

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. ORA		OFFICE USE ONLY Date Received Date Hand-delivered Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX HOUSTON		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2207 E. 22nd St. Austin, TX 78722		AUSTIN CITY CLERK RECEIVED OCT 27 PM 3 41
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SUNNY		
	NICKNAME LAST SUFFIX OGUNRO		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4700 LOYOLA LN. STE. 101 AUSTIN, TX 78723		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 928-9860		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 09/26/2014 THROUGH 10/25/2014		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/04/2014		
11 OFFICE	OFFICE HELD (if any) City Council District 1 District 1		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
0000000115 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$

210.21

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

\$

9,615.21

EXPENDITURE
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

17,611.00

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

\$

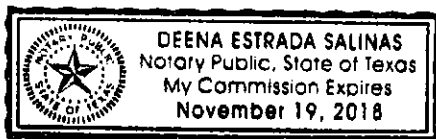
19,916.15

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

\$

0.00

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dea Houston, this the 27th day
of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Deena Estrada-Salinas
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/14 Report: 3/24	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, David 6 Contributor address; City; State; Zip Code 3808 Hidden Holw Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Selfemployed		10 Employer (See Instructions) Selfemployed	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Pasty Contributor address; City; State; Zip Code 6505 Ashland Circle Austin, TX 78723	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashford, Jesse & Mary Contributor address; City; State; Zip Code 11401 Madrid Dr Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Liberian		Employer (See Instructions) AISD	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin, Orvis Contributor address; City; State; Zip Code 4402 Elmsgrove Dr Austin, TX 78721	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Apt Assoc Pac Committee Contributor address; City; State; Zip Code 4107 Medical Pkwy #100 Austin, TX 78758	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) AUSTIN APT ASSOC PAC COMMITTEE		Employer (See Instructions) Austin APT ASSOC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/14 Report: 4/24	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey & Miller, Victoria & Brian 6 Contributor address; City; State; Zip Code 1309 Aggie Lane Austin, TX 78757	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Selfemployed		10 Employer (See Instructions) Selfemployed	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Binder, Dennia Contributor address; City; State; Zip Code 11519 Sneffelsnet Mountant Helotes, TX 78023	Amount of contribution (\$) \$90.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director Interior Design		Employer (See Instructions) Miller Flooring	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian, Joseph Contributor address; City; State; Zip Code 8202 Edgemoor Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Selfemployed		Employer (See Instructions) Selfemployed	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brockner, Fred Contributor address; City; State; Zip Code 2813 Gardendale Dr Fort Worth, TX 76120	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bulla, Dale & Pat Contributor address; City; State; Zip Code 7202 Foxtree Cv Austin, TX 78750	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/14 Report: 5/24	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buttrey, Sarah (Mr.& Mrs.)		7 Amount of contribution (\$) \$500.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 902 W 31st ST Austin, TX 78705		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Doctor			10 Employer (See Instructions) Seton		
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casias, Michael		Amount of contribution (\$) \$60.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2115 Riverview Austin, TX 78702		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Selfemployed			Employer (See Instructions) Brilliant City		
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Mary		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11701 Metric Blvd 1214 Austin, TX 78758		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crossland, Shirley		Amount of contribution (\$) \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1026 Clayton Ln Austin, TX 78723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dale, Beverly (Mr.& Mrs.)		Amount of contribution (\$) \$500.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1111 W 12th St Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/14 Report: 6/24	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denkler, Ann		7 Amount of contribution (\$) \$200.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6112 Highlandale Austin, TX 78731			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Exec Asst Domestic Relations			10 Employer (See Instructions) Travis County		
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dilworth, Nola Marie		Amount of contribution (\$) \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3302 Woodbrian Dr Austin, TX 78723			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Selfemployed			Employer (See Instructions) Selfemployed		
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edelen-Delco, M.F		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O BOX 141204 Austin, TX 78714			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Administrator			Employer (See Instructions) ACC		
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Derrick		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2011 Poquito St Austin, TX 78722			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Sales			Employer (See Instructions) Freescale Semiconductor		
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Roxanne		Amount of contribution (\$) \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O BOX 142534 Austin, TX 78714			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Selfemployed			Employer (See Instructions) Selfemployed		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/14 Report: 7/24	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Fabiola 6 Contributor address; City; State; Zip Code 924 E 51st ST APT111 Austin, TX 78751	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Administrator		10 Employer (See Instructions) TRLA, Inc	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friedman, Jeff Contributor address; City; State; Zip Code 3500 Jefferson St Austin, TX 78731	Amount of contribution (\$) \$180.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Capra & Cavelli	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuchs, Ford Contributor address; City; State; Zip Code 1905 Sierra Verde Austin, TX 78759	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TRLA, INC	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Bonny Contributor address; City; State; Zip Code 3207 Kerbey Ln Austin, TX 78703	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Bonny Gardner Ph.D	
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerson, Steve & Lora (Mr. & Mrs) Contributor address; City; State; Zip Code 5206 Turnabout Ln Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director of Constituent Services		Employer (See Instructions) senator Kirk Watson	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/14 Report: 8/24	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ghosh, Pinaki 6 Contributor address; City; State; Zip Code 113 W 55th 1/2 ST Austin, TX 78751	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Contractor		10 Employer (See Instructions) Selfemployed	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gleckler, Milly Contributor address; City; State; Zip Code 205 Nelray Blvd Austin, TX 78751	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glenn III, Noble Contributor address; City; State; Zip Code 8800 Ranch Road 620 N.APT 335 Austin, TN 78726	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Selfemployed		Employer (See Instructions) Selfemployed	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glover, Howard Contributor address; City; State; Zip Code 812 Atteberry Ln Lancaster, TX 75145	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, Frank Contributor address; City; State; Zip Code 704 W Monroe St Unit A Austin, TX 78704	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Selfemployed		Employer (See Instructions) Selfemployed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/14 Report: 9/24	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guillen, Josue 6 Contributor address; City; State; Zip Code 1312 Willon St Austin, TX 78702	7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Sr Online Campaign Manager		10 Employer (See Instructions) AVAAZ	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guillory, Tonya Contributor address; City; State; Zip Code P O BOX 16696 Austin, TX 78761	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) St Francis School	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, David Contributor address; City; State; Zip Code 1011 S Indiana Ave Weslaco, TX 78596	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas Rio Grande Lrgal Aid	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartwell, Karen Contributor address; City; State; Zip Code 5502 B Buffald Pass Austin, TX 78745	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hatch, Tom Contributor address; City; State; Zip Code 1102 B East 8th ST Austin, TX 78702	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Selfemployed		Employer (See Instructions) Selfemployed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 8/14 Report: 10/24	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HBA HOME PAC		7 Amount of contribution (\$) \$350.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 8140 EXCHANGE DR AUSTIN, TX 78754	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) POLITICAL ACTION COMMITTEE			10 Employer (See Instructions) HBA HOME PAC		
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hodge, Annie		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 5935 Southtown st Houston, TX 77033	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt II, Willis & Edalma		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 2104 East 13 St Austin, TX 78702	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Real Estate			Employer (See Instructions) Hunt Realtors		
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson & McMurrey, Dorothy & Sean		Amount of contribution (\$) \$200.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) TRLA, INC		
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Joanne		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 5209 Provencial DR Austin, TX 78724	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/14 Report: 11/24	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Michael 6 Contributor address; City; State; Zip Code 9306 Hudson Bend Cir Houston, TX 77095	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) HR Specialist		10 Employer (See Instructions) Marathon Oil Company	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynch, Louise Contributor address; City; State; Zip Code 8202 Edgemoor PL Austin, TX 78740	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Austin Travis County MHMR	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mason, Norman & Lavonne Contributor address; City; State; Zip Code 7104 Mesa Drive Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Debtist		Employer (See Instructions) Selfemployed	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCly, Fred Contributor address; City; State; Zip Code 2316 Thrashe Lane Austin, TX 78741	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Selfemployed		Employer (See Instructions) Selfemployed	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meachum, Kurt Contributor address; City; State; Zip Code 3900 Sidehill Path Austin, TX 78731	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Blue Roots Strategies, Inc	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/14 Report: 12/24	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mock, Nelson		7 Amount of contribution (\$) \$50.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7102 Daugherty St Austin, TX 78757		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Lawyer			10 Employer (See Instructions) Texas RioGrande Legal Aid		
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mungnuia, Emma		Amount of contribution (\$) \$60.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1903 Ridgeland San Antonio, TX 78250		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Educator			Employer (See Instructions) Texas A & M University		
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Needham, Terri		Amount of contribution (\$) \$300.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12521 Belcara Place Austin, TX 78732		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Selfemployed			Employer (See Instructions) Selfemployed		
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Owens, Margaret		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7109 Geneva Dr Austin, TX 78723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Quander, Joseph		Amount of contribution (\$) \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12370 Alameda Trace Cir Austin, TX 78727		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/14 Report: 13/24	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randel, Joe 6 Contributor address; City; State; Zip Code 604 Allen St Austin, TX 78702	7 Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Arts Administrator		10 Employer (See Instructions) The University of Texas at Austin	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Daniel & Karl Jo (Mr. & Mrs.) Contributor address; City; State; Zip Code 1939 E. Laird Dr Salt Lake City, UT 84103-5205	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Reagan Outdoor Advertising	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richey, Howie Contributor address; City; State; Zip Code 6501 Linda Ln Austin, TX 78723	Amount of contribution (\$) \$30.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Word Wrestler		Employer (See Instructions) State Of Texas	
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ringer, Frank Contributor address; City; State; Zip Code 11828 Shropshire Blvd Austin, TX 78753	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Landscaper		Employer (See Instructions) Selfemployed	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rips, Geoffrey Contributor address; City; State; Zip Code 1311 Ardwood Rd Austin, TX 78722	Amount of contribution (\$) \$40.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Selfemployed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 12/14 Report: 14/24	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simmons, Robert E.		7 Amount of contribution (\$) \$40.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 6576 Austin, TX 78752-6578			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Retired			10 Employer (See Instructions) N/A		
Date 10/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Kevin		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1004A E 13th St Austin, TX 78702			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Real Estate			Employer (See Instructions) Empirico Delvelopment		
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Southwest Laborers District Council SWLDC PAC		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11720 East 21th ST Suite D Tulsa, OK 74129			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) SWLDC PAC			Employer (See Instructions) SWLDC PAC		
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonegate Neighborhood Assoc		Amount of contribution (\$) \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4402 Elmsgrove dr Austin, TX 78721			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Stonegate Asso			Employer (See Instructions) Stonegate Neighborhood Ass		
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Taxi Political Action Committe		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 919 Congress Ave STE 1500 Austin, TX 78701			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Political Action Committee			Employer (See Instructions) Texas Taxi Political Action Committe		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 13/14 Report: 15/24	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torres, Aurelio		7 Amount of contribution (\$) \$100.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2201 Manor Rd Austin, TX 78722		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Selfemployed			10 Employer (See Instructions) Selfemployed		
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaughn, Joanna		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1008 E 14th ST Austin, TX 78702		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Nathaniel		Amount of contribution (\$) \$200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5506 Windward Dr Austin, TX 78723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Owner			Employer (See Instructions) Blue Roots Strategies, Inc		
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wheelus, Daniel		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3103 Bee Cave Rd Austin, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Selfemployed		
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willis, Eric & Sandra		Amount of contribution (\$) \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6405 Chemmey Creek Cir Apt A Austin, TX 78723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/14 Report: 16/24	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wormley, Rodney L. & Gail 6 Contributor address; City; State; Zip Code 12105 Emerald Oaks Dr. Austin, TX 78730	7 Amount of contribution (\$) \$30.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Technician		10 Employer (See Instructions) AT&T	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/8 Report: 17/24		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/15/2014	5 Payee name AZUL STRATEGIES				
6 Amount (\$) \$5,520.29	7 Payee address City: State: Zip Code 1802 ANN ARDOR AUSTIN, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> cards and mailing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/01/2014	Payee name CALDEKON, SLIERWIN				
Amount (\$) \$125.00	Payee address City: State: Zip Code 11519 VILLA HEIGHTS DR HOUSTON, TX 77066				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SALARY		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2014	Payee name CALDEKON, SLIERWIN				
Amount (\$) \$125.00	Payee address City: State: Zip Code 11519 VILLA HEIGHTS DR HOUSTON, TX 77066				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/03/2014	Payee name Craigslis.ORG				
Amount (\$) \$25.00	Payee address City: State: Zip Code 1381 9th Ave San Francisco, CA 94122				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/8 Report: 18/24		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 10/01/2014	5 Payee name CROCKEH, SARAH			
6 Amount (\$) \$250.00	7 Payee address City: State: Zip Code 2004 A EAST 9th ST AUSTIN, TX 78702			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WAGES	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/15/2014	Payee name CROCKEH, SARAH			
Amount (\$) \$250.00	Payee address City: State: Zip Code 2004 A EAST 9th ST AUSTIN, TX 78702			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/14/2014	Payee name Facebook Inc			
Amount (\$) \$26.57	Payee address City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/23/2014	Payee name Facebook Inc			
Amount (\$) \$26.40	Payee address City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/8 Report: 19/24		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/06/2014	5 Payee name GOOGLE				
6 Amount (\$) \$30.00	7 Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/01/2014	Payee name HARVEY, MATTHEW				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 403 KREBS LN AUSTIN, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salaries		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2014	Payee name HARVEY, MATTHEW				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 403 KREBS LN AUSTIN, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/01/2014	Payee name JFA REALTY HOLDING				
Amount (\$) \$930.00	Payee address City; State; Zip Code 7333 E HWY 290 AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rental Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/8 Report: 20/24		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
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4 Date 10/01/2014	5 Payee name KHOUNLO, SOPHIE				
6 Amount (\$) \$125.00	7 Payee address City; State; Zip Code 13723 MAGOLIA MANOR RD CYPRESS, TX 77429				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SALARY		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 10/15/2014	Payee name KHOUNLO, SOPHIE				
Amount (\$) \$125.00	Payee address City; State; Zip Code 13723 MAGOLIA MANOR RD CYPRESS, TX 77429				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> wages		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 10/08/2014	Payee name LA VOZ NEWSPAPERS				
Amount (\$) \$150.00	Payee address City; State; Zip Code P O BOX 19457 AUSTIN, TX 78760				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 10/02/2014	Payee name NGP VAN				
Amount (\$) \$320.00	Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online services and fundraising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/8 Report: 21/24		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/20/2014	5 Payee name OFFICE MAX				
6 Amount (\$) \$73.97	7 Payee address City; State; Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> toner <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/21/2014	Payee name Ogunro, Sunday				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 4700 Loyola Ln Suite 101 Austin, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bookkeeping Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/01/2014	Payee name PANZER, JONATHAN				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2014	Payee name PANZER, JONATHAN				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/8 Report: 22/24		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/10/2014	5 Payee name PIZZA HUT				
6 Amount (\$) \$40.55	7 Payee address City; State; Zip Code 6307 Cameron Rd AUSTIN, TX 78723				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/17/2014	Payee name PIZZA HUT				
Amount (\$) \$39.72	Payee address City; State; Zip Code 6307 Cameron Rd AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/01/2014	Payee name RODRIGUEZ, AMANDA				
Amount (\$) \$500.00	Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2014	Payee name RODRIGUEZ, AMANDA				
Amount (\$) \$500.00	Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/8 Report: 23/24		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/02/2014	5 Payee name SAGE PAYMENT SOLUTIONS				
6 Amount (\$) \$385.95	7 Payee address City; State; Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2014	Payee name THE Austin Chronicle				
Amount (\$) \$750.00	Payee address City; State; Zip Code P O BOX 49066 AUSTIN, TX 78765				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/03/2014	Payee name TODO AUSTIN				
Amount (\$) \$95.00	Payee address City; State; Zip Code 1400 CORONA DRIVE AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/08/2014	Payee name TODO AUSTIN				
Amount (\$) \$95.00	Payee address City; State; Zip Code 1400 CORONA DRIVE AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/8 Report: 24/24		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/23/2014	5 Payee name WM SUPERCENTERTMOBILE				
6 Amount (\$) \$102.55	7 Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: