

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 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. ORA		OFFICE USE ONLY Date Received 2015 JAN 15 PM 9 14 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or 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				
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 checked="" 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 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 12/07/2014 THROUGH 12/31/2014 01/15/2015				
10 ELECTION	ELECTION DATE Month Day Year 12/16/2014		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council District 1 District 1		12 OFFICE SOUGHT (if known)		

Electronic Filing Version 3.4.6

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

\$

20.00

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

\$

12,865.00

EXPENDITURE
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

20,568.72

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

\$

10,044.76

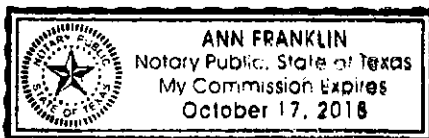
OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ora Houston, this the 15th day of January, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

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: 1/9 Report: 3/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arndt, Thomas C 6 Contributor address; City; State; Zip Code 19907 Kennemer Dr Pflugerville, TX 78760	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) Self Employed		10 Employer (See Instructions) Self Employed	
Date 12/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Board of Realtors PAC Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756-3700	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions) Austin Board of Realtors	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blaker, Kenneth Contributor address; City; State; Zip Code 6820 ViaCorretero Dr Austin, TX 78749	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) Self Employed		Employer (See Instructions) Self Employed	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnham, Joan Contributor address; City; State; Zip Code 4004 Avenue H Austin, TX 78751	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 12/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Canonico, Christ Contributor address; City; State; Zip Code 4321 Jonathan St Bellaire, TX 77401	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) Vice President		Employer (See Instructions) CDM Smith Inc	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/9 Report: 4/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CDM SMITH INC 6 Contributor address; City; State; Zip Code 3050 Post Oak Blvd Houston, TX 77056	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) PAC	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Celauro, Paul Contributor address; City; State; Zip Code 5326 MC CULLOCH CIR Houston, TX 77056	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) Engineer		Employer (See Instructions) Dannenbaum Engineering	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dannenbaum, James & Shirley Contributor address; City; State; Zip Code 3100 W. Alabama St Houston, TX 77098	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Dannenbaum Engineering	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doggett, LLOYD Contributor address; City; State; Zip Code P O BOX 5843 Austin, TX 78703-4028	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) US Congressman		Employer (See Instructions) Federal Government	
Date 12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gourd, Stuart (Mr.) Contributor address; City; State; Zip Code 2204 Greenwood Ave Austin, TX 78723-5813	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) Attorney		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: 3/9 Report: 5/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory, Kay & Bobby 6 Contributor address; City; State; Zip Code 2939 Westlake Cv Austin, TX 78746-1961	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Owner CEO		10 Employer (See Instructions) Texas Diposal Systems	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guillory, Joyce Contributor address; City; State; Zip Code P O BOX 16696 Austin, TX 78761	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) Administrator		Employer (See Instructions) ACC	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Jerry & Sharon (50.00) Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701	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) Self employed	
Date 12/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Richard & Lyndia (Mr. & Mrs) Contributor address; City; State; Zip Code 11700 Arbor Downs Rd Austin, TX 78748	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 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harter, Suzanne & Steven (Mrs. & Mr) Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024	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) Self Employed		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 6/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, Greg (Mr.) 6 Contributor address; City; State; Zip Code 3307 Winding Creek Dr Austin, TX 78735-1474	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) Healthcare Administration		10 Employer (See Instructions) Seton Healthcare Family	
Date 12/08/2014	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 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry, Mark (Mr.) Contributor address; City; State; Zip Code 1612 Resaca Blvd Austin, TX 78738-5379	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) Athlete		Employer (See Instructions) WWE	
Date 12/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Husch Blackwell State PAC Contributor address; City; State; Zip Code 111 Congress AVE Suite 1400 Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) Political Action Committee	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jang, William (Mr.) Contributor address; City; State; Zip Code 314 E Highland Mall Blvd Austin, TX 78752-3732	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) Law Office of William Jang, LLC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/9 Report: 7/15	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Michael (Mr.)		7 Amount of contribution (\$) \$100.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2045 Zach Scott St Austin, TX 78723-5399			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Retired			10 Employer (See Instructions) State of Texas		
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kargbo, Edward (Mr.)		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8426 Antero Dr Austin, TX 78759-8421			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) Greater Austin Transportation Company		
Date 12/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Paul		Amount of contribution (\$) \$200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10524 Roy Butler Dr Austin, TX 78717			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Self employed			Employer (See Instructions) Self employed		
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leonard, Robert & Linda		Amount of contribution (\$) \$700.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7122 Royal Lane Dallas, TX 75230-3608			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Chairman & CEO			Employer (See Instructions) Force Multiplier Solutions, Inc.		
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Roman & Diana		Amount of contribution (\$) \$700.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5820 Berkman Dr. Austin, TX 78723			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Self Employed			Employer (See Instructions) Self Employed		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 6/9 Report: 8/15	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meade, Nikelle		7 Amount of contribution (\$) \$25.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701-4093	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Husch Blackwell, LLP		
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MidTown Live Sport Cafe		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable) Food and drink for election party
		Contributor address; City; State; Zip Code 7408 Cameron Rd Austin, TX 78752	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) MidTown Live Sport Cafe			Employer (See Instructions) MidTown Live		
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrow, Erma N.		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 6615 Ashland Dr. Austin, TX 78723-3902	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date 12/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Guy & Kerianne (Mr. & Mrs)		Amount of contribution (\$) \$700.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 1200 Verdant Way Austin, TX 78746	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Self employed			Employer (See Instructions) MTG Management		
Date 12/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Jason		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Architect			Employer (See Instructions) MTG Management		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 9/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Stacy 6 Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Self employed		10 Employer (See Instructions) MTG Management	
Date 12/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Vicki Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) MTG Management	
Date 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pegues, LaTonya Contributor address; City; State; Zip Code 1701 Intervail Dr Austin, TX 78746-7632	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Communications and Marketing		Employer (See Instructions) BOAZ Enterprise	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples, Wesley Contributor address; City; State; Zip Code 7511 Firecook Austin, TX 78759	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed	
Date 12/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinkett, Carole Contributor address; City; State; Zip Code 7373 Ardmore ST APT 1257 Houston, TX 77064	Amount of contribution (\$) \$50.00	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: 8/9 Report: 10/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shim, Donghun 6 Contributor address; City; State; Zip Code 2815 Waterbank CV Austin, TX 78746	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Self employed		10 Employer (See Instructions) Buffet Palace	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shomari, Askia Contributor address; City; State; Zip Code 14833 Melfordshire way Silver Spring, MD 20906 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) Law Enforcement		Employer (See Instructions) USA	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 01/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stinson, D.E. Contributor address; City; State; Zip Code 5060 S Lake Shore Dr Chicago, IL 60615	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) Global Account Manager		Employer (See Instructions) The Executive Club of Chicago	
Date 12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Alison & Slater Contributor address; City; State; Zip Code 12604 Rush Creek Ln Austin, TX 78732-1992	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) Owner		Employer (See Instructions) Force Multiplier Solutions, Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/9 Report: 11/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SWenson, Roland & Mrs 6 Contributor address; City; State; Zip Code 1507 Yaupon Valley Rd West Lake Hills, TX 78746-3400	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Executive		10 Employer (See Instructions) SXSW LLC	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Taxi Political Action Committe Contributor address; City; State; Zip Code 919 Congress Ave STE 1500 Austin, TX 78701	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) Texas Taxi Political Action Committee	
Date 12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Mue Contributor address; City; State; Zip Code 6611 Highpoint 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 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yokubaitia, C.M & R.B (Mr.& Mrs) Contributor address; City; State; Zip Code 1044 Libery Park Dr Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed	

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: 1/4 Report: 12/15		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/29/2014	5 Payee name AZUL STRATEGIES				
6 Amount (\$) \$4,958.04	7 Payee address City; State; Zip Code 1802 ANN ARDOR AUSTIN, TX 78704				
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"/> Printing/Runoff Mail/Robo Call		
	<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 12/23/2014	Payee name CLARK, Jonathan (Mr.)				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 1608 Pennsylvania Austin, TX 78702				
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"/> Web Design		
	<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 01/05/2015	Payee name GOOGLE				
Amount (\$) \$30.00	Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/19/2014	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"/> Payroll		
	<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: 2/4 Report: 13/15		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/29/2014	5 Payee name HUSCH BLACKWELL LLP				
6 Amount (\$) \$350.00	7 Payee address City; State; Zip Code 4801 MAIN STREET KANSAS CITY, TX 64112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Donation Refund		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund <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 12/26/2014	Payee name JACKSON, LARRY H (Mr.)				
Amount (\$) \$350.00	Payee address City; State; Zip Code 10904 JAIME GLEN WAY AUSTIN, TX 78753-3343				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Donation Refund		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund <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 12/29/2014	Payee name JAXX ENTERPRISES LLC				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 1408 Pecan St Georgetown, TX 78626				
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"/> Election 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 12/17/2014	Payee name MID TOWN LIVE SP				
Amount (\$) \$292.98	Payee address City; State; Zip Code 7408 Cameron Road #3 AUSTIN, TX 78752				
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"/> Election 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: 3/4 Report: 14/15		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 01/02/2015	5 Payee name NGP VAN				
6 Amount (\$) \$320.00	7 Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 01/03/2015	Payee name Ogunro, Sunday				
Amount (\$) \$8,000.00	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 Service/Report <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 12/19/2014	Payee name RODRIGUEZ, AMANDA				
Amount (\$) \$750.00	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"/> Payroll <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 01/05/2015	Payee name SAGE PAYMENT SOLUTIONS				
Amount (\$) \$315.15	Payee address City; State; Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <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:

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: 4/4 Report: 15/15		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/27/2014	5 Payee name SCHEIDER, ROBIN (Mr.)				
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Donation Refund		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund		
	<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 12/23/2014	Payee name WM SUPERCENTER				
Amount (\$) \$102.55	Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Mobile Expenses		
	<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: