 5817 Wilcab Road Austin, TX 78721-2806 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Political Actio | nation / Job title (See Instructions) n Committee | Employer (See In Austin/Travis C | | byee Association PAC | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 11504 Oakwood Drive Austin, TX 78753-2729 | | \$50.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Owner | pation / Job title (See Instructions) | Employer (See In ABC Vacuum V | structions) | | |
| | | | | | | |

TDD 1-800-735-2989

SCHEDULE A

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

| The Instri | истюм Guide explains how to complete this form. | | 1 PAGE # Schedule: 5/3 | 35 Report: 7/50 |
|--------------------------|---|---------------------------------------|-------------------------------|--|
| 2 FILER NAI | ME HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Basciano, Joyce |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 07/30/20 | 6 Contributor address; City; State; Zip Code 1907 W. 34th Street Austin, TX 78703-1318 | , | \$100.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal o Retired | ecupation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/01/20 | Contributor address; City; State; Zip Code 906 Rio Grande Street Austin, TX 78701-2222 | | \$100.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal o Attorney | ccupation / Job title (See Instructions) | Employer (See In Beachley Law C | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/08/20 | 14 Contributor address; City; State; Zip Code 5507 Chadwyck Drive Austin, TX 78723-5413 | | \$25.00 | |
| | | 7 | (If travel outside of | Texas, complete Schedule T) |
| Principal o Manager | ccupation / Job title (See Instructions) | Employer (See In City of Austin H | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/15/20 | Contributor address; City; State; Zip Code 3504 E. Martin Luther King Blvd. Austin, TX 78721-1135 | · · · · · · · · · · · · · · · · · · · | \$25.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal o Retired | ccupation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/25/20 | Contributor address; City; State; Zip Code 9202 Cedar Crest Drive Austin, TX 78750-2719 | | \$50.00 | |
| 79 | | | (If travel outside of | Texas, complete Schedule T) |
| Principal o Engineer | ccupation / Job title (See Instructions) | Employer (See In Retired | structions) | |

SCHEDULE A

| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 6/3 | 35 Report: 8/50 |
|---|------------------------------|---|--------------------------------------|---|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT # 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# Beurlein, Steve |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 07/04/2014 | 6 Contributor address; City; State; Zip Code 2605 Woodmont Avenue Austin, TX 78703 | | \$350.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In N/A | structions) | |
| | Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | Contributor address; City; State; Zip Code P.O Box 648 Buda, TX 78610 | | \$50.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Manager | ation / Job title (See Instructions) | Employer (See In Lockwood,Andr | structions) ew & Newnam,Ind | ; |
| | Date | Full name of contributor ut-of-state PAC (ID# Bogucka, Valeri |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/26/2014 | Contributor address; City; State; Zip Code 1422 Broadmoor Dive | | \$100.00 | |
| | | Austin, TX 78723-3124 | | | Texas, complete Schedule T) |
| | Principal occup Librarian | ation / Job title (See Instructions) | Employer (See In University of Te | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/02/2014 | Contributor address; City; State; Zip Code 11229 Avering Lane Austin, TX 78754-5778 | | \$25.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| | Date | Full name of contributor uut-of-state PAC (ID# Brown, Don and Sharon |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/27/2014 | Contributor address; City; State; Zip Code 4213 Avenue F | | \$100.00 | |
| | | Austin, TX 78751-3720 | | المراجع | Texas, complete Schedule T) |
| _ | Dringing const | pation / Job title (See Instructions) | Employer (See In | | Texas, complete schauble () |
| | Retired | auon / Job une (Geo manuenons) | N/A | | |

| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 7/3 | 35 Report: 9/50 | | |
|---|----------------------------|--|------------------------------|-------------------------------|--|--|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# Budde, Betty |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 08/07/2014 | 6 Contributor address; City; State; Zip Code 808 Cielo Drive Georgetown, TX 78628-1726 | | \$50.00 | ' | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In | structions) | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Budde, Pete |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 08/07/2014 | Contributor address; City; State; Zip Code 808 Cielo Drive Georgetown, TX 78628-1726 | | \$50.00 | | | |
| | | Coorgotomi, 177 Toolo 1120 | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | | <u> </u> | | |
| | Retired | , | N/A ` | , | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/28/2014 | Contributor address; City; State; Zip Code 5204 Wayborne Hill Drive Austin, TX 78723 | | \$75.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | | ation / Job title (See Instructions) eritage District | Employer (See In Director | structions) | | | |
| | Date | Full name of contributor |) | Amount of | In-kind contribution | | |
| | | Campbell, Linda | | contribution (\$) | description (if applicable) | | |
| | 08/15/2014 | Contributor address; City; State; Zip Code 11511 Oak Knoll Drive Austin, TX 78759-3802 | | \$100.00 | ! ! ! | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | structions) | | | |
| | Date | Full name of contributor uut-of-state PAC (ID# | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/04/2014 | Contributor address; City; State; Zip Code PO Box 144542 | | \$300.00 | | | |
| | | Austin, TX 78714-4542 | | /If traval autoids -4 | Texas, complete Schedule T) | | |
| | Principal occur | pation / Job title (See Instructions) | Employer (See In | <u> </u> | reves, complete schedule 1) | | |
| | Independent | | Lone Star Cab | | | | |

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 **POLITICAL CONTRIBUTIONS** SCHEDULE A

| | OTHER THAN PLEDGES OR LOANS | | | | | |
|---|----------------------------------|---|-----------------------|--|-------------------------------|---|
| | The Instruction | on Guide explains how to com | plete this form. | · | 1 PAGE # Schedule: 8/3 | 35 Report: 10/50 |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor Cirkiel, Pamela & Martin | out-of-state PAC (ID# |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/25/2014 | 6 Contributor address; 1201 County Road 138 Hutto, TX 78634-5127 | City; State; Zip Code | | \$700.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Realtor Broke | ation / Job title (See Instruction er/owner | ns) | 10 Employer (See In: M.e. Gene John | | |
| | Date | Full name of contributor Cirkiel, Shawn & Bria | out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | Contributor address; 3208 Sunny Lane Austin, TX 78731-5434 | City; State; Zip Code | | \$700.00 | |
| | | Additity 17 70701-0404 | | | | · |
| | Drive single and an array | ation (Jak title (Can Instruction | | Employer (See In: | | Texas, complete Schedule T) |
| | Chef | ation / Job title (See Instruction | | Parkside Projec | | |
| | Date | Full name of contributor Cook, Vollie and Matthew | out-of-state PAC (ID# | _) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/18/2014 | Contributor address; 4806 Carson Hill Drive Austin, TX 78723-6124 | City; State; Zip Code | | \$25.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instruction | ns) | Employer (See In: N/A | structions) | |
| | Date | Full name of contributor Cooper, Gary and Charlot | out-of-state PAC (ID# |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/20/2014 | Contributor address; 4003 Ridgelea Drive Austin, TX 78731-6128 | City; State; Zip Code | | \$50.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| | | ation / Job title (See Instruction)ist/Consultant | ns) | Employer (See In Charlotte B. Co | structions) oper, LCSW, PC | |
| | Date | Full name of contributor Davis, Carolyn | out-of-state PAC (ID# | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/22/2014 | Contributor address; 7205 Geneva Drive Austin, TX 78723 | City; State; Zip Code | | \$40.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | L pation / Job title (See Instructio | ns) | Employer (See In N/A | <u> </u> | · - |
| | | | | | | |

SCHEDULE A

| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 9/3 | 35 Report: 11/50 |
|---|---------------------------------|---|--|----------------------------------|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) De Uriarte, Mercedes Lynn |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 07/01/2014 | 6 Contributor address; City; State; Zip Code 2101 Trail Of The Madrones Austin, TX 78746-2332 | | \$175.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See Ins UT Emeritus As | structions) sociate Professor | |
| | Date | Full name of contributor ut-of-state PAC (ID# Dixon, Jewel | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/15/2014 | Contributor address; City; State; Zip Code 1304 Mariposa Drive Apt. 162 | | \$100.00 | |
| | | Austin, TX 78704-4403 | | | |
| | | ation of table (Co.) Instructions | Employer (See In | <u> </u> | Texas, complete Schedule T) |
| | Retired | ation / Job title (See Instructions) | Employer (See In: N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/28/2014 | Contributor address; City; State; Zip Code 360 Nueces Street Austin, TX 78701-4270 | | \$700.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup City Planner | ation / Job title (See Instructions) | Employer (See In Duncan Associa | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/27/2014 | Contributor address; City; State; Zip Code 10837 Olympia Fields Loop Austin, TX 78747 | | \$150.00 | |
| | , | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup President | ation / Job title (See Instructions) | Employer (See In Houston-Tillotso | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/04/2014 | Contributor address; City; State; Zip Code 1522 Thibodeaux Drive Round Rock, TX 78664-7209 | | \$600.00 | |
| | | | | الإفوادما مدنفانات مذ | Texas, complete Schedule T) |
| | Principal occur | pation / Job title (See Instructions) | Employer (See In | <u> </u> | Texas, complete schedule 1) |
| | IT Specialist | | Lone Star Cab | - / | |

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

SCHEDULE A

| | J | | | | |
|---|----------------------------------|---|--|-------------------------------|--|
| | The Instruction | N GUIDE explains how to complete this form. | 1 | 1 PAGE# Schedule: 10 | /35 Report: 12/50 |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Elsner, Larry | !) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/24/2014 | 6 Contributor address; City; State; Zip Code 1608 Preston Avenue Austin, TX 78703-1906 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Executive Dir | ation / Job title (See Instructions) ector | 10 Employer (See In: Open Door Pres | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/04/2014 | Contributor address; City; State; Zip Code 2505 Alexander Court Round Rock, TX 78665-7917 | | \$300.00 | |
| | | Round Rock, 12 78003-7917 | | ` | Texas, complete Schedule T) |
| | Principal occup Independent | ation / Job title (See Instructions) Contractor | Employer (See In Lone Star Cab | structions) | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/04/2014 | Contributor address; City; State; Zip Code 1005 Bluebonnet Lane Austin, TX 78704-2303 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| _ | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | structions) | ·- |
| | Date | Full name of contributor uut-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/27/2014 | Contributor address; City; State; Zip Code 3135 Brooklawn Terrace | , , , , , , , , , , , , , , , , , , | \$75.00 | |
| | | Chevy Chase, MD 20815-3937 | | | ' |
| _ | Disciplina | otion / Job title /Coe Instructions) | Employer (See In | | Texas, complete Schedule T) |
| | Social Worke | eation / Job title (See Instructions) r | Federal Govern | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/15/2014 | Contributor address; City; State; Zip Code 1702 Poquito Austin, TX 78702 | | \$50.00 | |
| | | | | (If travel outside of | f Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | structions) | |

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|---|--------------------------------|--|--------------------------------------|-------------------------------|--|
| | The INSTRUCTIO | N GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 11 | /35 Report: 13/50 |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor □ out-of-state PAC (ID# Garris, Edward |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 07/15/2014 | 6 Contributor address; City; State; Zip Code 2004 E. 9th Street Unit A Austin, TX 78702 | ••••• | \$25.00 | |
| | | | | ` . | |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/17/2014 | Contributor address; City; State; Zip Code 2103 E 22nd Street Austin, TX 78722-2423 | | \$50.00 | 1 |
| | | | | , | Texas, complete Schedule T) |
| | Principal occup Development | ation / Job title (See Instructions) Research | Employer (See In University of Te | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/02/2014 | Contributor address; City; State; Zip Code 2501 Wilson Ausin, TX 78704 | | \$25.00 | 1 |
| | | · | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/04/2014 | Contributor address; City; State; Zip Code 2722 High Point Drive Round Rock, TX 78664-5790 | | \$600.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Accountant | ation / Job title (See Instructions) | Employer (See In Financial Freed | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/15/2014 | Contributor address; City; State; Zip Code 9301 Johnny Morris Road Austin, TX 78724-1523 | | \$700.00 | 1 |
| | | Thomas Transfer Tomo | | (16 Approx.) Acceptate - 4 | Tayon complete School to T |
| | Principal occup CEO | pation / Job title (See Instructions) | Employer (See Ir Balcones Reso | structions) | Texas, complete Schedule T) |
| | | | | | Clastronia Cilian Marsina 2 4 6 |

| _ | The Instruction | N GUIDE explains how to com | plete this form. | | 1 PAGE# Schedule: 12 | /35 Report: 14/50 | | |
|---|-----------------------------|--|-------------------------|---------------------------------------|---------------------------------|---|--|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor GHOSH, PINAKI | out-of-state PAC (ID# | <u>+</u>) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 09/23/2014 | 6 Contributor address; 113 W 55TH 1/2 ST AUSTIN, TX 78751 | City; State; Zip Code | | \$100.00 | | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | | ation / Job title (See Instruction | ns) | 10 Employer (See In SELF EMPLOY | | | | |
| | Date | Full name of contributor Gordon, Julius W. | ☐ out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/16/2014 | Contributor address; 1405 Mussett Street Austin, TX 78754 | City; State; Zip Code | | \$50.00 | | | |
| | | Austiii, 12 76754 | | | | | | |
| | | | | E | 1 ' | Texas, complete Schedule T) | | |
| | Principal occup Retired | ation / Job title (See Instruction | ns) | Employer (See In N/A | structions) | | | |
| | Date | Full name of contributor Gordon, Shirley | out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 08/05/2014 | Contributor address; 1406 Mussett Street | City; State; Zip Code | | \$50.00 | | | |
| | | Austin, TX 78754 | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Retired | ation / Job title (See Instruction | ns) | Employer (See In N/A | structions) | | | |
| | Date | Full name of contributor Hardin, Drew & Sherry | ☐ out-of-state PAC (ID# | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/24/2014 | Contributor address; 16900 Crystal Caves Rd Austin, TX 78737 | City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | \$100.00 | | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | | ector, Vice President | ns) | Employer (See In Lockwood ,And | structions) Irews & Newnam,I | nc | | |
| | Date | Full name of contributor Harriger, Matthew and Eli | out-of-state PAC (IDa | *) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/18/2014 | Contributor address; 3903 Willowbrook Drive Austin, TX 78722 | City; State; Zip Code | | \$30.00 | i I I | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Attorney | pation / Job title (See Instructio | ns) | Employer (See Ir State of Texas | <u> </u> | , osnipisto sottoudo (,) | | |
| | | | | | | Clastrania Ciling Varrion 2 4 6 | | |

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|------------------------------|---|-----------------------------------|----------------------------------|--|
| The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 13/ | /35 Report: 15/50 |
| 2 FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Harris, Edward Jr. |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 07/15/2014 | 6 Contributor address; City; State; Zip Code 1821 Coronado Hills Drive Austin, TX 78752 | | \$100.00 | |
| | | | L; | Texas, complete Schedule T) |
| 9 Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In N/A | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/14/2014 | Contributor address; City; State; Zip Code 7005 Quill Leaf Cove Austin, TX 78750 | | \$700.00 | |
| | , , , , , , , , , , , , , , , , , , , | | (If traval outside of | Texas, complete Schedule T) |
| | | 5 - I (0 I- | _ ` | Texas, complete schedule 1) |
| Principal occup MANAGER | ation / Job title (See Instructions) | Employer (See In U S DEPT OF A | | |
| Date | Full name of contributor ut-of-state PAC (ID# Haynes, Ronald |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/28/2014 | Contributor address; City; State; Zip Code PO Box 123 Todd, NC 28684-0123 | | \$100.00 | |
| | | <u> </u> | <u> </u> | Texas, complete Schedule T) |
| Principal occup RETIRED | ation / Job title (See Instructions) | Employer (See In RETIRED | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/28/2014 | Contributor address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701-3790 | | \$200.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Attorney | ation / Job title (See Instructions) | Employer (See In Graves, Dough | structions) erty, Hearon & Mo | oody |
| Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/16/2014 | Contributor address; City; State; Zip Code 1704 Broadmoor Drive Austin, TX 78723 | | \$100.00 | |
| | 2 | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | <u> </u> | |

| 1 PAGE# |
|---|
| Schedule: 14/35 Report: 16/50 |
| 3 ACCOUNT # (Ethics Commission filers) 00000001 |
| 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) |
| \$100.00 |
| (If travel outside of Texas, complete Schedule T) |
| ee Instructions) |
| Amount of In-kind contribution contribution (\$) description (if applicable) |
| \$150.00 |
| <u>_</u> |
| (If travel outside of Texas, complete Schedule T) |
| ee Instructions) |
| _) Amount of In-kind contribution contribution (\$) description (if applicable) |
| \$100.00 |
| (If travel outside of Texas, complete Schedule T) |
| ee Instructions) |
| Amount of In-kind contribution contribution (\$) description (if applicable) |
| \$100.00 |
| (If travel outside of Texas, complete Schedule T) |
| see Instructions) red |
| Amount of In-kind contribution contribution (\$) description (if applicable) |
| \$100.00 |
| (If travel outside of Texas, complete Schedule T) |
| See Instructions) |
| |

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 15 | /35 Report: 17/50 | | |
|---|----------------------------|---|------------------------------------|-------------------------------|--|--|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Jackson, Larry | <u> </u> | 7 Amount of contribution (\$) | 8 | | |
| | 07/15/2014 | 6 Contributor address; City; State; Zip Code 10904 Jamie Glen Way Austin, TX 78753-3343 | | \$350.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In: N/A | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 5900 Rain Creek Parkway Austin, TX 78759-5535 | | \$200.00 | I I I . | | |
| | | *** | | (If travel outside of | Texas, complete Schedule T) | | |
| | | ation / Job title (See Instructions) ons Consultant | Employer (See In RJW Operation | | | | |
| | Date | Full name of contributor uut-of-state PAC (ID: Johnson, Carol | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 7314 Geneva Dr Austin, TX 78723 | | \$25.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In Retired | structions) | | | |
| | Date | Full name of contributor | #) | Amount of | In-kind contribution description (if applicable) | | |
| | | Johnson, Elston | | contribution (\$) | description (ii applicable) | | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 1905 Spring Hollow Path Round Rock, TX 78681 | | \$350.00 | 1 1 1 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Manager | ation / Job title (See Instructions) | Employer (See In State of Texas | structions) | | | |
| - | Date | Full name of contributor | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/16/2014 | Contributor address; City; State; Zip Code 8703 Quail Ridge Dr San Antonio, TX 78263 | | \$50.00 | | | |
| | | | | | · | | |
| | Dringing age | pation / Job title (See Instructions) | Employer (See In | <u> </u> | Texas, complete Schedule T) | | |
| | San Antonio | Mation 1 100 title (Gee instructions) | Teacher | | | | |

| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 16 | /35 Report: 18/50 | | | |
|---|----------------------------|--|--------------------------------------|-------------------------------|--|--|--|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT # 00000001 | (Ethics Commission filers) | | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Jones, Isaac L. Jr. |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | | |
| | 08/12/2014 | 6 Contributor address; City; State; Zip Code 8703 Quail Ridge Drive San Antonio, TX 78263 | | \$50.00 | 1 | | | |
| | | | | , | Texas, complete Schedule T) | | | |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In: N/A | structions) | | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Jones, Karyne |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 07/16/2014 | Contributor address; City; State; Zip Code 3505 Saratoga Avenue Annapolis, MD 21403-4900 | | \$100.00 | | | | |
| | | Tamapana, Ind Et 100 1000 | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occurs | ation / Job title (See Instructions) | Employer (See In | L ' | | | | |
| | President and | | NCBA | | | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 07/01/2014 | Contributor address; City; State; Zip Code 2045 Zach Scott Street Austin, TX 78723-5399 | | \$350.00 | | | | |
| _ | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In Retired | structions) | | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 08/06/2014 | Contributor address; City; State; Zip Code 11705 Rydalwater Lane Austin, TX 78754-5721 | | \$50.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | | Employer (See In Austin Commun | | | | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Kebede, Denberwa A. |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/04/2014 | Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660-1726 | | \$300.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| _ | Principal occup Clerk | eation / Job title (See Instructions) | Employer (See In Dept of Public S | | | | | |

| | | | <u>. </u> | | |
|---|---------------------------------|--|--|-------------------------------|--|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 17 | /35 Report: 19/50 |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT # 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# Kennedy, Eric | | 7 Amount of contribution (\$) | 8 |
| | 07/28/2014 | 6 Contributor address; City; State; Zip Code 5712 Painted Valley Drive Austin, TX 78759-5501 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See Ins N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/05/2014 | Contributor address; City; State; Zip Code 4115 Abingdon Drive Garland, TX 75043-7251 | | \$700.00 | |
| | | Committee 17 (10040-120) | | | ` |
| | Dringing! | ation / Joh title /See Instructions | Employer (See In: | | Texas, complete Schedule T) |
| | COO | ation / Job title (See Instructions) | Force Multiplier | , | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/30/2014 | Contributor address; City; State; Zip Code 1808 Kerr Avenue Austin, TX 78704-1429 | | \$50.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date [*] | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/09/2014 | Contributor address; City; State; Zip Code 4204 Sinclair Ave. Austin, TX 78756 | | \$100.00 | I I I |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Professor | ation / Job title (See Instructions) | Employer (See In: ACC | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/14/2014 | Contributor address; City; State; Zip Code 6403 Amberly Place Austin, TX 78759-6131 | | \$25.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| _ | Principal occup School Teach | pation / Job title (See Instructions) | Employer (See In AISD | structions) | |
| | | | | | Clastronia Ellina Marrias 2 4 6 |

| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 18 | /35 Report: 20/50 | | |
|---|---------------------------------|---|--|---------------------------------|--|--|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# L.C. Anderson Class of 61 |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 07/15/2014 | 6 Contributor address; City; State; Zip Code 1403 Apache Cove Pflugerville, TX 78660-3890 | | \$250.00 | 1 | | |
| | | | , | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In Retired | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/16/2014 | Contributor address; City; State; Zip Code 2329 Dugald Place Dalllas, TX 75216-3309 | | \$100.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Bookkeeper/A | ation / Job title (See Instructions) Accountant | Employer (See In Professional Bu | structions) isiness Services | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/16/2014 | Contributor address; City; State; Zip Code 3629 Quiette Drive Austin, TX 78754 | | \$200.00 |] | | |
| | | • | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Retired | eation / Job title (See Instructions) | Employer (See In N/A | structions) | | | |
| • | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/09/2014 | Contributor address; City; State; Zip Code 7607 Parkview Circle Austin, TX 78731-1127 | | \$230.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Professor | ation / Job title (See Instructions) | Employer (See In University of Te | | | | |
| · | Date | Full name of contributor ☐ out-of-state PAC (ID# Lee, Ira | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/15/2014 | Contributor address; City; State; Zip Code 3923 Dry Creek Drive Austin, TX 78731 | | \$25.00 | | | |
| | | | | <u> </u> | Texas, complete Schedule T) | | |
| | Principal occup Retired | pation / Job title (See Instructions) | Employer (See In N/A | nstructions) | | | |

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|---|---------------------------------|--|---|-------------------------------|---|
| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 19 | /35 Report: 21/50 |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Leonard, Robert & Linda |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/11/2014 | 6 Contributor address; City; State; Zip Code 7122 Royal Lane Dallas, TX 75230-3608 | | \$700.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Chairman & C | ation / Job title (See Instructions) | 10 Employer (See Ins Force Multiplier | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/01/2014 | Contributor address; City; State; Zip Code 1002 Bouldin Avenue Austin, TX 78704-1616 | | \$30.00 | |
| | | | | (If traval outside of | Texas, complete Schedule T) |
| | Principal occur | ation / Job title (See Instructions) | Employer (See In: | | Texas, complete selledate () |
| | Buyer | Eller 7 Sept line (ede mededede) | Whole Earth Pro | | |
| _ | Date | Full name of contributor ut-of-state PAC (ID# | · · · | Amount of | In-kind contribution |
| | Date | Lewis, Kevin | ·, | contribution (\$) | description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 1002 Bouldin Avenue Austin, TX 78704-1616 | | \$100.00 | |
| | | , | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Buyer | ation / Job title (See Instructions) | Employer (See Instructions) Whole Earth Provisions Co. | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/15/2014 | Contributor address; City; State; Zip Code 8901 Chisholm Lane Austin, TX 78748-6381 | | \$50.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| | Date | Full name of contributor ut-of-state PAC (ID# | :) | Amount of | In-kind contribution |
| | | Lucas and Randolph, Robert & Suzanne | | contribution (\$) | description (if applicable) |
| | 07/18/2014 | Contributor address; City; State; Zip Code 1517 Murray Lane Austin, TX 78703-3410 | | \$300.00 | I 1 1 |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | pation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| _ | | | ···. | | Clastronia Eilian Varsian 2.4 C |

| | · | | | |
|-----------------------|---|---------------------------------------|-------------------------------|--|
| The lns | TRUCTION GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 20 | /35 Report: 22/50 |
| 2 FILER N | AME HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (II Lynch, Michele R. | D#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 09/25/2 | 6 Contributor address; City; State; Zip Code 2634 Cascade Falls Drive Austin, TX 78738 | · · · · · · · · · · · · · · · · · · · | \$50.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principa Retired | occupation / Job title (See Instructions) | 10 Employer (See Ins N/A | structions) | |
| Date | Full name of contributor | D#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/17/2 | Contributor address; City; State; Zip Code 3910 Knollwood Drive Austin, TX 78731-2915 | | \$350.00 | l |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principa Profess | occupation / Job title (See Instructions) | Employer (See Ins University of Te | | |
| Date | Full name of contributor | D#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/15/2 | Contributor address; City; State; Zip Code 13113 Rochester Lane Austin, TX 78753 | | \$50.00 | i I I |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principa Admini | l occupation / Job title (See Instructions) strator | Employer (See Ins Johnson Nursin | | |
| Date | Full name of contributor ut-of-state PAC (IIII McKinley, Everett | D#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/02/2 | Contributor address; City; State; Zip Code 1900 Scofield Ridge Parkway Apt. 2903 Austin, TX 78727-1621 |) | \$250.00 | |
| | | | <u></u> | Texas, complete Schedule T) |
| | l occupation / Job title (See Instructions) acturing Manager | Employer (See In: INSYS Therape | | |
| Date | Full name of contributor | D#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/02/2 | Contributor address; City; State; Zip Code PO Box 40964 Austin, TX 78704 | ; | \$50.00 | |
| | | | • | Texas, complete Schedule T) |
| Principa Retired | l occupation / Job title (See Instructions) | Employer (See In: Retired | structions) | |
| | | | | Clastronia Cilian Marrian 2 4 E |

SCHEDULE A

TDD 1-800-735-2989

| The Instruction G | GUIDE explains how to com | 1 PAGE# Schedule: 21 | /35 Report: 23/50 | | | |
|--|--|-------------------------|---------------------------------------|--------------------------------|--|--|
| 2 FILER NAME H | IOUSTON, ORA (Ms.) | | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | |
| | Full name of contributor ersha, Abera & Workey | out-of-state PAC (ID# | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| 90 | Contributor address; 001 Briardale Drive ustin, TX 78753 | City; State; Zip Code | | \$400.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 Principal occupatio Independent Cor | on / Job title (See Instruction ntractor | ns) | 10 Employer (See In Lone Star Cab | structions) | | |
| Date Me | Full name of contributor ersha, Zenaw | out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | Contributor address, 001 Briardale Drive ustin, TX 78758 | City; State; Zip Code | | \$300.00 | | |
| | | | : | (If travel outside of | Texas, complete Schedule T) | |
| Principal occupatio | on / Job title (See Instruction | ns) | Employer (See In | structions) | | |
| Driver | | | Lone Star Cab | | | |
| Date Me | Full name of contributor etcalfe, Sally & Steven C | out-of-state PAC (ID# | <u>‡</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | Contributor address; 88 Cortona Drive ustin, TX 78746 | City, State; Zip Code | | \$50.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| Principal occupatio Attorney | on / Job title (See Instruction | ns) | Employer (See In Selfemployed | structions) | | |
| Date Mi | Full name of contributor ichel, Travis | out-of-state PAC (ID# | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | Contributor address; 228 Berkman ustin, TX 78723 | City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | \$150.00 | | |
| | | | | | Texas, complete Schedule T) | |
| Principal occupatio Infrastructure Ma | on / Job title (See Instruction anager | ns) | Employer (See In Lockwood Andr | structions) ews & Newnam,Ir | nc | |
| Date M | Full name of contributor lichener, Elizabeth & Pat | out-of-state PAC (IDa | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | Contributor address; 46 18th Street ew Orleans, LA 70124-122 | City; State; Zip Code | | \$700.00 |] - | |
| 1/4 | CH Officials, DA 10124-122 | <u>.</u> | | (if travel outside of | Texas, complete Schedule T) | |
| Principal occupation Executive Assists | on / Job title (See Instruction ant | ns) | Employer (See In Force Mulitiplie | ↓ | Totals, complete ounedure () | |

SCHEDULE A

| | Official final fin | | | | | | |
|---|--|--|----------------------|---------------------------------------|-------------------------------|--|--|
| | The Instruction | N GUIDE explains how to complete the | nis form. | | 1 PAGE# Schedule: 22 | /35 Report: 24/50 | |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | | 3 ACCOUNT # 00000001 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor | t-of-state PAC (ID# | <u> </u> | 7 Amount of contribution (\$) | 8 | |
| | 07/18/2014 | 6 Contributor address; City; 1211 Quail Park Drive Austin, TX 78758-6620 | State; Zip Code | | \$100.00 | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | - " | 10 Employer (See In: N/A | structions) | | |
| | Date | Full name of contributor | t-of-state PAC (ID# | ‡) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/26/2014 | Contributor address; City; 5200 North Lamar Blvd. Austin, TX 78751-1839 | State; Zip Code | · · · · · · · · · · · · · · · · · · · | \$50.00 | | |
| | | | ···- | | | Texas, complete Schedule T) | |
| | Principal occup Attorney | ation / Job title (See Instructions) | | Employer (See In Texas Associati | | : | |
| | Date | Full name of contributor | t-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/18/2014 | Contributor address; City; 5200 N Lamar Blvd. Austin, TX 78751-1839 | State; Zip Code | | \$50.00 | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occur | ation / Job title (See Instructions) | | Employer (See In | | тежен, солирова области т | |
| | Attorney | anon 7 oob tille (oee manuchors) | | Texas Associati | | | |
| | Date | Full name of contributor | t-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 08/18/2014 | Contributor address; City; 3608 Quiette Drive Austin, TX 78754-4927 | State; Zip Code | | \$350.00 | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Retired | ation / Job title (See Instructions) | | Employer (See In N/A | structions) | | |
| H | Date | Full name of contributor | t-of-state PAC (ID# | #) | Amount of | In-kind contribution | |
| | Date | Morgan, Hope | a or dialo i mo (ibr | ·/ | contribution (\$) | description (if applicable) | |
| | 09/25/2014 | Contributor address; City; 606 W Lynn Street Austin, TX 78703-4759 | State; Zip Code | | \$200.00 | | |
| | | , Addin, 17. 10100-1100 | | | | | |
| L | · | | | | | Texas, complete Schedule T) | |
| | Principal occup IT | pation / Job title (See Instructions) | 101 | Employer (See In Texas HHSC | structions) | | |

| 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 # 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Murray, William |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 07/30/2014 | 6 Contributor address; City; State; Zip Code 1106 W. 6th Street Apt. 213 | | \$50.00 | | | |
| | | Austin, TX 78703-5333 | | (if travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Attorney | ation / Job title (See Instructions) | 10 Employer (See Inspection Selfemployed | ' | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/04/2014 | Contributor address; City; State; Zip Code 1205 E. 51st Street Austin, TX 78723 | | \$20.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Journalist | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/09/2014 | Contributor address; City; State; Zip Code 810 W. 11th Street | | \$250.00 | | | |
| | | Austin, TX 78701-2010 | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup n/a | ation / Job title (See Instructions) | Employer (See In n/a | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 08/20/2014 | Contributor address, City, State, Zip Code 5100 Lea Cove Austin, TX 78731 | | \$200.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Insurance | ation / Job title (See Instructions) | Employer (See In Selfemployed | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/28/2014 | Contributor address; City; State; Zip Code 4604 Azul Cove Round Rock, TX 78681 | | \$100.00 | ! i | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | <u> </u> | | | |

| | | | | <u> </u> | |
|---|----------------------------------|---|--------------------------------------|-------------------------------|--|
| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 24 | /35 Report: 26/50 |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Ogunmuyiwa, Alex |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 08/19/2014 | 6 Contributor address; City; State; Zip Code 1921 Elysian Fields Austin, TX 78727-3212 | . , | \$200.00 | - - |
| | | | | L ` | Texas, complete Schedule T) |
| 9 | Principal occup Real Estate | ation / Job title (See Instructions) | 10 Employer (See In Selfemployed | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/15/2014 | Contributor address; City; State; Zip Code 6905 Geneva Drive Austin, TX 78723 | | \$35.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Clerk | ation / Job title (See Instructions) | Employer (See In State of Texas | <u> </u> | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/02/2014 | Contributor address; City; State; Zip Code 6319 Ridge Forest San Antonio, TX 78233-3919 | | \$100.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/01/2014 | Contributor address; City; State; Zip Code 2112 E 21st Street Austin, TX 78722-2416 | | \$25.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Non-Profit Ex | ation / Job title (See Instructions) ecutive Director | Employer (See In Universtiy of Te | | ce Center at Houston |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | Contributor address; City; State; Zip Code 1600 West Avenue Austin, TX 78701-1544 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Beverage Dir | ation / Job title (See Instructions) ector | Employer (See In Parkside Projec | | |
| | | | | | Clastropia Cilian Varrian 2 4 6 |

| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 25/ | /35 Report: 27/50 |
|---|------------------------------|---|--------------------------------------|--------------------------------|---|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID#_Perales, Marisa |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/25/2014 | 6 Contributor address; City; State; Zip Code 2104 Willow St Austin, TX 78702 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup ATTORNEY | ation / Job title (See Instructions) | 10 Employer (See In: FREDERICK, P | | & ROCKWELL,P.C |
| | Date | Full name of contributor ut-of-state PAC (ID#_Petersen, Dennis |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | Contributor address; City; State; Zip Code 2925 Briarpark Dr Fourth Floor Houston, TX 77042 | | \$350.00 | |
| | | 1 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup President | ation / Job title (See Instructions) | Employer (See In Lockwood,Andr | structions) ews & Newnam,In | nc |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/14/2014 | Contributor address; City; State; Zip Code 2001 Tillotson Avenue Austin, TX 78702-2834 | | \$100.00 | |
| | | | | ' | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See in N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/09/2014 | Contributor address; City; State; Zip Code 1104 Sahara Avenue Austin, TX 78745 | | \$200.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/15/2014 | Contributor address; City; State; Zip Code 4606 Broadhill Drive Austin, TX 78723 | | \$100.00 | 1 |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See in N/A | structions) | |
| _ | | | | | Floatronia Eilian Varrian 2 4 C |

| The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 26 | /35 Report: 28/50 | | |
|---------------------------------|--|------------------------------------|-------------------------------|---|--|--|
| 2 FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Raleigh, Virginia |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| 07/09/2014 | 6 Contributor address; City; State; Zip Code 5106 Canella Drive Austin, TX 78744 | | \$100.00 | | | |
| · | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See Ins N/A | structions) | - | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 08/12/2014 | Contributor address; City; State; Zip Code 1157 Coleto Street Austin, TX 78702-2211 | | \$250.00 | | | |
| | | | (If travel outside of | Texas, complete Schedule T) | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See In: N/A | structions) | | | |
| | | | | | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 09/18/2014 | Contributor address; City; State; Zip Code 349 E. Charity Cove Salt Lake City, UT 84103-5205 | | \$700.00 | | | |
| | · | | (if travel outside of | Texas, complete Schedule T) | | |
| Principal occup Managing Dir | ation / Job title (See Instructions) ector | Employer (See In Reagan Outdoo | | | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 09/17/2014 | Contributor address; City; State; Zip Code 1775 N Warm Springs Rd. Salt Lake City, UT 84116-2353 | | \$700.00 |] | | |
| | | | (If travel outside of | Texas, complete Schedule T) | | |
| Principal occup Chairman | pation / Job title (See Instructions) | Employer (See In The Reagan Co | | | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 09/17/2014 | Contributor address; City; State; Zip Code 4100 McBrine Place Austin, TX 78746-1928 | | \$700.00 | | | |
| | | | (If travel outside of | Texas, complete Schedule T) | | |
| Principal occup President | pation / Job title (See Instructions) | Employer (See In Reagan Nationa | | , | | |

SCHEDULE A

| | | | | <u> </u> |
|---------------------------|---|--|-------------------------------|--|
| The Instruc | TION GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 27 | /35 Report: 29/50 |
| 2 FILER NAM | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Rickel, Greg, Marti, and Austin |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 08/02/2014 | 6 Contributor address; City; State; Zip Code 1388 Alki Avenue SW Seattle, WA 98116-1877 | | \$100.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occ Bishop | upation / Job title (See Instructions) | 10 Employer (See In Episcopal Dioce | | |
| Date | Full name of contributor ut-of-state PAC (ID# Roby, Edward and Nettie |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/15/2014 | Contributor address; City; State; Zip Code 6903 Tulane Drive Austin, TX 78723 | | \$50.00 | 1 |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occ | supation / Job title (See Instructions) | Employer (See In | L.` | |
| Retired | | N/A | | |
| Date | Full name of contributor ut-of-state PAC (ID#Ross, Lauren |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/25/2014 | Contributor address; City; State; Zip Code 1405 Hillmont Street Austin, TX 78704 | | \$300.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occ Engineer | supation / Job title (See Instructions) | Employer (See In Glenrose Engin | structions) eering Company | |
| Date | Full name of contributor | <u>‡</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/15/2014 | Contributor address; City; State; Zip Code 8123 Raintree Place Austin, TX 78759 | | \$25.00 | ! ! ! |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occ Retired | supation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| Date | Full name of contributor ut-of-state PAC (ID# Schlotzhauer, John and Judy | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/05/2014 | Contributor address; City; State; Zip Code 16415 Jackson Street Volente, TX 78641 | | \$55.00 | |
| | 15.5.46, 17.146.7 | | (If traval autoids =# | Texas, complete Schedule T) |
| Principal occ Retired | cupation / Job title (See Instructions) | Employer (See In N/A | l ' | Texas, complete schedule 1) |

| The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 28 | /35 Report: 30/50 |
|------------------------------|---|--------------------------------------|-------------------------------|---|
| 2 FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Scott, Frederick |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 08/20/2014 | 6 Contributor address; City; State; Zip Code Austin, TX | | \$100.00 | |
| | Addition 17 | | (15 toront autoida af | Texas, complete Schedule T) |
| | | | , | Texas, complete scriedule () |
| 9 Principal occup Retired | vation / Job title (See Instructions) | 10 Employer (See In: N/A | structions) | |
| Date | Full name of contributor ut-of-state PAC (ID# Scott, Harlan |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/24/2014 | Contributor address; City; State; Zip Code 1000 San Marcos Street Austin, TX 78702-2605 | | \$350.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Manager | | Parkside Projec | ts | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/23/2014 | Contributor address; City; State; Zip Code 2500 KING ARTHUR AUSTIN, TX 78746 | | \$250.00 |] |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Owner | pation / Job title (See Instructions) | Employer (See In Esther.s Follies | structions) | - |
| Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/04/2014 | Contributor address; City; State; Zip Code 1015 E. Yager Lane Austin, TX 78753-7007 | | \$300.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Retired | pation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| Date | Full name of contributor ut-of-state PAC (ID# Shakir, Jihad A. |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/19/2014 | Contributor address; City; State; Zip Code 3001 Glen Rae Street Austin, TX 78702 | | \$225.00 | l |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Retired | pation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| | | | | Clastennia Cilian Vancias 2 4 6 |

| The Instruction Guice explains how to complete this form. 1 PAGE # Schedule: 29/35 Report: 31/50 2 FILER NAME HOUSTON, ORA (Ms.) 3 ACCOUNT # (Efficia Commission filters) 00000001 4 Date S Full name of contributor out-of-state PAC (ID# 7 Amount of 8 Instinct contribution (\$) description (if applicable) 09/25/2014 6 Contributor address, City: State: Zip Code \$100.00 (if travel outside of Texas, complete Schedule T) 09/25/2014 State: City: State: Zip Code S100.00 (if travel outside of Texas, complete Schedule T) 09/09/2014 Oscillation (Signature) Oscillati | | | | | | |
|--|---|-----------------|---|------------------|-----------------------|------------------------------|
| 4 Date S Full name of contributor out-of-state PAC (ID#) 7 Amount of 8 description (if applicable) | | The Instruction | N GUIDE explains how to complete this form. | | | /35 Report: 31/50 |
| Sheppard, Jade Chang O9/25/2014 6 Contributor address; City: State: Zip Code S100.00 | 2 | FILER NAME | HOUSTON, ORA (Ms.) | | | (Ethics Commission filers) |
| 12425 Dorsett Road Ausin, TX 78727-5807 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Gideon Amount of contribution (f applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution (f applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution (f applicable) In-kind contribution (f applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution (f applicable) In-kind contribution (f applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution (f applicable) In-kind contribution (f applicable) Principal occupation / Job title (See Instructions) In-kind contribution (f applicable) In | 4 | Date | |) | | |
| Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Construction Constru | | 09/25/2014 | 12425 Dorsett Road | | | |
| Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) description (if applicable) | | | | | (If travel outside of | Texas, complete Schedule T) |
| Simmons, Robert E. O9/09/2014 Contributor address; PO Box 6576 Austin, TX 78752-6578 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution (if applicable) O9/04/2014 Contributor address; 13608 Mereseyside Drive Pflugerville, TX 78860 City; State; Zip Code Smith, Blondell W. Date Full name of contributor Out-of-state PAC (ID# Smith, Blondell W. Out-of-state PAC (ID# Smith, Blondell W. O9/22/2014 Contributor address; City; State; Zip Code Smith, Blondell W. O9/22/2014 Contributor address; City; State; Zip Code Smith, Blondell W. O9/22/2014 Contributor address; City; State; Zip Code Smith, Blondell W. O9/22/2014 Contributor address; City; State; Zip Code Smith, Blondell W. O9/22/2014 Contributor address; City; State; Zip Code Relief Austin, TX 78723 Other contributor Speir, Stephen Other contributor of Speir, Stephen Other contribution of Speir, Stephen Other contribution of Speir, Stephen Other contribution of Speir, Stephen Other contributor of Speir, Stephen Other contribution of Speir, Stephen Other contributor of Speir, Step | 9 | | ation / Job title (See Instructions) | | structions) | |
| PO Box 6576 Austin, TX 78752-6578 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A | | Date | • |) | | |
| Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Employer (See Instructions) | | 09/09/2014 | PO Box 6576 | | \$40.00 | |
| Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Employer (See Instructions) | | 1 | | | (If traval autoida of | Toyas complete Schedule T\ |
| Retired Date | | Dringing and | stice (Joh title (Coe Instructions) | Employer (See In | | Texas, complete scriedule 1/ |
| Siyum, Ababa Eyeyu Contribution (\$) description (if applicable) Contributor address; 13608 Mereseyside Drive Pflugerville, TX 78660 Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (if applicable) O9/22/2014 Contributor address; 203 Marywood Circle Austin, TX 78723 Principal occupation / Job title (See Instructions) Employer (See Instructions) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A Date Full name of contributor | | | ation / Job title (See Instructions) | | su deuoris) | |
| 13608 Mereseyside Drive Pflugerville, TX 78660 | | Date | |) | | |
| Principal occupation / Job title (See Instructions) Retired Date | | 09/04/2014 | 13608 Mereseyside Drive | ,, | \$400.00 | |
| Date Full name of contributor out-of-state PAC (ID# | | | Filugerville, TA 78000 | | <u> </u> | Texas, complete Schedule T) |
| Smith, Blondell W. O9/22/2014 | | | ation / Job title (See Instructions) | | structions) | |
| T203 Marywood Circle Austin, TX 78723 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A Date | | Date | |) | | |
| Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Out-of-state PAC (ID# Ontribution Date Speir, Stephen Speir, Stephen | | 09/22/2014 | 7203 Marywood Circle | | \$25.00 | |
| Date Full name of contributor Speir, Stephen O8/27/2014 Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723 (If travel outside of Texas, complete Schedule T) | | | | | (If travel outside of | Texas, complete Schedule T) |
| Speir, Stephen O8/27/2014 Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723 Principal occupation / Job title (See Instructions) Contribution (\$) description (if applicable) | | | ation / Job title (See Instructions) | , , , | structions) | |
| 1225 Corona Dr. Austin, TX 78723 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Date | · |) | | |
| Principal occupation / Job title (See Instructions) [If travel outside of Texas, complete Schedule T] Employer (See Instructions) | | 08/27/2014 | 1225 Corona Dr. | | \$125.00 | l |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | //6 heart mark=1:4 * | Taura aamalata Sabada ta 🇂 |
| | | | ation / Job title (See Instructions) | | <u> </u> | texas, complete schedule 1) |

SCHEDULE A

| | UIHER | THAN PLEDGES OF LOAD | , | | · . |
|----------|------------------------------|---|--------------------------------------|----------------------------------|--|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 30 | /35 Report: 32/50 |
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Stanley, Alfred | ·) , | 7 Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | 6 Contributor address; City; State; Zip Code P.O.Box 5674 Austin, TX 78763 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | | ation / Job title (See Instructions) YED/PRESIDENT | 10 Employer (See In ALFRED STAN | structions) LEY & ASSOCIA | TES |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/05/2014 | Contributor address; City; State; Zip Code 1623 W. 10th Street Austin, TX 78703 | | \$100.00 | |
| | | | | <u> </u> | Texas, complete Schedule T) |
| | Principal occup Retired | pation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/19/2014 | Contributor address; City; State; Zip Code 321 San Jacinto Street Lockhart, TX 78644-2433 | | \$50.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Architect | pation / Job title (See Instructions) | Employer (See In Steinborner, Bra | structions) amwell & Vrazel A | rchitects |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/28/2014 | Contributor address; City; State; Zip Code 2000 Forest Trail Austin, TX 78703 | , | \$250.00 | l |
| | | | | <u> </u> | Texas, complete Schedule T) |
| | Principal occup Retired | pation / Job title (See Instructions) | Employer (See In N/A | structions) | |
| _ | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/09/2014 | Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704 | | \$50.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup n/a | pation / Job title (See Instructions) | Employer (See Ir n/a | estructions) | |
| — | _ | | <u> </u> | | Stantonia Cilian Marrian 2 A |

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

| SC | nı | 11 | | Λ |
|------|------|----|---|---|
| -NI. | | | _ | _ |

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 32 | /35 Report: 34/50 | | |
|---|---------------------------------|---|--------------------------------------|-------------------------------|--|--|--|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# Tekle, Yodit & Kassa |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 09/04/2014 | 6 Contributor address; City; State; Zip Code 2958 Donnell Drive Round Rock, TX 78664 | | \$600.00 | | | |
| | | · | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup President | ation / Job title (See Instructions) | 10 Employer (See In ABC ABCO, INC | | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/12/2014 | Contributor address; City; State; Zip Code 2004 E. 9th Street Austin, TX 78702-3438 | : | \$20.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Photographer | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 2004 E 9th Street Austin, TX 78702-3438 | | \$20.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Photographer | ation / Job title (See Instructions) | Employer (See In Self | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/18/2014 | Contributor address; City; State; Zip Code 4703 Broadhill Austin, TX 78723 | | \$25.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup selfemployed | ation / Job title (See Instructions) | Employer (See In selfemployed | structions) | | | |
| _ | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/15/2014 | Contributor address; City; State; Zip Code 1513 Purple Sage Drive Cedar Park, TX 78613-1568 | | \$350.00 | | | |
| _ | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Selfeployed | ation / Job title (See Instructions) | Employer (See In Selfeployed | structions) | | | |
| | | | | | Electronic Eiling Varian 2 4 C | | |

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 33 | /35 Report: 35/50 |
|---|-------------------------------|--|---|-------------------------------|---|
| 2 | FILER NAME | HOUSTON, ORA (Ms.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID Umphress, John | #) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| O | 09/22/2014 | 6 Contributor address; City; State; Zip Code 2604 Geraghty Avenue Austin, TX 78757-2328 | • | \$200.00 | |
| | i e | | | (If travel outside of | Texas, complete Schedule T) |
| - | Principal occup Consultant | ation / Job title (See Instructions) | 10 Employer (See In Austin Energy | structions) | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| O | 9/24/2014 | Contributor address; City; State; Zip Code 1506 New York Avenue Austin, TX 78702-2016 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | eation / Job title (See Instructions) | Employer (See In | <u> </u> | , _ |
| | Retired | | N/A | | |
| • | Date | Full name of contributor ut-of-state PAC (ID Wahlberg, P. David | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| C | 08/12/2014 | Contributor address; City; State; Zip Code 5806 Back Court Austin, TX 78731 | | \$100.00 | |
| | | | | | Texas, complete Schedule T) |
| | Principal occup Attorney | eation / Job title (See Instructions) | Employer (See In Selfemployed | structions) | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| C | 07/15/2014 | Contributor address, City, State, Zip Code 11502 Blue Spring Way Austin, TX 78753-2807 | | \$200.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Manager | ation / Job title (See Instructions) | Employer (See In City of Austin | structions) | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| (| 08/05/2014 | Contributor address; City; State; Zip Code 10067 Circleview Drive Austin, TX 78753 | | \$150.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Professor | pation / Job title (See Instructions) | Employer (See In University of Te | | |
| | | | • | | Electronic Eiling Version 2.4.6 |

| | 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# 00000001 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC Weir, Diane and Frank | (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 08/12/2014 | 6 Contributor address; City; State; Zip Co 1301 Hill Street Bastrop, TX 78602 | de | \$50.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup Selfemployed | ation / Job title (See Instructions) | 10 Employer (See In Selfemployed | structions) | | |
| | Date | Full name of contributor ut-of-state PAC Wicce, Kunda Lee | (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/15/2014 | Contributor address; City; State; Zip Co 6607 Willamette Drive Austin, TX 78723-2110 | de | \$50.00 | | |
| | | Austini, 17.70725-2110 | | | · | |
| District councilor / lot 484 / (Co. 1 - 4 - 4 - 4 - 2 - 2 | | | Employer (See In | (If travel outside of Texas, complete Schedule T) | | |
| Principal occupation / Job title (See Instructions) Retired | | | N/A | 1 3 1 | | |
| | Date | Full name of contributor | (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Co 8209 Dark Ridge Cove Austin, TX 78737 | de | \$50.00 | | |
| | : | Austili, 17 70737 | | (If travel outside of | Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See In N/A | Employer (See Instructions) N/A | | |
| | Date | Full name of contributor | (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/09/2014 | Contributor address; City; State; Zip Co 1619 East 11th Street Austin, TX 78702 | de | \$25.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See In N/A | Employer (See Instructions) N/A | | |
| | Date | Full name of contributor | (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/17/2014 | Contributor address; City; State; Zip Co 401 Ridgewood Road Austin, TX 78746-5786 | de | \$150.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Attorney | | | Employer (See Ir Andrews Kurth | Employer (See Instructions) | | |
| _ | | | | | Clastra-is Citing Varies 2.4.6 | |

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 | 5 Full name of contributor ☐ out-of-state PAC (ID# Wilson, Barbara |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | | |
| | 07/15/2014 6 Contributor address; City; State; Zip Code 4804 Oldfort Hill Drive Austin, TX 78723 | | | \$100.00 | [| | | |
| | | • | | (If travel outside of | Texas, complete Schedule T) | | | |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In: N/A | structions) | | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/23/2014 | Contributor address; City; State; Zip Code | | \$200.00 | | | | |
| | | AUSTIN, TX | | 4051 1 4 2 1 4 5 | 7 | | | |
| | Di-sinal sasa | ation / leb title (Can Instructions) | Employer (See In | · | Texas, complete Schedule T) | | | |
| | SELF EMPLO | ation / Job title (See Instructions) | Employer (See In: SELF EMPLOY | | | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Yedeme, Tigabue & Messeret | ŧ) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/04/2014 | Contributor address; City; State; Zip Code 405 Tom Kite Drive Round Rock, TX 78664 | | \$600.00 | | | | |
| | | Trouble Trook, TX 75554 | | (If travel outside of | Texas, complete Schedule T} | | | |
| | Principal occup Independent | ation / Job title (See Instructions) Contractor | Employer (See In Lone Star Cab | structions) | | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/04/2014 | Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660-1726 | | \$300.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup Independent | eation / Job title (See Instructions) Contractor | Employer (See In Lone Star Cab | structions) | | | | |
| | | | | | Electronia Cilira Vernica 2.4 C | | | |

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense 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

| Event Expense Fees | Polling Expense Travel Out Of D | |
|---|--|---|
| 1 663 | The Instruction Guide explains he | · · · · · · · · · · · · · · · · · · · |
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 1/13 F | | 0000001 |
| 4 Date 08/15/2014 | Payee name Austin Alpha Foundation | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$500.00 | 2111 Chicon St Austin, TX 78722 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) Advertising |
| EXPENDITURE | | П э и э. и эм «п |
| 9 Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| direct expenditure to benefit C/OH | Candidate / Officerolds Hame | |
| Date 08/20/2014 | Payee name AZUL STRATEGIES | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1,320.00 | 1802 ANN ARDOR AUSTIN, TX 78704 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) DOOR HANGER |
| OF EXPENDITURE | | 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 (\$) | Payee address City; State; Zip Code | |
| \$417.85 | 317 IH 35 FRONTAGE RD AUSTIN, TX 78722 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) Bamber/Printing |
| OF EXPENDITURE | | 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 (\$) | Payee address City; State; Zip Code | |
| \$1,780.20 | l | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) PRINTING |
| <u> </u> | One didn'ts / Office builded a service | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| | | Electronic Filing Version 3.4.6 |

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

| Fees | Printing Expense Office Overhead/ The Instruction Guide explains how | Rental Expense OTHER (enter a category not listed above) |
|---|--|---|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT# (TEC filers) |
| Schedule: 2/13 F | I | 00000001 |
| 4 Date | 5 Payee name | |
| 09/12/2014 | Company B Austin Antlered Guards | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$35.00 | 1542 Burleson | |
| | San Antonio, TX 78202 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Advertising Expense | Advertising |
| OF EXPENDITURE | • | _ |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 08/19/2014 | CVS PHARMACY | <u> </u> |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$10.99 | 1701 Briarcliff Blvd AUSTIN, TX 78723 | |
| | AUSTIN, 1X 70723 | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Office Overhead/Rental Expense | OFFICE EXPENSE |
| OF EXPENDITURE | | _ |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | · |
| Date | Payee name | |
| 08/19/2014 | CVS PHARMACY | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$7.46 | 1701 Briarcliff Blvd AUSTIN, TX 78723 | |
| | 7,007,11, 77,10,20 | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Office Overhead/Rental Expense | OFFICE EXPENSE |
| EXPENDITURE | | |
| 2 | O - didata t Office helder | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 07/14/2014 | EXXONMOBIL | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$12.39 | 6000 ED Bluestin Blvd AUSTIN, TX 78723 | |
| | · | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Travel In District | GAS — |
| EXPENDITURE | | |
| Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| direct expenditure | Gandidate / Officendider nathe | Office Sought. Office field. |
| to benefit C/OH | <u> </u> | Electronic Filing Version 3.4.6 |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Event Expense Fees | Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) | | | | | | |
|---|---|---|-------------------|----------------------|-----------------------------------|---------------------------------------|----------------------|
| 1 603 | 7 11110115 | The Instruction (| | | • | , , , , , , , , , , , , , , , , , , , | |
| 1 PAGE# 2 FILER NAME | | | | | 3 ACCOUNT# | (TEC filers) | |
| Schedule: 3/13 Report: 40/50 HOUSTON, ORA (Ms.) | | | | | 00000001 | | |
| 4 Date | 5 Payee name | | | | <u></u> _ | <u>—</u> | |
| 07/07/2014 | GOOGLE | | | | | <u> </u> | |
| 6 Amount (\$) | 7 Payee addres | ss City; State; | Zip Code | | | | |
| \$21.50 | | H MOPAC EXPRESSV | VAY SUITE 700 | | | | |
| | AUSTIN, T | X /6/59 | | | | | |
| | (a) Catamani (Si | - Catagorian Hatad at the tank | -6 46-1 | (b) Descriptio | n (If trough outside 4 | of Texas, complete S | chedule T\ |
| 8 PURPOSE | Advertising | ee Categories listed at the top of Expense | or this schedule) | Advertist | | or rexas, complete o | |
| OF EXPENDITURE | , | | | | | | |
| EXPENDITORE | | | | Check if A | ıstin, TX, officeholde | r living expense | |
| 9 Complete ONLY if | Candidate / C | Officeholder name | | Office | sought: | Office held: | |
| direct expenditure to benefit C/OH | | | | | | | |
| Date | Payee name | | | | | | |
| 08/04/2014 | GOOGLE | | | | | | |
| Amount (\$) | Payee addre | ss City; State; | Zip Code | - | | | |
| \$30.00 | 9606 NORT | H MOPAC EXPRESSM | VAY SUITE 700 | | | | |
| 455755 | AUSTIN, T | X 78759 | | | | | |
| | | | | | | | |
| PURPOSE | ~ , , | ee Categories listed at the top of | of this schedule) | Descriptio ADVERT | | of Texas, complete S | chedule T) |
| OF | Advertising | Expense | | / /bveitti | 101110 | | |
| EXPENDITURE | | | | Chock if A | ıstin, TX, o <u>fficeholde</u> | r living avnanca | |
| Complete ONLY if | Candidate / 0 | Officeholder name | - | | sought: | Office held: | |
| direct expenditure to benefit C/OH | | | | | v | | |
| <u> </u> | | | | | | | |
| Date | Payee name GOOGLE | | | | | | |
| 09/08/2014 Amount (\$) | | ss City; State; | Zin Codo | | | | |
| ``` | Payee addre | TH MOPAC EXPRESSV | • | | | | |
| \$25.00 | AUSTIN, T | | VAT COTTE 700 | | | | |
| | | | | | | | |
| | Category (Se | ee Categories listed at the top of | of this schedule) | Descriptio | | of Texas, complete S | chedule T) |
| PURPOSE OF | Advertising | Expense | | Advertisi | ng | | |
| EXPENDITURE | | | | | | | |
| Constitution of the Constitution | Candidata (C | Office helder name | | | ustin, TX, officeholde sought: | r living expense Office held: | |
| Complete ONLY if direct expenditure | Candidate / C | Officeholder name | | Onice | Sought. | Office field. | |
| to benefit C/OH | | | | | : | | |
| Date | Payee name | | | | | | |
| 09/08/2014 | GOOGLE | | | | | | |
| Amount (\$) | Payee addre | _ | | | | | |
| \$30.00 | 9606 NOR1 AUSTIN, T | TH MOPAC EXPRESSV X 78759 | VAY SUITE 700 | | | | |
| | 7,001114, 1 | , | | | | | |
| | Category (Se | ee Categories listed at the top | of this schedule) | Description | n (if travel outside | of Texas, complete S | chedule T) |
| PURPOSE | Advertising | | | ADVERT | | | , " |
| OF EXPENDITURE | | • | | | | | |
| | | | | | ustin, TX, officeholde | | |
| Complete ONLY if direct expenditure | Candidate / 0 | Officeholder name | | Office | sought: | Office held: | |
| to benefit C/OH | L | | | | | | |
| | | | | | | Electronic | Filing Version 3.4.6 |

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

| Consulting Exper Event Expense Fees | Polling Expense Travel Out Of D | istrict Candidate/Officeholder/Political Committee d/Rental Expense OTHER (enter a category not listed above) |
|---|--|---|
| | | |
| 1 PAGE # Schedule: 4/13 F | Report: 41/50 2 FILER NAME HOUSTON, ORA (Ms.) | 3 ACCOUNT # (TEC filers) 00000001 |
| 4 Date | 5 Payee name | - |
| 07/09/2014 | нев | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$11.52 | 6610 ED BLUESTIN | |
| • | AUSTIN, TX 78723 | |
| | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Office Overhead/Rental Expense | Office Supply |
| EXPENDITURE | | <u> </u> |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | i | |
| Date | Payee name | |
| 07/01/2014 | HARVEY, MATTHEW | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1,000.00 | 403 KREBS LN | · |
| Ψ1,000.00 | AUSTIN, TX 78704 | |
| | · | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Salaries/Wages/Contract Labor | Salaries |
| OF EXPENDITURE | | <u> </u> |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| Date | Payee name | |
| 07/15/2014 | HARVEY, MATTHEW | |
| Amount (\$) | Payee address City; State; Zip Code | |
| | l | |
| \$1,000.00 | AUSTIN, TX 78704 | |
| | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Salaries/Wages/Contract Labor | Salaries |
| OF EXPENDITURE | | _ |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| Date | Payee name | |
| 08/01/2014 | HARVEY, MATTHEW | |
| Amount (\$) | Payee address City; State; Zip Code | .,,, |
| 1 | | |
| \$1,000.00 | AUSTIN, TX 78704 | |
| | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Salaries/Wages/Contract Labor | Salaries |
| OF EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| to parion order | <u></u> | Flectronic Filipo Version 3.4.6 |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Event Expense Polling Expense Travel Out of District Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) | | | | | |
| Schedule: 5/13 R | I HOHOTON ODA (Ma.) | 00000001 | | | | | |
| 4 Date 5 Payee name | | | | | | | |
| 08/15/2014 | HARVEY, MATTHEW | | | | | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | | | | | | |
| \$1,000.00 | AUSTIN, TX 78704 | | | | | | |
| 8 PURPOSE | (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 | | | | | |
| OF EXPENDITURE | | | | | | | |
| | | 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 | Payee name | | | | | | |
| 09/02/2014 | HARVEY, MATTHEW | | | | | | |
| Amount (\$) | Payee address City; State; Zip Code | | | | | | |
| \$1,000.00 | 403 KREBS LN AUSTIN, TX 78704 | | | | | | |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) Salaries | | | | | |
| EXPENDITURE | | O L V A C TV office bolder Bides accounts | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: | | | | | |
| Date | Payee name | | | | | | |
| 09/15/2014 | HARVEY, MATTHEW | | | | | | |
| Amount (\$) | Payee address City; State; Zip Code | | | | | | |
| \$1,000.00 | 403 KREBS LN AUSTIN, TX 78704 | | | | | | |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) SALARIES | | | | | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: | | | | | |
| Date | Payee name | | | | | | |
| 07/02/2014 | JFA REALTY HOLDING | | | | | | |
| Amount (\$) | Payee address City; State; Zip Code 7333 E HWY 290 | | | | | | |
| \$925.00 | AUSTIN, TX 78723 | | | | | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description (If travel outside of Texas, complete Schedule T) OFFICE RENT | | | | | |
| OF EXPENDITURE | Cinio O tomodan tomas Expense | | | | | | |
| EAFENDITURE | | Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: | | | | | |
| | | Electronic Filing Version 3.4.6 | | | | | |

P.O.Box 12070 Austin, Texas 78711-2070

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME HOUSTON, ORA (Ms.) 00000001 Schedule: 6/13 Report: 43/50 4 Date 5 Payee name JFA REALTY HOLDING 08/01/2014 Payee address City; State; Zip Code 6 Amount (\$) 7333 E HWY 290 \$930.00 AUSTIN, TX 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Rent Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: 9 Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 09/02/2014 JFA REALTY HOLDING Amount (\$) Payee address City; State; Zip Code 7333 E HWY 290 \$930.00 AUSTIN, TX 78723 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Rent Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name MILLER BLUEPRINT 08/27/2014 Payee address City; State; Zip Code Amount (\$) 501 W 6th St \$38.97 AUSTIN, TX 78701 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **ADVERTISING PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name NEEDBO BEVOS BKST 08/14/2014 State: Zip Code Amount (\$) Payee address City: 1202 WEST AVENUE \$8.65 AUSTIN, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OFFICE EXPENSE **PURPOSE** Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Consulting Expense Polling Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME HOUSTON, ORA (Ms.) 00000001 Schedule: 7/13 Report: 44/50 5 Payee name 4 Date NGP VAN 07/22/2014 7 Payee address City; State; Zip Code Amount (\$) 1101 15TH STREET NW SUITE 500 \$170.00 WASHINGTON, DC 20005 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE ADVERTISING Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Office sought: Office held: Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name NGP VAN 08/04/2014 City; State; Zip Code Amount (\$) Payee address 1101 15TH STREET NW SUITE 500 \$320.00 WASHINGTON, DC 20005 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name NGP VAN 09/02/2014 Payee address City; State; Zip Code Amount (\$) 1101 15TH STREET NW SUITE 500 \$320.00 WASHINGTON, DC 20005 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) ADVERTISING **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name OFFICE MAX 07/09/2014 City: State: Zip Code Payee address Amount (\$) 4615 N LAMAR BLVD \$13.30 **AUSTIN, TX 78751** Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description Office Supply **PURPOSE** Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Consulting Expense Food/Beverage Expense Travel in District Contributions/Doffations Mad Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Pc Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category no | | | | |
|---|---|--|--|--|
| Fees | Printing Expense Office Overhea The Instruction Guide explains h | | | |
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT# (TEC filers) | | |
| Schedule: 8/13 F | Report: 45/50 HOUSTON, ORA (Ms.) | 00000001 | | |
| 4 Date 09/02/2014 | 5 Payee name OFFICE MAX | | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | | | |
| \$73.97 | 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) OFFICE EXPENSE | | |
| EXPENDITORE | _ | 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 | Payee name | | | |
| 07/01/2014 | PANZER, JONATHAN | · | | |
| Amount (\$) \$1,500.00 | Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731 | | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) | | |
| OF EXPENDITURE | | 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 (\$) | Payee address City; State; Zip Code | | | |
| \$1,500.00 | 2814 FOSTER LN F144 AUSTIN, TX 78731 | | | |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) Contract Labor | | |
| EXPENDITURE | | 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 (\$) | Payee address City; State; Zip Code | | | |
| \$1,500.00 | 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) | | |
| Onnelst ONLY | Candidate / Officeholder name | Office sought: Office held: | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | | |
| | | Electronic Filing Version 3.4.6 | | |

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense 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/Reptal Expense

| Fees | Printing Expense Office Overhead/ The Instruction Guide explains how | Rental Expense OTHER (enter a category not listed above) |
|--|--|---|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT# (TEC filers) |
| Schedule: 9/13 F | I HOUSTON ORA (M-) | 0000001 |
| 4 Date | 5 Payee name | |
| 08/15/2014 | PANZER, JONATHAN | · |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$1,500.00 | 2814 FOSTER LN | |
| φ1,500.00 | F144 | |
| | AUSTIN, TX 78731 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Salaries/Wages/Contract Labor | salaries |
| EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 09/02/2014 | PANZER, JONATHAN | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1,500.00 | 2814 FOSTER LN | |
| Ψ1,000.00 | F144 | |
| | AUSTIN, TX 78731 | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Salaries/Wages/Contract Labor | Salaries |
| EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 09/15/2014. | PANZER, JONATHAN | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1,500.00 | 2814 FOSTER LN | |
| * .,===== | F144 AUSTIN, TX 78731 | |
| | AUSTIN, 1X 70751 | |
| DUBBOSE | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Salaries/Wages/Contract Labor | SALAINES |
| EXPENDITURE | | <u> </u> |
| Complete CMIV' | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| Complete ONLY if direct expenditure | Candidate / Officerolder name | Office sought. Office field. |
| to benefit C/OH | | |
| Date | Payee name | |
| 09/05/2014 | PIZZA HUT | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$47.63 | 6307 Cameron Rd | |
| | AUSTIN, TX 78723 | |
| | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) FOOD |
| OF | Food/Beverage Expense | |
| EXPENDITURE | | [m] |
| Commission Call St. St. | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| Complete ONLY if direct expenditure | Candidate / Officeroider name | Onice sought. Onice held. |
| to benefit C/OH | | |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overbead/Reptal Expense

| Event Expense Fees | Polling Expense Travel Out Of D | istrict Candidate/Officeholder/Political Committee | | | |
|---|--|--|--|--|--|
| Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above the Instruction Guide explains how to complete this form. | | | | | |
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT# (TEC filers) | | | |
| Schedule: 10/13 | Report: 47/50 HOUSTON, ORA (Ms.) | _0000001 | | | |
| 4 Date | 5 Payee name | | | | |
| 07/01/2014 | RODRIGUEZ, AMANDA | | | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | | | | |
| \$500.00 | 8313 TRIPOD DRIVE AUSTIN, TX 78747 | · | | | |
| | 7001III, 17 10141 | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) | | | |
| PURPOSE OF | Salaries/Wages/Contract Labor | SALARIE | | | |
| EXPENDITURE | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: | | | |
| to benefit C/OH | | | | | |
| Date | Payee name | | | | |
| 07/15/2014 | RODRIGUEZ, AMANDA | | | | |
| Amount (\$) | Payee address City; State; Zip Code | | | | |
| \$500.00 | 8313 TRIPOD DRIVE AUSTIN. TX 78747 | | | | |
| | 7,001m, 17,70741 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | |
| PURPOSE | Salaries/Wages/Contract Labor | Contract Labor | | | |
| OF EXPENDITURE | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: | | | |
| to benefit C/OH | | | | | |
| Date | Payee name | | | | |
| 08/01/2014 | RODRIGUEZ, AMANDA | | | | |
| Amount (\$) | Payee address City; State; Zip Code | | | | |
| \$500.00 | 8313 TRIPOD DRIVE AUSTIN, TX 78747 | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | |
| PURPOSE OF | Salaries/Wages/Contract Labor | salaries | | | |
| EXPENDITURE | | | | | |
| | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: | | | |
| Complete ONLY if direct expenditure | Candidate / Officendider name | Office adagms. Office field. | | | |
| to benefit C/OH | | \ | | | |
| Date | Payee name | | | | |
| 09/02/2014 | RODRIGUEZ, AMANDA | | | | |
| Amount (\$) | Payee address City; State; Zip Code 8313 TRIPOD DRIVE | | | | |
| \$500.00 | AUSTIN, TX 78747 | | | | |
| | | | | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | |
| PURPOSE OF | Salaries/Wages/Contract Labor | Salaries | | | |
| EXPENDITURE | | <u> </u> | | | |
| Complete ONLY # | Candidate / Officeholder name | Office sought: Office held: | | | |
| Complete ONLY if direct expenditure | Candidate / Onicendide Hame | Onice Sought. Onice neid. | | | |
| to benefit C/OH | | Electronic Filing Version 3.4.6 | | | |
| | | Lieutonic i mig varsion 5.4.0 | | | |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

| Event Expense Fees | | Expense Expense | Travel Out Of Office Overhea | | kpense | | | eholder/Political C ategory not listed a | |
|--|---|---------------------------------------|---------------------------------|---------------|---------------------------|--------------|---------------------|---|----------------------|
| | | | Guide explains h | now to cor | nplete this fo | rm. | | | |
| 1 PAGE# | | 2 FILER NAME | | | | | 3 | ACCOUNT # | (TEC filers) |
| Schedule: 11/13 | Report: 48/50 | HOUSTON, ORA | (Ms.) | | | | | 00000001 | |
| 4 Date | 5 Payee name | · · · · · · · · · · · · · · · · · · · | | | | | | | ļ |
| 09/15/2014 | RODRIGUE | | | | | | - | | |
| 6 Amount (\$) | 7 Payee addres | • | e; Zip Code | | | | | | |
| \$500.00 | 8313 TRIPO AUSTIN, TX | | | | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| 8 | (a) Category (Se | e Categories listed at the top | of this schedule) | (b) | Description | (If travel o | outside of T | exas, complete S | chedule T) |
| PURPOSE | | ges/Contract Labor | · | `` | SALARIES | • | | | |
| OF EXPENDITURE | | | | | | | | | |
| | | | | | Check if Aus <u>ti</u> | | eholder liv | | |
| 9 Complete ONLY if direct expenditure | Candidate / O | Officeholder name | | | Office sou | ught: | | Office held: | |
| to benefit C/OH | | | | | | | | • | |
| Date | Payee name | | | | | | | | |
| 07/02/2014 | 1 * | MENT SOLUTIONS | | | | | | | |
| Amount (\$) | Payee addres | ss City; State | ; Zip Code | | | | | | / |
| \$260.92 | | MEADOW ROAD #300 | | | | | | | |
| | MCLEAN, V | /A 22102 | | | | | | | |
| | | | | | | | | | |
| PURPOSE | '' | e Categories listed at the top | o of this schedule) | | Description Merch Fees | | outside of I | exas, complete S | cueanie 1) \square |
| ` OF | Accounting/I | Danking | | | | | | | |
| EXPENDITURE | | | | | Check if Austin | n. TX. offic | eholder lit | vina expense | |
| Complete ONLY if | Candidate / O | Officeholder name | | 1, | Office sou | | | Office held: | |
| direct expenditure to benefit C/OH | | | | | | | | | |
| | Daysa nama | | | | - | | | | |
| Date 09/02/2014 | Payee name | MENT SOLUTIONS | | | | | | | |
| Amount (\$) | Payee addres | | e; Zip Code | | | | | | |
| \$108.60 | l | MEADOW ROAD #300 | | | | | | | |
| \$ 100.00 | MCLEAN, \ | | | | | | | | |
| | | | | | | | | | |
| | Category (Se | e Categories listed at the top | o of this schedule) | | Description Merch Fees | | outside of T | rexas, complete S | chedule T) |
| PURPOSE OF | Accounting/l | Banking | | | Meion rees | | | | |
| EXPENDITURE | | | | | A. 1.76 A | | | | |
| Complete ONLY if | Candidate / C | Officeholder name | | | Check if Austi | | ceholde <u>r li</u> | Office held: | |
| direct expenditure | Carididate / C | mounder name | | | 511150 000 | -3 | | - mos more | ; |
| to benefit C/OH | | | | . | | | | | |
| Date | Payee name | 100DATIC | | | | | | | |
| 07/16/2014 | TEXAS DEN | | 7:- 0 - 4- | | | | | <u>-</u> | |
| Amount (\$) | Payee addres | • | e; Zip Code | | | | | | |
| \$200.00 | 111 EAST 1 AUSTIN, TX | .7TH STREET X 78774 | | | | | | | |
| | | | | | | | | | , |
| | Category (Se | e Categories listed at the top | o of this schedule) | | Description | | outside of 1 | Texas, complete S | chedule T) |
| PURPOSE | OTHER - RI | | • | | RESEARCH | 1 | | | |
| OF EXPENDITURE | | | | | | | | | |
| | | | | | Check if Austi | | ceholder li | ving expense | |
| Complete ONLY if direct expenditure | Candidate / C | Officeholder name | | | Office so | ught: | | Office held: | |
| to benefit C/OH | | _ | | | | | | | |

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

| Consulting Exper Event Expense Fees | nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of D Printing Expense Office Overhea The Instruction Guide explains here | District Candidate/Officeholder/Political Committee d/Rental Expense OTHER (enter a category not listed above) ow 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 | 5 Payee name | |
| 09/15/2014 | THE VILLAGER | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$864.00 | 4132 E 12TH ST AUSTIN, TX 78721 | |
| | | |
| 8 DUDDOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) ADVERTISING |
| PURPOSE OF | Advertising Expense | ABVERTIONS |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| Date | Payee name | |
| 07/21/2014 | WM SUPERCENTER | |
| Amount (\$) | Payee address City, State; Zip Code | |
| \$54.13 | 9300 S INTERSTATE 35 AUSTIN, TX 78748 | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Office Overhead/Rental Expense | OFFICE EXPENSE |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| Date | Payee name | |
| 07/21/2014 | WM SUPERCENTER | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$43.04 | 9300 S INTERSTATE 35 AUSTIN, TX 78748 | |
| | 7,001111, 17,10110 | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Food/Beverage Expense | FOOD |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | · | |
| Date | Payee name | |
| 07/30/2014 | WM SUPERCENTER | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$43.04 | 9300 S INTERSTATE 35 AUSTIN, TX 78748 | |
| · | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Office Overhead/Rental Expense | OFFICE EXPENSE |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| | <u> </u> | Electronic Filing Version 3.4.6 |

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

| Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | | |
|---|--|---|--------------------------------|--|--|--|
| 1 PAGE# | 2 FILER NAME | · · · · · · · · · · · · · · · · · · · | 3 ACCOUNT# (TEC filers) | | | |
| Schedule: 13/13 | | | 00000001 | | | |
| 4 Date 07/30/2014 | 5 Payee name WM SUPERCENTER | | | | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | - | - | | | |
| \$53.87 | 9300 S INTERSTATE 35 AUSTIN, TX 78748 | | | | | |
| 8 BURBOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside OFFICE EXPENSE | of Texas, complete Schedule T) | | | |
| PURPOSE OF | Office Overhead/Rental Expense | OF THE EXITENSE | | | | |
| EXPENDITURE | | | | | | |
| O Clete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholds Office sought: | Office held: | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Oniceriolder name | Office sought. | Office Hold. | | | |
| Date | Payee name | | | | | |
| 08/25/2014 | WM SUPERCENTER | | | | | |
| Amount (\$) | Payee address City; State; Zip Code | | | | | |
| \$47.91 | 9300 S INTERSTATE 35 AUSTIN, TX 78748 | | | | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside | of Texas, complete Schedule T) | | | |
| PURPOSE | Office Overhead/Rental Expense | OFFICE EXPENSE | | | | |
| OF EXPENDITURE | | <u> </u> _ | | | | |
| | | Check if Austin, TX, officeholde | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: | | | |
| | | | | | | |
| | | | | | | |