

# 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 32

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR

Ms.

FIRST

ORA

MI

NICKNAME

LAST

HOUSTON

SUFFIX

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2207 E. 22nd St.  
Austin, TX 78722
☐ Change of Address

**5 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR

FIRST

SUNNY

MI

NICKNAME

LAST

OGUNRO

SUFFIX

**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**
☐

January 15

☐

30th day before election

☒

Runoff

☐
15th day after campaign treasurer  
appointment (officeholder only)
☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**9 PERIOD  
COVERED**

Month

Day

Year

10/26/2014

THROUGH

Month

Day

Year

12/06/2014

**10 ELECTION**

ELECTION DATE

Month

Day

Year

12/16/2014

ELECTION TYPE

☐

Primary

☒

Runoff

☐

General

☐

Special

**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)**

City Council District 1 District 1

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

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

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages16 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

215.20

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

\$

22,935.20

EXPENDITURE  
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

25,102.87

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

\$

17,748.48

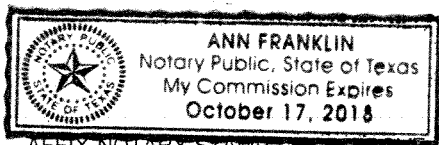
OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*ORA Houston*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ora Houston, this the 8th day of December, 20 14, to certify which, witness my hand and seal of office.

*Ann Franklin*  
Signature of officer administering oath

*Ann Franklin*  
Print name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/20 Report: 3/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/20/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____) American Federation Of State,County And Municipal Employees  6 Contributor address; City; State; Zip Code 1625 L STREET N.W WASHINGTON, DC 20036	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) N/A	
Date  11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Archer, Jeffrey  Contributor address; City; State; Zip Code 1705 Elmhurst Dr. Austin, TX 78741	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  12/01/2014	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	
Date  11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Firefighters Association Political Cpmmittee  Contributor address; City; State; Zip Code 7537 Cameron RD Austin, TX 78752	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date  11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Police Association PAC  Contributor address; City; State; Zip Code 5817 Wilcab Road Austin, TX 78721	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/20 Report: 4/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin/Travis County EMS Employee Association PAC  6 Contributor address; City; State; Zip Code 5817 Wilcab Road Austin, TX 78721-2806	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Political Action Committee		10 Employer (See Instructions) Austin/Travis County EMS Employee Association PAC	
Date  11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beachley, Pam  Contributor address; City; State; Zip Code 4903 Alta Loma DR. Austin, TX 78749-3784	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) Attorney		Employer (See Instructions) Beachley Law Office	
Date  11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beaver and Duncan, Becky and John (Mr. & Mrs)  Contributor address; City; State; Zip Code 816 Congress Ave Austin, TX 78701-2638	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney/Retired		Employer (See Instructions) N/A	
Date  11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boldin, Rosalie  Contributor address; City; State; Zip Code 2602 Clear Cv Austin, TX 78704-4510	Amount of contribution (\$)  \$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) Insurance Agent		Employer (See Instructions) Bolding Insurance Agency	
Date  11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonner, Cathy  Contributor address; City; State; Zip Code 4303 Canyonside Trl Austin, TX 78731-2858	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/20 Report: 5/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyd, Donald  6 Contributor address; City; State; Zip Code 5820 Tributary Ridge Dr. Austin, TX 78759-5144	7 Amount of contribution (\$)  \$100.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired From State of TX	
Date  11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradshaw, Bill and Caren (Mr. & Mrs.)  Contributor address; City; State; Zip Code 4006 Lewis Ln Austin, TX 78756-3621	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) Lawyer		Employer (See Instructions) Gracy Title	
Date  11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braswell, William E.  Contributor address; City; State; Zip Code 1103 North Band Dr. Austin, TX 78758	Amount of contribution (\$)  \$200.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date  11/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brikman, Michelle  Contributor address; City; State; Zip Code 7407 Brookhollow Dr. Austin, TX 78752-2106	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) Deputy Clerk		Employer (See Instructions) Travis County	
Date  11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Browne, Duvagnau D.  Contributor address; City; State; Zip Code 7401 Bucknell Dr. Austin, TX 78723-1633	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) Financial Examiner		Employer (See Instructions) State of Texas	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 4/20 Report: 6/32	
2 FILER NAME HOUSTON, ORA (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bulla, Dale & Pat	7 Amount of contribution (\$)  \$20.00		
6 Contributor address; City; State; Zip Code 7202 Foxtree Cv Austin, TX 78750		8 In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired		
Date  11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burgess, Glennie	Amount of contribution (\$)  \$100.00		
Contributor address; City; State; Zip Code PO BOX 81341 Austin, TX 78708		In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) School Administrator		Employer (See Instructions) Calvary Episcopal School		
Date  11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calkins, Alan (Mr. & Mrs)	Amount of contribution (\$)  \$700.00		
Contributor address; City; State; Zip Code 3820 41st Ave. SW Seattle, WA 98116-3814		In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired Social Worker		Employer (See Instructions) Retired		
Date  11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capron, Jane & Philip (Mr. & Mrs)	Amount of contribution (\$)  \$700.00		
Contributor address; City; State; Zip Code 1203 Belmont Pkwy Austin, TX 78703-1413		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  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cohen, Arnold & Susan (Mr. & Mrs)	Amount of contribution (\$)  \$150.00		
Contributor address; City; State; Zip Code 6711 Winterberry Dr Austin, TX 78750		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: 5/20 Report: 7/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cesaro, Peter  6 Contributor address; City; State; Zip Code 54 Rainey St Austin, TX 78701-4393	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) Attorney		10 Employer (See Instructions) GDHM	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chernet, Tsegaye A.  Contributor address; City; State; Zip Code PO Box 144542 Austin, TX 78714-4542	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Lone Star Cab	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) COFER, RICHARD  Contributor address; City; State; Zip Code 3101 W Parmer Ln Austin, TX 78702	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) Dist Attorney Office	
Date  11/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) COtera, Martha  Contributor address; City; State; Zip Code 1502 Norris Dr Austin, TX 78704-2021	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) Hispanic Marketing Consultant		Employer (See Instructions) Information Systems Development	
Date  11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Creel, Andrew  Contributor address; City; State; Zip Code 5312 Tower Trl Austin, TX 78723-6040	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Water and Wastewater Engineer		Employer (See Instructions) Alan Plummer Associates, Inc.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 6/20 Report: 8/32	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, Brian		7 Amount of contribution (\$)  \$100.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Executive Director			10 Employer (See Instructions) Austin Cooperative Business Ass		
Date  12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunkerley, Betty		Amount of contribution (\$)  \$25.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 299 Makaha Dr Bastrop, TX 78602	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Consulting			Employer (See Instructions) Betty Dunkerley Consulting		
Date  11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duran, Ryan		Amount of contribution (\$)  \$200.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 2205 Bonita St Austin, TX 78703-1703	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Property Management			Employer (See Instructions) Business Owner		
Date  12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eiserloh, Laurie		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 3900 Ave. C Austin, TX 78751	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Lawyer			Employer (See Instructions) Selfemployer		
Date  11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eller, Steven and Sarah (Mr. & Mrs)		Amount of contribution (\$)  \$700.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 5609 Shoalwood Ave Austin, TX 78756	(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: 7/20 Report: 9/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elliot, Geneva  6 Contributor address; City; State; Zip Code 11500 Lowes Waters Ln. Austin, TX 78754	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) Lawyer		10 Employer (See Instructions) Travis County	
Date  11/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ely, Tom  Contributor address; City; State; Zip Code 400 W Monroe Austin, TX 78704-3026	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) selfemployed		Employer (See Instructions) Selfemployed	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engdaw, Teferi R.  Contributor address; City; State; Zip Code 2505 Alexander Court Round Rock, TX 78665-7917	Amount of contribution (\$)  \$300.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Lone Star Cab	
Date  12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Follett, Brian & Bernice (Mr. & Mrs)  Contributor address; City; State; Zip Code 17095 P O BOX Sioux Fall, UT 57186	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) Retired		Employer (See Instructions) Retired	
Date  11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frede, Martha  Contributor address; City; State; Zip Code 4200 Jackson Ave. Austin, TX 78731-0661	Amount of contribution (\$)  \$100.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/20 Report: 10/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuller, Frank R.  6 Contributor address; City; State; Zip Code 1815 Madison Ave. Austin, TX 78757	7 Amount of contribution (\$)  \$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) AISD		10 Employer (See Instructions) Administrator	
Date  11/05/2014	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	
Date  11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ghosh, Pinaki  Contributor address; City; State; Zip Code 113 W 55th 1/2 ST 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) Contractor		Employer (See Instructions) Selfemployed	
Date  11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilman, Holly  Contributor address; City; State; Zip Code 4003 Avenue A. Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date  11/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hadden, Karen  Contributor address; City; State; Zip Code 605 Carismatic Lane Austin, TX 78748	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/20 Report: 11/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harriger, Matthew and Elise  6 Contributor address; City; State; Zip Code 3903 Willowbrook Drive Austin, TX 78722	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) Attorney		10 Employer (See Instructions) State of Texas	
Date  12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HBA HOME PAC  Contributor address; City; State; Zip Code 8140 EXCHANGE DR AUSTIN, TX 78754	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) POLITICAL ACTION COMMITTEE		Employer (See Instructions) HBA HOME PAC	
Date  11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henna, Louis  Contributor address; City; State; Zip Code 9011 Atwater Cv. Austin, TX 78733-3267	Amount of contribution (\$)  \$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) Automotive Dealer		Employer (See Instructions) Henna Chevrolet	
Date  11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henton, David  Contributor address; City; State; Zip Code 1304 North St. Austin, TX 78756-2417	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas State University	
Date  12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Richard (Mr. & Mrs.)  Contributor address; City; State; Zip Code 2303 Windsor Rd Austin, TX 78703	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) RE		Employer (See Instructions) HPI RE INC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/20 Report: 12/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hopson, Helen  6 Contributor address; City; State; Zip Code 2001 Parker Ln Austin, TX 78741	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Larry H  Contributor address; City; State; Zip Code 10904 Jamie Glen Way Austin, TX 78753-3343	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenkins, Dorothy  Contributor address; City; State; Zip Code 4811 Valcour Bay Ln. Austin, TX 78754	Amount of contribution (\$)  \$30.00	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  11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Carol Kay  Contributor address; City; State; Zip Code 7314 Geneva Dr. Austin, TX 78723	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Karyne  Contributor address; City; State; Zip Code 14833 Melfordshire Way Silver Springs, MD 20906	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) President and CEO		Employer (See Instructions) NCBA	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/20 Report: 13/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph, John  6 Contributor address; City; State; Zip Code 4231 Westlake Dr Austin, TX 78746	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) Director		10 Employer (See Instructions) Coats Rose	
Date  11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, David  Contributor address; City; State; Zip Code 1808 Kerr Avenue Austin, TX 78704-1429	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Stuart  Contributor address; City; State; Zip Code 2400 Givens Ave Austin, TX 78722	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) King-Tears Mortuary	
Date  11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirk, Sandra  Contributor address; City; State; Zip Code 217 Clifton St. Austin, TX 78704-4352	Amount of contribution (\$)  \$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  11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kruse, Timothy  Contributor address; City; State; Zip Code 1304 North St. Austin, TX 78756-2417	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) Register Nurse		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: 12/20 Report: 14/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lan-Pac  6 Contributor address; City; State; Zip Code 2925 Briarpark Dr. Fourth Floor Houston, TX 77042	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) PAC		10 Employer (See Instructions) LAN PAC	
Date  12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawson, Jan E.  Contributor address; City; State; Zip Code 3629 Quietie Drive Austin, TX 78754	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawver, Lawernee  Contributor address; City; State; Zip Code 7607 Parkview Austin, TX 78731-1127	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) Research Scientist		Employer (See Instructions) Univ. of Texas at Austin	
Date  11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loewy, Adam  Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701-4143	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) Lawyer		Employer (See Instructions) Loewy Law Firm	
Date  11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Markland, Barrett  Contributor address; City; State; Zip Code 1306 Cloverleaf Dr. Austin, TX 78723	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/20 Report: 15/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marks, Scott  6 Contributor address; City; State; Zip Code 901 S Mo Pac Expy Austin, TX 78746-5776	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) Lawyer		10 Employer (See Instructions) Coats Rose	
Date  12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marshall, Margot  Contributor address; City; State; Zip Code 2105 Brackenridge St Austin, TX 78704-4322	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) Retired	
Date  10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meisenbach, Megan and Bert  Contributor address; City; State; Zip Code 1800 San Gabriel St. Austin, TX 78701-1031	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) Flutist		Employer (See Instructions) selfemployed	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Abera  Contributor address; City; State; Zip Code 9001 Briardale Drive Austin, TX 78758	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) Driver		Employer (See Instructions) Lone Star Cab	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Zenaw  Contributor address; City; State; Zip Code 9001 Briardale Drive Austin, TX 78753	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Lone Star Cab	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/20 Report: 16/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Babara  6 Contributor address; City; State; Zip Code 1501 W 6th St Austin, TX 78703-5148	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) Communication Consultant		10 Employer (See Instructions) Babara B. Miller Communication	
Date  11/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moseley, Arthur  Contributor address; City; State; Zip Code 7203 Crystalbrook Dr. Austin, TX 78724-3310	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  11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munguia, Rebeca  Contributor address; City; State; Zip Code 6957 Sunshinetree St. San Antonio, TX 78249-7777	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nabers, Mary Scott  Contributor address; City; State; Zip Code 901 S Mo Pac Expy Austin, TX 78746-5776	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Strategic Partnerships, Inc	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Jane  Contributor address; City; State; Zip Code 1000 Glen Oaks Court Austin, TX 78702	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/20 Report: 17/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian  6 Contributor address; City; State; Zip Code 1112 W 9th St Austin, TX 78703-4926	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Real Estate Investor		10 Employer (See Instructions) Rodgers & Reichle, Inc	
Date  10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Al and LaVerne  Contributor address; City; State; Zip Code 2503 Ware Rd Austin, TX 78741-5720	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) St James Episcopal Church/Seminary of Southwest	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin  Contributor address; City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Political Organizer		Employer (See Instructions) Texas Campaigning for Environment	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seifu, Yemane  Contributor address; City; State; Zip Code 1015 E. Yager Lane Austin, TX 78753-7007	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) Retired		Employer (See Instructions) retired	
Date  11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sepulveda/Tomlinson, Eugene and Steven (Mr.&Mrs)  Contributor address; City; State; Zip Code 3114 Wheeler St. Austin, TX 78705-2816	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Entrepreneurs Foundation	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/20 Report: 18/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shakir, Jihad A.  6 Contributor address; City; State; Zip Code 3001 Glen Rae Street Austin, TX 78702	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sherman, Lee  Contributor address; City; State; Zip Code 1800 New York Ave Austin, TX 78702-2124	Amount of contribution (\$)  \$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) Water Resources Engineer		Employer (See Instructions) City of Austin	
Date  12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shomari, Askia  Contributor address; City; State; Zip Code 4701 Kenmore Ave. #117 Alexandria, VA 22304	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) USA	
Date  11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, James (Mr. & Mrs)  Contributor address; City; State; Zip Code 4700 Toreador Dr. Austin, TX 78746	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  11/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, D Elizabeth  Contributor address; City; State; Zip Code 11512 Leon Grande Cv Austin, TX 78759-3994	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) LPC		Employer (See Instructions) D Elizabeth Smith, LPC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/20 Report: 19/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Donald  6 Contributor address; City; State; Zip Code 2109 E. 22nd ST Austin, TX 78722	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  11/24/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# 209013) Southwest Laborers District Council SWLDC PAC  Contributor address; City; State; Zip Code 11720 East 21th ST Suite D Tulsa, OK 74129	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) SWLDC PAC		Employer (See Instructions) SWLDC PAC	
Date  11/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suttle, Alison and Richard  Contributor address; City; State; Zip Code 100 Congress Ave Austin, TX 78701-4072	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) Armbrust and Brown	
Date  11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sw Liuna PAC  Contributor address; City; State; Zip Code 6665 Lamar Blvd Ste E121 Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taft, Donald (Mr. & Mrs)  Contributor address; City; State; Zip Code PO Box 270505 Corpus, TX 78427-0505	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO/ Administrator		Employer (See Instructions) Tejas Management Systems, Inc.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/20 Report: 20/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tekle, Yodit & Kassa  6 Contributor address; City; State; Zip Code 2958 Donnell Drive Round Rock, TX 78664	7 Amount of contribution (\$)  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) ABC ABCO, INC	
Date  11/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toprac, Paul  Contributor address; City; State; Zip Code 5008 Westview Dr. Austin, TX 78731-4738	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) Lecturer		Employer (See Instructions) The University of Texas at Austin	
Date  12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trybus, Janis  Contributor address; City; State; Zip Code 1704 Kerr Avenue Austin, TX 78704	Amount of contribution (\$)  \$25.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tucker, Geraldine  Contributor address; City; State; Zip Code 3302 Hyclimb Circle Austin, TX 78723-3707	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) VP of Human Resources		Employer (See Instructions) ACC	
Date  11/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John  Contributor address; City; State; Zip Code 2604 Geraghty Avenue Austin, TX 78757-2328	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) Consultant		Employer (See Instructions) Austin Energy	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/20 Report: 21/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Varner, Cal  6 Contributor address; City; State; Zip Code 1211 East 11th Street Austin, TX 78702	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warren, Tommy  Contributor address; City; State; Zip Code P O BOX 9269 The Woodlands, TX 77387	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	
Date  11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Washington, Bettye  Contributor address; City; State; Zip Code 1904 Maple Ave. Austin, TX 78722	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  11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Ed  Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731-5308	Amount of contribution (\$)  \$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) Real Estate Developer		Employer (See Instructions) Selfemployed	
Date  11/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whellan & Menicucci, Michael & Margaret (Mr.&Mrs)  Contributor address; City; State; Zip Code 4600 Laurel Canyon Dr. Austin, TX 78731-5206	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) Graves Dougherty Hearon & Moody	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/20 Report: 22/32	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  11/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Barbara  6 Contributor address; City; State; Zip Code 4804 Oldfort Hill Drive Austin, TX 78723	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Helen  Contributor address; City; State; Zip Code 2033 Encino Circle Austin, TX 78723-5714	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  12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wyatt, Tommie L  Contributor address; City; State; Zip Code 14745 Merriltown Rd Austin, TX 78728-3681	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) Publisher		Employer (See Instructions) Selfemployed	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zelege, Mulugeta  Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660-1726	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Lone Star Cab	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zewdie/Chernet, Tesfaye/Tsegaye  Contributor address; City; State; Zip Code P.O. BOX 144542 Austin, TX 78714-4542	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/10 Report: 23/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 10/28/2014		<b>5 Payee name</b> AZUL STRATEGIES			
<b>6 Amount (\$)</b> \$4,653.50		<b>7 Payee address</b> City: State: Zip Code 1802 ANN ARDOR AUSTIN, TX 78704			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Mailer  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 12/01/2014		<b>Payee name</b> AZUL STRATEGIES			
<b>Amount (\$)</b> \$5,989.26		<b>Payee address</b> City: State: Zip Code 1802 ANN ARDOR AUSTIN, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Runoff Mail  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/03/2014		<b>Payee name</b> CALDEKON, SLIERWIN			
<b>Amount (\$)</b> \$125.00		<b>Payee address</b> City: State: Zip Code 11519 VILLA HEIGHTS DR HOUSTON, TX 77066			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/03/2014		<b>Payee name</b> CROCKEH, SARAH			
<b>Amount (\$)</b> \$250.00		<b>Payee address</b> City: State: Zip Code 2004 A EAST 9th ST AUSTIN, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/10 Report: 24/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 11/04/2014	<b>5 Payee name</b> CROCKEH, SARAH				
<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City; State; Zip Code 2004 A EAST 9th ST AUSTIN, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/03/2014	<b>Payee name</b> Facebook Inc				
<b>Amount (\$)</b> \$32.50	<b>Payee address</b> City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/05/2014	<b>Payee name</b> Facebook Inc				
<b>Amount (\$)</b> \$50.80	<b>Payee address</b> City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/17/2014	<b>Payee name</b> Facebook Inc				
<b>Amount (\$)</b> \$20.00	<b>Payee address</b> City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:



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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/10 Report: 25/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 11/26/2014	<b>5 Payee name</b> Facebook Inc				
<b>6 Amount (\$)</b> \$34.21	<b>7 Payee address</b> City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/01/2014	<b>Payee name</b> Facebook Inc				
<b>Amount (\$)</b> \$13.04	<b>Payee address</b> City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025				
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/04/2014	<b>Payee name</b> GOOGLE				
<b>Amount (\$)</b> \$30.00	<b>Payee address</b> City: State: Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759				
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/04/2014	<b>Payee name</b> GOOGLE				
<b>Amount (\$)</b> \$30.00	<b>Payee address</b> City: State: Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759				
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1 PAGE #</b> Schedule: 4/10 Report: 26/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00000001	
<b>4 Date</b> 11/03/2014	<b>5 Payee name</b> HARVEY, MATTHEW				
<b>6 Amount (\$)</b> \$1,000.00	<b>7 Payee address</b> City: State: Zip Code 403 KREBS LN AUSTIN, TX 78704				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/15/2014	<b>Payee name</b> HARVEY, MATTHEW				
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City: State: Zip Code 403 KREBS LN AUSTIN, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	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"/> Payroll		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/26/2014	<b>Payee name</b> HARVEY, MATTHEW				
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City: State: Zip Code 403 KREBS LN AUSTIN, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	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"/> Payroll		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/01/2014	<b>Payee name</b> JFA REALTY HOLDING				
<b>Amount (\$)</b> \$930.00	<b>Payee address</b> City: State: Zip Code 7333 E HWY 290 AUSTIN, TX 78723				
<b>PURPOSE OF EXPENDITURE</b>	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"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/10 Report: 27/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 12/01/2014	<b>5 Payee name</b> JFA REALTY HOLDING				
<b>6 Amount (\$)</b> \$620.00	<b>7 Payee address</b> City; State; Zip Code 7333 E HWY 290 AUSTIN, TX 78723				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rental Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/02/2014	<b>Payee name</b> JFA REALTY HOLDING				
<b>Amount (\$)</b> \$105.00	<b>Payee address</b> City; State; Zip Code 7333 E HWY 290 AUSTIN, TX 78723				
<b>PURPOSE OF EXPENDITURE</b>	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				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/03/2014	<b>Payee name</b> KHOUNLO, SOPHIE				
<b>Amount (\$)</b> \$125.00	<b>Payee address</b> City; State; Zip Code 13723 MAGOLIA MANOR RD CYPRESS, TX 77429				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/03/2014	<b>Payee name</b> NGP VAN				
<b>Amount (\$)</b> \$320.00	<b>Payee address</b> City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/10 Report: 28/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 12/02/2014	<b>5 Payee name</b> NGP VAN				
<b>6 Amount (\$)</b> \$320.00	<b>7 Payee address</b> City: State: Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Report and Consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/06/2014	<b>Payee name</b> NOKOA THE OBSERVER				
<b>Amount (\$)</b> \$630.00	<b>Payee address</b> City: State: Zip Code P O BOX 141131 Austin, TX 78714				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/03/2014	<b>Payee name</b> OFFICE MAX				
<b>Amount (\$)</b> \$73.97	<b>Payee address</b> City: State: Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/19/2014	<b>Payee name</b> OFFICE MAX				
<b>Amount (\$)</b> \$8.65	<b>Payee address</b> City: State: Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/10 Report: 29/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00000001	
<b>4 Date</b> 11/26/2014	<b>5 Payee name</b> OFFICE MAX				
<b>6 Amount (\$)</b> \$43.25	<b>7 Payee address</b> City; State; Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>		<b>Office sought:</b>		<b>Office held:</b>
<b>Date</b> 11/28/2014	<b>Payee name</b> OFFICE MAX				
<b>Amount (\$)</b> \$34.60	<b>Payee address</b> City; State; Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>		<b>Office sought:</b>		<b>Office held:</b>
<b>Date</b> 12/03/2014	<b>Payee name</b> OFFICE MAX				
<b>Amount (\$)</b> \$13.83	<b>Payee address</b> City; State; Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>		<b>Office sought:</b>		<b>Office held:</b>
<b>Date</b> 12/05/2014	<b>Payee name</b> Ogunro, Sunday				
<b>Amount (\$)</b> \$2,000.00	<b>Payee address</b> City; State; Zip Code 4700 Loyola Ln Suite 101 Austin, TX 78723				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bookkeeping		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>		<b>Office sought:</b>		<b>Office held:</b>

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/10 Report: 30/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 11/03/2014	<b>5 Payee name</b> PANZER, JONATHAN				
<b>6 Amount (\$)</b> \$1,500.00	<b>7 Payee address</b> City: State: Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/07/2014	<b>Payee name</b> PANZER, JONATHAN				
<b>Amount (\$)</b> \$750.00	<b>Payee address</b> City: State: Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/31/2014	<b>Payee name</b> PIZZA HUT				
<b>Amount (\$)</b> \$53.71	<b>Payee address</b> City: State: Zip Code 6307 Cameron Rd AUSTIN, TX 78723				
<b>PURPOSE OF EXPENDITURE</b>	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 for Staff		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/03/2014	<b>Payee name</b> RODRIGUEZ, AMANDA				
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City: State: Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/10 Report: 31/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 11/15/2014	<b>5 Payee name</b> RODRIGUEZ, AMANDA				
<b>6 Amount (\$)</b> \$750.00	<b>7 Payee address</b> City: State: Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/26/2014	<b>Payee name</b> RODRIGUEZ, AMANDA				
<b>Amount (\$)</b> \$750.00	<b>Payee address</b> City: State: Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/03/2014	<b>Payee name</b> SAGE PAYMENT SOLUTIONS				
<b>Amount (\$)</b> \$173.26	<b>Payee address</b> City: State: Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Banking fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/01/2014	<b>Payee name</b> SAGE PAYMENT SOLUTIONS				
<b>Amount (\$)</b> \$433.74	<b>Payee address</b> City: State: Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 10/10 Report: 32/32		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 11/05/2014	<b>5 Payee name</b> TRES AMIGOS				
<b>6 Amount (\$)</b> \$500.00	<b>7 Payee address</b> City: State: Zip Code 1801 S Capital of Texas Hwy Austin, TX 78746				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for Staff		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/06/2014	<b>Payee name</b> USPS				
<b>Amount (\$)</b> \$37.00	<b>Payee address</b> City: State: Zip Code WALLSTREET AUSTIN, TX 78752				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Expense Postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/24/2014	<b>Payee name</b> WM SUPERCENTER				
<b>Amount (\$)</b> \$102.55	<b>Payee address</b> City: State: Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office MOBILE expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held: