

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # <u>00000001</u>		2 Total pages filed: <u>1</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MS</u>	FIRST <u>ORA</u>	MI	Date Received <u>2015 FEB 18 PM 9:10</u> AUSTIN CITY CLERK RECEIVED	
	NICKNAME	LAST <u>HOUSTON</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed	
5 ORIGINAL PERIOD COVERED	Month Day Year <u>12 / 07 / 2014</u>	THROUGH	Month Day Year <u>01 / 15 / 2015</u>	Date Imaged	

6 EXPLANATION OF CORRECTION

Did not Report the address (correct one) for Martinez, Roman and Diana

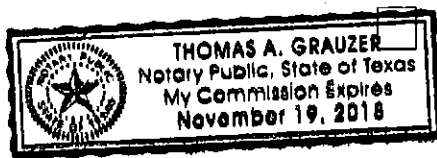
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.



Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ora Elliott Houston, this the 18th day of February, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Account #. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.

5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

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 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. ORA		OFFICE USE ONLY Date Received 2015 FEB 17 AM 7 51 RECEIVED AUSTIN CITY CLERK
	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		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SUNNY		Date Processed
	NICKNAME LAST SUFFIX OGUNRO		Date Imaged
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 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)
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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 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

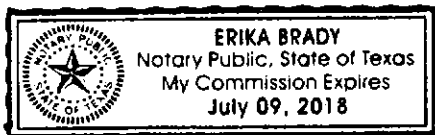
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ora Houston, this the 17th day of February, 20 15, to certify which, witness my hand and seal of office.

Erika Brady
Signature of officer administering oath

Erika Brady
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/9 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 ☐ out-of-state PAC (ID# _____)

Arndt, Thomas C

6 Contributor address; City; State; Zip Code

19907 Kennemer Dr
Pflugerville, TX 787607 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Self Employed10 Employer (See Instructions)
Self Employed

Date

12/09/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Austin Board of Realtors PAC

Contributor address; City; State; Zip Code

4106 Medical Parkway
Austin, TX 78756-3700Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Political Action CommitteeEmployer (See Instructions)
Austin Board of Realtors

Date

12/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Blaker, Kenneth

Contributor address; City; State; Zip Code

6820 ViaCorreteo Dr
Austin, TX 78749Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Self EmployedEmployer (See Instructions)
Self Employed

Date

12/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Burnham, Joan

Contributor address; City; State; Zip Code

4004 Avenue H
Austin, TX 78751Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
Retired

Date

12/09/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Canonico, Christ

Contributor address; City; State; Zip Code

4321 Jonathan St
Bellaire, TX 77401Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Vice PresidentEmployer (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 ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)
PAC

10 Employer (See Instructions)
PAC

Date

12/16/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Dannenbaum Engineering

Date

12/16/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Self Employed

Employer (See Instructions)
Dannenbaum Engineering

Date

12/08/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
US Congressman

Employer (See Instructions)
Federal Government

Date

12/10/2014

Full name of contributor ☐ 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) ☐

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 ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)
Owner CEO

10 Employer (See Instructions)
Texas Diposal Systems

Date

12/08/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Administrator

Employer (See Instructions)
ACC

Date

12/12/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self employed

Date

12/09/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

12/15/2014

Full name of contributor ☐ 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) ☐

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 ☐ out-of-state PAC (ID# _____)

Hartman, Greg (Mr.)

6 Contributor address; City; State; Zip Code

3307 Winding Creek Dr
Austin, TX 78735-14747 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Healthcare Administration10 Employer (See Instructions)
Seton Healthcare Family

Date

12/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

HBA HOME PAC

Contributor address; City; State; Zip Code

8140 EXCHANGE DR
AUSTIN, TX 78754Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
POLITICAL ACTION COMMITTEEEmployer (See Instructions)
HBA HOME PAC

Date

12/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Henry, Mark (Mr.)

Contributor address; City; State; Zip Code

1612 Resaca Blvd
Austin, TX 78738-5379Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
AthleteEmployer (See Instructions)
WWE

Date

12/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Husch Blackwell State PAC

Contributor address; City; State; Zip Code

111 Congress AVE Suite 1400
Austin, TX 78701Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
PACEmployer (See Instructions)
Political Action Committee

Date

12/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Jang, William (Mr.)

Contributor address; City; State; Zip Code

314 E Highland Mall Blvd
Austin, TX 78752-3732Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
AttorneyEmployer (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 ☐ out-of-state PAC (ID# _____)

Jones, Michael (Mr.)

6 Contributor address; City; State; Zip Code

2045 Zach Scott St
Austin, TX 78723-5399

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
State of Texas

Date

12/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Kargbo, Edward (Mr.)

Contributor address; City; State; Zip Code

8426 Antero Dr
Austin, TX 78759-8421

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Greater Austin Transportation Company

Date

12/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Kim, Paul

Contributor address; City; State; Zip Code

10524 Roy Butler Dr
Austin, TX 78717

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Self employed

Employer (See Instructions)
Self employed

Date

12/11/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Leonard, Robert & Linda

Contributor address; City; State; Zip Code

7122 Royal Lane
Dallas, TX 75230-3608

Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Chairman & CEO

Employer (See Instructions)
Force Multiplier Solutions, Inc.

Date

12/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Martinez, Roman & Diana

Contributor address; City; State; Zip Code

1406 Hays St
Houston, TX 77009

Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)

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

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 ☐ out-of-state PAC (ID# _____)

Meade, Nikelle

6 Contributor address; City; State; Zip Code111 Congress Ave
Austin, TX 78701-4093**7** Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)
Attorney**10** Employer (See Instructions)
Husch Blackwell, LLP

Date

12/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

MidTown Live Sport Cafe

Contributor address; City; State; Zip Code

7408 Cameron Rd
Austin, TX 78752Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)
Food and drink for
election party(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
MidTown Live Sport CafeEmployer (See Instructions)
MidTown Live

Date

12/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Morrow, Erma N.

Contributor address; City; State; Zip Code

6615 Ashland Dr.
Austin, TX 78723-3902Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
Retired

Date

12/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Oliver, Guy & Kerianne (Mr. & Mrs)

Contributor address; City; State; Zip Code

1200 Verdant Way
Austin, TX 78746Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Self employedEmployer (See Instructions)
MTG Management

Date

12/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Oliver, Jason

Contributor address; City; State; Zip Code

3267 Bee Cave Rd
Apt 107 #92
Austin, TX 78746Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
ArchitectEmployer (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 ☐ 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)

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

9 Principal occupation / Job title (See Instructions)
Self employed

10 Employer (See Instructions)
MTG Management

Date

12/17/2014

Full name of contributor ☐ 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)

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

Principal occupation / Job title (See Instructions)
Self employed

Employer (See Instructions)
MTG Management

Date

12/16/2014

Full name of contributor ☐ 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)

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

Principal occupation / Job title (See Instructions)
Communications and Marketing

Employer (See Instructions)
BOAZ Enterprise

Date

12/15/2014

Full name of contributor ☐ 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)

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

Principal occupation / Job title (See Instructions)
Self Employed

Employer (See Instructions)
Self Employed

Date

12/26/2014

Full name of contributor ☐ 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)

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

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 ☐ out-of-state PAC (ID# _____)

Shim, Donghun

6 Contributor address; City; State; Zip Code

2815 Waterbank CV
Austin, TX 787467 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Self employed10 Employer (See Instructions)
Buffet Palace

Date

12/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Shomari, Askia

Contributor address; City; State; Zip Code

14833 Melfordshire way
Silver Spring, MD 20906Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Law EnforcementEmployer (See Instructions)
USA

Date

12/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Speir, Stephen

Contributor address; City; State; Zip Code

1225 Corona Dr.
Austin, TX 78723Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
Retired

Date

01/05/2015

Full name of contributor ☐ out-of-state PAC (ID# _____)

Stinson, D.E

Contributor address; City; State; Zip Code

5060 S Lake Shore Dr
Chicago, IL 60615Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Global Account ManagerEmployer (See Instructions)
The Executive Club of Chicago

Date

12/10/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Swartwood, Alison & Slater

Contributor address; City; State; Zip Code

12604 Rush Creek Ln
Austin, TX 78732-1992Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
OwnerEmployer (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 ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)
Executive

10 Employer (See Instructions)
SXS LLC

Date

12/15/2014

Full name of contributor ☐ 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) ☐

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 ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

12/15/2014

Full name of contributor ☐ 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) ☐

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			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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) ☐
Donation Refund☐ 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) ☐
Office MOBILE Expenses☐ Check if Austin, TX, officeholder living expense**Complete ONLY if
direct expenditure
to benefit C/OH**

Candidate / Officeholder name

Office sought:

Office held: