i

	OFFICEHOLDER		FORM C/OH Cover Sheet pg 1
The C/OH Instruction Gu	IDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 15
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	MS. ORA	SUFFIX	Date Received AUSTIN RE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 2207 E. 22nd St. Austin, TX 78722	CITY; STATE; ZIP CODE	Date Hand-delivere
Change of Address			Receipt # Amount
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed
TREASURER NAME	SUNNY		Date Imaged
	NICKNAME LAST OGUNRO	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	4700 LOYOLA LN. STE. 101	Γ/SUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 928-9860	EXTENSION	
8 REPORT TYPE	X January 15 30th day before	e election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before	election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year T 12/07/2014	Month Day THROUGH 1ス/31 - <del>01/15/20</del>	Year 12014 H5 0001
10 ELECTION		on type Primary X Runoff	General Special
11 OFFICE	OFFICE HELD (if any) City Council District 1 District 1	12 OFFICE SOUGHT (if known	)
	GO	TO PAGE 2	
			Electronic Filing Version 3.4.

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

13 C/OH NAME HOUS	STON, ORA (Ms.)		14 ACCOUNT # 00000001	(Ethics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidate receive notice of such expenditures	andidate / officeholder tes and officeholders a	These expenditures may are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	20.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,865.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	D \$	0.00
	4. TOTAL I	POLITICAL EXPENDITURES	\$	20,568.72
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	10,044.76
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$	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

Notary Public, State of Texas My Commission Expires October 17, 2018	Signatu	re of Candidate or Officeholder
AFFIX NOTARY STAMP 7 SEAL ABOVE	• · ·	
Sworn to and subscribed before me, by the st of <u>Talluary</u> , 20 <u>5</u> , to certify	aid <u>Dra Houston</u> which, witness my hand and seal of office.	, this the $157$ day
am frage	Ann Franklin	Notary

Signature of officer administering oath

ANN FRANKLIN

Print name of officer administering oath

Title of officer administering oath

#### POLITICAL CONTRIBUTIONS SCHEDULE A **OTHER THAN PLEDGES OR LOANS** 1 PAGE # The Instruction Guide explains how to complete this form. Schedule: 1/9 Report: 3/15 (Ethics Commission filers) 3 ACCOUNT # 2 FILER NAME HOUSTON, ORA (Ms.) 00000001 7 Amount of 18 In-kind contribution 4 5 Full name of contributor ut-of-state PAC (ID# Date description (if applicable) contribution (\$) Arndt, Thomas C . . . . . . . . . . . . . \$350.00 6 Contributor address; City; State; Zip Code 12/16/2014 19907 Kennemer Dr Pflugerville, TX 78760 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Q. Principal occupation / Job title (See Instructions) Self Employed Self Employed In-kind contribution Full name of contributor D out-of-state PAC (ID#\_ Amount of Date description (if applicable) contribution (\$) Austin Board of Realtors PAC \$350.00 12/09/2014 Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756-3700 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Austin Board of Realtors **Political Action Committee** Amount of In-kind contribution out-of-state PAC (ID# Full name of contributor Date description (if applicable) contribution (\$) Blaker, Kenneth 12/15/2014 Contributor address: City; State; Zip Code \$150.00 6820 ViaCorreteo Dr Austin, TX 78749 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Employed Self Employed out-of-state PAC (ID# In-kind contribution Amount of Full name of contributor Date description (if applicable) contribution (\$) Burnham, Joan \$50.00 12/08/2014 Contributor address; City; State; Zip Code 4004 Avenue H Austin, TX 78751 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired In-kind contribution Full name of contributor D out-of-state PAC (ID# Amount of Date description (if applicable) contribution (\$) Canonico, Christ Contributor address; \$350.00 12/09/2014 City; State; Zip Code 4321 Jonathan St Bellaire, TX 77401 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) CDM Smith Inc Vice President

#### POLITICAL CONTRIBUTIONS SCHEDULE A **OTHER THAN PLEDGES OR LOANS** 1 PAGE # The Instruction Guide explains how to complete this form. Schedule: 2/9 Report: 4/15 (Ethics Commission filers) 3 ACCOUNT # HOUSTON, ORA (Ms.) 2 FILER NAME 00000001 7 Amount of 18 In-kind contribution out-of-state PAC (ID#) 4 Full name of contributor Date contribution (\$) description (if applicable) CDM SMITH INC City; State; Zip Code \$350.00 12/09/2014 6 Contributor address: 3050 Post Oak Blvd Houston, TX 77056 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) ۵ Principal occupation / Job title (See Instructions) PAC PAC In-kind contribution Amount of Full name of contributor D out-of-state PAC (ID# Date contribution (\$) description (if applicable) Celauro, Paul . . . . . . . . . . . . . . \$350.00 Contributor address; City; State; Zip Code 12/16/2014 5326 MC CULLOCH CIR Houston, TX 77056 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Dannenbaum Engineering Engineer Amount of In-kind contribution Full name of contributor D out-of-state PAC (ID#) Date description (if applicable) contribution (\$) Dannenbaum, James & Shirley City; State; Zip Code \$350.00 Contributor address: 12/16/2014 3100 W. Alabama St Houston, TX 77098 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Dannenbaum Engineering Self Employed Amount of In-kind contribution Full name of contributor out-of-state PAC (ID#\_ Date description (if applicable) contribution (\$) Doggett, LLOYD . . . . . . . . . . . . . Contributor address; \$350.00 City; State; Zip Code 12/08/2014 P O BOX 5843 Austin, TX 78703-4028 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Federal Goverment US Congressman In-kind contribution out-of-state PAC (ID#) Amount of Full name of contributor Date description (if applicable) contribution (\$) Gourd, Stuart (Mr.) \$20.00 12/10/2014 Contributor address: City; State; Zip Code 2204 Greenwood Ave Austin, TX 78723-5813 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Attorney Electronic Elline Version

		CAL CONTRIBUTIONS	IS		SCHEDULE A
		ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	9 Report: 5/15
2	FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID#_ Gregory, Kay & Bobby	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/16/2014	<b>6</b> Contributor address; City; State; Zip Code 2939 Westlake Cv Austin, TX 78746-1961		\$700.00	   
				(If travel outside of	Texas, complete Schedule T)
9	Principal occur Owner CEO	pation / Job title (See Instructions)	10 Employer (See In Texas Diposal S		
	Date	Full name of contributor Dout-of-state PAC (ID#_ Guillory, Joyce	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code P O BOX 16696 Austin, TX 78761		\$150.00	   
				(If travel outside of	f Texas, complete Schedule T)
	Principal occur Administrator	pation / Job title (See Instructions)	Employer (See In ACC	structions)	
	Date	Full name of contributor D out-of-state PAC (ID#_ Harris, Jerry & Sharon (50.00)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2014	Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701	· · · · · · · · · · · · · · · · · · ·	\$50.00	   
				(If travel outside of	f Texas, complete Schedule T)
	Principal occup Attorney	bation / Job title (See Instructions)	Employer (See In Self employed	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Harris, Richard & Lyndia (Mr.& Mrs)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/09/20 <b>14</b>	Contributor address; City; State; Zip Code 11700 Arbor Downs Rd Austin, TX 78748		\$100.00	   
				(If travel outside of	f Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Harter, Suzanne & Steven (Mrs. & Mr)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2014	Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024		\$700.00	   
				(If travel outside of	f Texas, complete Schedule T)
	Principal occup Self Employe	pation / Job title (See Instructions) ed	Employer (See In Self Employed	structions)	
					Electropic Eiline Marrian 2.4

	=	CAL CONTRIBUTIONS	NS		SCHEDULE A
-		N GUIDE explains how to complete this form.		1 PAGE #	9 Report: 6/15
2	FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID# Hartman, Greg (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/13/2014	6 Contributor address; City; State; Zip Code 3307 Winding Creek Dr Austin, TX 78735-1474		\$350.00	   
				_	Texas, complete Schedule T)
9	Principal occup Healthcare A	ation / Job title (See Instructions) dministration	10 Employer (See In Seton Healthca		
	Date	Full name of contributor D out-of-state PAC (ID# HBA HOME PAC	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 8140 EXCHANGE DR AUSTIN, TX 78754	· · · · · · · · · · · · · · · · · · ·	\$350.00	   
				(if travel outside of	Texas, complete Schedule T)
		Dation / Job title (See Instructions) ACTION COMMITTEE	Employer (See In HBA HOME PA		
	Date	Full name of contributor Dout-of-state PAC (ID# Henry, Mark (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2014	Contributor address; City; State; Zip Code 1612 Resaca Blvd Austin, TX 78738-5379		\$300.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Athlete	bation / Job title (See Instructions)	Employer (See In WWE	structions)	
=	Date	Full name of contributor Dout-of-state PAC (ID# Husch Blackwell State PAC	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/17/2014	Contributor address; City; State; Zip Code 111 Congress AVE Suite 1400 Austin, TX 78701		\$350.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occur PAC	pation / Job title (See Instructions)	Employer (See In Political Action		
	Date	Full name of contributor Dout-of-state PAC (ID# Jang, William (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/16/2014	Contributor address; City; State; Zip Code 314 E Highland Mall Blvd Austin, TX 78752-3732		\$50.00	   
		· · · · · · · · · · · · · · · · · · ·		(If travel outside of	Texas, complete Schedule T)
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Law Office of W	structions) /illiam Jang, LLC	
				· ··	Electronic Elling Version 2.4

#### POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 5/9 Report: 7/15 (Ethics Commission filers) 3 ACCOUNT # 2 FILER NAME HOUSTON, ORA (Ms.) 00000001 7 Amount of 18 In-kind contribution out-of-state PAC (ID# 4 Date 5 Full name of contributor description (if applicable) contribution (\$) Jones, Michael (Mr.) . . . . . . . . . . . . . . \$100.00 6 Contributor address; City; State; Zip Code 12/14/2014 2045 Zach Scott St Austin, TX 78723-5399 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 State of Texas Retired Amount of In-kind contribution Full name of contributor D out-of-state PAC (ID#\_ Date description (if applicable) contribution (\$) Kargbo, Edward (Mr.) . . . . . . . . . . . . . . . . . City; State; Zip Code \$350.00 12/16/2014 Contributor address; 8426 Antero Dr Austin, TX 78759-8421 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Greater Austin Transportation Company President In-kind contribution Full name of contributor out-of-state PAC (ID#) Amount of Date description (if applicable) contribution (\$) Kim, Paul \$200.00 City; State; Zip Code 12/17/2014 Contributor address: 10524 Roy Butler Dr Austin, TX 78717 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Self employed Self employed Amount of In-kind contribution out-of-state PAC (ID# Full name of contributor Date description (if applicable) contribution (\$) Leonard, Robert & Linda . \$700.00 City; State; Zip Code 12/11/2014 Contributor address; 7122 Royal Lane Dallas, TX 75230-3608 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Force Multiplier Solutions, Inc. Chairman & CEO Amount of In-kind contribution out-of-state PAC (ID#\_ Full name of contributor Date description (if applicable) contribution (\$) Martinez, Roman & Diana Contributor address; City; State; Zip Code \$700.00 12/15/2014 5220 Berkman Austin, TX 78723 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Employed Self Employed Electronic Filing Version 2.4

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
		IN GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9	Report: 8/15
2	FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Meade, Nikelle	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/12/2014	6 Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701-4093		\$25.00	
				•	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Husch Blackwe		
	Date	Full name of contributor  uut-of-state PAC (ID# MidTown Live Sport Cafe	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food and drink for
	12/16/2014	Contributor address; City; State; Zip Code 7408 Cameron Rd Austin, TX 78752		\$350.00	election party
				(If travel outside of	Texas, complete Schedule T)
	Principal occup MidTown Live	ation / Job title (See Instructions) e Sport Cafe	Employer (See In MidTown Live	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Morrow, Erma N.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2014	Contributor address; City; State; Zip Code 6615 Ashland Dr. Austin, TX 78723-3902		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Oliver, Guy & Kerianne (Mr.& Mrs)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/17/2014	Contributor address; City; State; Zip Code 1200 Verdant Way Austin, TX 78746		\$700.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Self employe	ation / Job title (See Instructions) d	Employer (See In MTG Managem		
	Date	Full name of contributor Dout-of-state PAC (ID# Oliver, Jason	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/17/2014	Contributor address; City; State; Zip Code 3267 Bee Cave Rd	· · · · · · · · · · · · · · · · · · ·	\$350.00	   
		Apt 107 #92 Austin, TX 78746		(16 (ma)) and and a fill of the	Toyae complete Caledula TL
	Principal occup Architect	pation / Job title (See Instructions)	Employer (See In MTG Managem	structions)	Texas, complete Schedule T)
					Electronic Ciling Marries 2.44

#### POLITICAL CONTRIBUTIONS SCHEDULE A **OTHER THAN PLEDGES OR LOANS** 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 7/9 Report: 9/15 (Ethics Commission filers) 3 ACCOUNT # 2 FILER NAME HOUSTON, ORA (Ms.) 00000001 7 Amount of 18 In-kind contribution out-of-state PAC (ID#\_ 4 Date 5 Full name of contributor description (if applicable) contribution (\$) Oliver, Stacy . . . . . . . . . . . . . . \$350.00 City; State; Zip Code 12/17/2014 6 Contributor address; 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 MTG Management Self employed In-kind contribution Full name of contributor D out-of-state PAC (ID# Amount of Date description (if applicable) contribution (\$) Oliver, Vicki . . . . . . . . . . . . . . . . City; State; Zip Code \$350.00 12/17/2014 Contributor address: 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) MTG Management Self employed In-kind contribution Full name of contributor out-of-state PAC (ID#) Amount of 1 Date description (if applicable) contribution (\$) Peques, LaTonya City; State; Zip Code \$25.00 12/16/2014 Contributor address; 1701 Intervail Dr Austin, TX 78746-7632 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **BOAZ Enterprise Communications and Marketing** In-kind contribution out-of-state PAC (ID#) Amount of Full name of contributor Date description (if applicable) contribution (\$) Peoples, Wesley City; State; Zip Code \$350.00 12/15/2014 Contributor address; 7511 Firecook Austin, TX 78759 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Employed Self Employed Full name of contributor D out-of-state PAC (ID#\_ Amount of In-kind contribution Date description (if applicable) contribution (\$) Pinkett, Carole City; State; Zip Code \$50.00 12/26/2014 Contributor address; 7373 Ardmore ST APT 1257 Houston, TX 77064 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Electronic Elling Version 7.4.6

#### SCHEDULE A POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 8/9 Report: 10/15 (Ethics Commission filers) 3 ACCOUNT # HOUSTON, ORA (Ms.) 2 FILER NAME 00000001 In-kind contribution out-of-state PAC (ID#) 7 Amount of 8 4 5 Full name of contributor Date contribution (\$) description (if applicable) Shim, Donghun \$100.00 6 Contributor address; City; State; Zip Code 12/17/2014 2815 Waterbank CV Austin, TX 78746 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 **Buffet Palace** Self employed In-kind contribution Amount of Full name of contributor D out-of-state PAC (ID# Date description (if applicable) contribution (\$) Shomari, Askia \$350.00 City; State; Zip Code 12/08/2014 Contributor address; 14833 Melfordshire way Silver Spring, MD-20906 4701 KENMORE QVE # 117 (If travel outside of Texas, complete Schedule T) lexANdRIA, VA 22304 Employer (See Instructions) Principal occupation / Job title (See Instructions) USA Law Enforcement In-kind contribution Amount of out-of-state PAC (ID# Date Full name of contributor contribution (\$) description (if applicable) Speir, Stephen 12/08/2014 Contributor address; City; State; Zip Code \$125.00 1225 Corona Dr Austin, TX 78723 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired In-kind contribution Amount of Full name of contributor out-of-state PAC (ID# Date description (if applicable) contribution (\$) Stinson, D.E 01/05/2015 Contributor address: City; State; Zip Code \$50.00 5060 S Lake Shore Dr Chicago, IL 60615 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) The Executive Club of Chicago Global Account Manager Full name of contributor D out-of-state PAC (ID# Amount of In-kind contribution Date description (if applicable) contribution (\$) Swartwood, Alison & Slater Contributor address: City; State; Zip Code \$350.00 12/10/2014 12604 Rush Creek Ln Austin, TX 78732-1992 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Force Multiplier Solutions, Inc. Owner Electronic Filing Version 3.4

#### POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE # The Instruction Guide explains how to complete this form. Schedule: 9/9 Report: 11/15 (Ethics Commission filers) 3 ACCOUNT # FILER NAME HOUSTON, ORA (Ms.) 2 00000001 7 Amount of 8 In-kind contribution out-of-state PAC (ID#) 4 5 Full name of contributor Date description (if applicable) contribution (\$) SWenson, Roland & Mrs \$700.00 6 Contributor address; City; State; Zip Code 12/16/2014 1507 Yaupon Valley Rd West Lake Hills, TX 78746-3400 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 SXSW LLC Executive Full name of contributor Dout-of-state PAC (ID# In-kind contribution Amount of Date ) contribution (\$) description (if applicable) **Texas Taxi Political Action Committe** Contributor address; City; State; Zip Code \$350.00 12/15/2014 919 Congress Ave STE 1500

	Austin, TX 78701			
			(If travel outside of T	exas, complete Schedule T)
Principal occup Political Actio	pation / Job title (See Instructions) on Committee	Employer (See Ins Texas Taxi Polit	structions) tical Action Commit	tte
Date	Full name of contributor D out-of-state PAC (ID#_ Thompson, Mue	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/2014	Contributor address; City; State; Zip Code 6611 Highpoint Dr Austin, TX 78723		\$100.00   	
			(If travel outside of T	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ins Retired	structions)	
Date	Full name of contributor Dout-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2014	Contributor address; City; State; Zip Code 1044 Libery Park Dr Austin, TX 78746		\$250.00 I	
			(If travel outside of ⊺	rexas, complete Schedule T) 🗌

#### Clostenia Cilian Marsion 9.4.

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundration	Intract Labor Loan Repayme sing Expense Transportation Contributions/D ict Candidate/O ental Expense OTHER (enter	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)
1 PAGE # Schedule: 1/4 Re	eport: 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		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Printing/Runoff Mail/Robo	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholde	Office held:
Date	Payee name CLARK, Jonathan (Mr.)		
12/23/2014 Amount (\$)	Payee address City; State; Zip Code		
\$2,000.00	1608 Pennsylvania Austin, TX 78702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Web Design	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholde Office sought:	r living expense Office held:
Date	Payee name GOOGLE		
01/05/2015 Amount (\$)	Payee address City; State; Zip Code		
\$30.00			x
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (if travel outside Advertising	of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholde	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 12/19/2014	Payee name HARVEY, MATTHEW		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	403 KREBS LN AUSTIN, TX 78704		
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside Payroll	of Texas, complete Schedule T)
		Check if Austin, TX, officeholde	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

(512)463-5800 TDD 1-800-735-2989

POLITIC	AL EXPENDITURES	SCHEDU	JLE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Func- ise Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	/Contract Labor Loan Repayment/Reimbursement draising Expense Transportation Equipment & Relater t Contributions/Donations Made By Strict Candidate/Officeholder/Political C d/Rental Expense OTHER (enter a category not listed	Committee
1 PAGE # Schedule: 2/4 Re	2 FILER NAME HOUSTON, ORA (Ms.)	3 ACCOUNT# 00000001	(TEC filers)
4 Date 12/29/2014	5 Payee name HUSCH BLACKWELL LLP		
6 Amount (\$) \$350.00	7 Payee address City; State; Zip Code		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) OTHER - Donation Refund	(b) Description (If travel outside of Texas, complete S Donation Refund	Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	: 
Date	Payee name		
12/26/2014	JACKSON, LARRY H (Mr.) Pavee address City: State; Zip Code		
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 S Donation Refund	Schedule T) 🔲
EXPENDITORE		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 Amount (\$)	JAXX ENTERPRISES LLC Payee address City; State; Zip Code		
\$2,000.00	1408 Pecan St Georgetown, TX 78626		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete S Election Expense	Schedule T) 🗌
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held	
Date	Payee name		
12/17/2014	MID TOWN LIVE SP		
Amount (\$) <b>\$292</b> .98	Payee address City; State; Zip Code 7408 Cameron Road #3 AUSTIN, TX 78752		
PURPOSE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete S Election Expense	Schedule T) 🔲
EXPENDITURE		Check if Austin, TX, officeholder living expense	. <u> </u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held	:

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### POLITICAL EXPENDITURES

SCHEDULE F	;
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Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fund se Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di	Contract Labor       Loan Repayment/Reimbursement         Iraising Expense       Transportation Equipment & Related Expense         strict       Contributions/Donations Made By         strict       Candidate/Officeholder/Political Committee         /Rental Expense       OTHER (enter a category not listed above)
1 PAGE #	2 FILER NAME	3 ACCOUNT # (TEC filers) 00000001
Schedule: 3/4 Re 4 Date	5 Payee name	
01/02/2015	NGP VAN	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$320.00	1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
01/03/2015	Ogunro, Sunday Payee address City; State; Zip Code	
Amount (\$) \$8,000.00	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) Bookkeeping Service/Report
		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) Payroll
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 (\$)	Payee address City; State; Zip Code	
\$315.15	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) Credit Card expense
Complete ONLY 7	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH		

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

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### **POLITICAL EXPENDITURES**

## SCHEDULE F

			· · ·
	EXPENDITURE CATE	EGORIES	
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ense Gifts/Awards/Memorial Expense Salaries/Wage: king Legal Services Solicitation/Fur nse Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of I	s/Contract Labor Loan Re draising Expense Transpor ct Contribu District Candi td/Rental Expense OTHER	payment/Reimbursement rtation Equipment & Related Expense tions/Donations Made By date/Officeholder/Political Committee (enter a category not listed above)
1 PAGE # Schedule: 4/4 Re	eport: 15/15 2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001
4 Date	5 Payee name		
12/27/2014	SCHEIDER, ROBIN (Mr.)		
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) OTHER - Donation Refund	(b) Description (If travel of Donation Refund	utside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, office	abolder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
12/23/2014	WM SUPERCENTER		
Amount (\$)	Payee address City; State; Zip Code		
\$102.55	9300 S INTERSTATE 35 AUSTIN, TX 78748		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel or Office MObile Expense	utside of Texas, complete Schedule T) 🗌 SES
EXPENDITURE		Check if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
	· · · · · · · · · · · · · · · · · · ·		
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Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-	5800 (TI	DD 1-800-7	35-2989)
		ON/AMENDMENT A IDIDATE/OFFICEH		form C IT	OR-C	:/OH
1 ACCOUNT #	2000	2 Total pages filed:		OFFIC	E USE ON	LY
3 CANDIDATE / OFFICEHOLDER NAME		AST OUSTON	MI	Date Received	2015 FEB 1	AUSTIN RE
4 ORIGINAL REPORT TYPE	January 15 [ July 15 ] July 15 ] July 15 ] Bith day before election ]	Runoff Other (s Exceeded \$500 limit 15th day after treasurer appointment (officeholder only) Final report		Date Hand-delivered Receipt #	or Postnaiffed	CITY CLERK
5 ORIGINAL PERIOD COVERED	Month Day Year		Year	Date Processed Date Imaged		
	l sw	dress (correct or de				
	<ul> <li>7 AFFIDAVIT report is true and correct.</li> <li>Check ONLY if applicable:</li> <li>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.</li> </ul>					
Noto My N	OMAS A. GRAUZER Se y Public, State of Texas Commission Expires ovember 19, 2018	her reports (excluding set ptember 1, 2011): I swear, or port not later than the 14th but at the report as originally filed is affirm, that any error of omis s made in good faith.	r affirm, that I usiness day is inacqurate saion in the r	am filing th after the da or incomple report as or	is correcte te I learne ete. I swea iginally file	ed ed ar, ed
	ed before me, by the said	Ora Elliott Houston	, this the 18	<b>da</b> y of	Februag	<b>2</b>
20, to ce	· · · ·	Printed name of officer administering o		<u>neivy</u>		
	emember To Attach A	Any Part Of The Campaign To Report And Explain Co	Finance Re			ang oath

Revised 09/01/2011

### 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 <u>before</u> 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 <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed is considered to have been filed on the date the original report was filed is considered to have been filed on the date 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.

j

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	OFFICEHOLDER			FORM COVER SH	A C/OH EET PG 1
	DE explains how to complete this fo	erm. (Eth	COUNT # ics Commission filers) 000001	2 PAGE # 1 of 15	
3 CANDIDATE /	MS/MRS/MR FIRST		MI	OFFICE U	SEONLY
OFFICEHOLDER NAME	MS. ORA		SUFFIX	Date Received	AUSTI R 2015 FEB
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE	Date Hand-delivered	B 17
Change of Address	Austin, TX 78722				In 7
				Receipt #	
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST		MI	Date Processed	
NAME	SUNNY			Date Imaged	
		80	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 4700 LOYOLA LN. STE. 101 AUSTIN, TX 78723	APT / SUITE #:	CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 928-9860	2	EXTENSION		
8 REPORT TYPE	X January 15 30th day	v before election	Runoff	15th day after c appointment (of	ampaign treasurer ficeholder only)
	July 15 8th day b	before election	Exceeded \$500 limit	Final report (Att	ach C/OH - FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year	
	12/07/2014	THROUGH	01/15/20	)15	
10 ELECTION	ELECTION DATE E Month Day Year 12/16/2014	ELECTION TYPE	X Runoff	General	Special
11 OFFICE	OFFICE HELD (if any) City Council District 1 District 1		12 OFFICE SOUGHT (if know	n)	
GO TO PAGE 2					

P.O. Box 12070

Austin, Texas 78711-2070

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### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME HOU	STON, ORA (Ms.)	<u>.</u>	14 ACCOUNT # 00000001	(Ethics Commission filers)
15 NOTICE FROM	have been made wit	btice of political expenditures by political committees to support the c rout the candidate's or officeholder's knowledge or consent. Candida ay receive notice of such expenditures	andidate / officeholder. T ates and officeholders ar	These expenditures may e required to report this
POLITICAL COMMITTEE(S) COMMITTEE TYPE				
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages	-	COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	20.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,865.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZI	ED \$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	20,568.72
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	10,044.76
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
	ERIKA BRADY tary Public, State of My Commission Exp July 09, 2018		s all information requir	red to be reported by
AFFIX NOTARY	STAMP / SEAL ABO			1th day
<b>T</b> 1		rtify which, witness my hand and seal of office.		
Signature of officer adm	inistering bath	Enika Brady Print name of officer administering oath	Notary Pu Tille of officer admi	Iblic inistering oath

Electronic Filing Version 3.4.6

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## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE	4
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	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 1/5	9 Report: 3/15
2	FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID# Arndt, Thomas C	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/16/2014	6 Contributor address; City; State; Zip Code 19907 Kennemer Dr Pflugerville, TX 78760		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Self Employe	ation / Job title (See Instructions) d	10 Employer (See In Self Employed	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Austin Board of Realtors PAC	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/09/2014	Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756-3700		\$350.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In	structions)	
	Political Actio		Austin Board of	Realtors	
	Date	Full name of contributor Dout-of-state PAC (ID# Blaker, Kenneth	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2014	Contributor address; City; State; Zip Code 6820 ViaCorreteo Dr Austin, TX 78749		\$150.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Self Employe	ation / Job title (See Instructions) d	Employer (See In Self Employed	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Burnham, Joan	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 4004 Avenue H Austin, TX 78751	,	\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Canonico, Christ	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/09/2014	Contributor address; City; State; Zip Code 4321 Jonathan St Bellaire, TX 77401		\$350.00	↓ 1 1
			•	(If travel outside of	Texas, complete Schedule T)
<u> </u>	Drine in all an arr	ation ( Joh title (Coo Instructions)	Employer (See In		
	Principal occup Vice Presider	ation / Job title (See Instructions) ht	CDM Smith Inc	Sirucions)	

Electronic Filing Version 3.4.6

Date

4

5 Full name of contributor D out-of-state PAC (ID#\_

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## POLITICAL CONTRIBUTIONS **OTHER THAN PLEDGES OR LOANS**

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME HOUSTON, ORA (Ms.)

CDM SMITH INC

	SCHEDULE A
	1 PAGE # Schedule: 2/9 Report: 4/15
	3 ACCOUNT # (Ethics Commission filers) 00000001
_)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
••••	\$350.00 <mark> </mark>
	1
	(If travel outside of Texas, complete Schedule T)

	12/09/2014	6 Contributor address; City; State; Zip Code 3050 Post Oak Blvd Houston, TX 77056	:	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup PAC	ation / Job title (See Instructions)	10 Employer (See In PAC	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Celauro, Paul	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/16/2014	Contributor address; City; State; Zip Code 5326 MC CULLOCH CIR Houston, TX 77056		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In: Dannenbaum E		
•	Date	Full name of contributor Dout-of-state PAC (ID# Dannenbaum, James & Shirley	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/16/2014	Contributor address; City; State; Zip Code 3100 W. Alabama St Houston, TX 77098		\$350.00	
				(If travel outside of "	Texas, complete Schedule T)
	Principal occup Self Employe	ation / Job title (See Instructions)	Employer (See In Dannenbaum E		
	Date	Full name of contributor Dout-of-state PAC (ID# Doggett, LLOYD	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code P O BOX 5843 Austin, TX 78703-4028		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup US Congress	ation / Job title (See Instructions) man	Employer (See In Federal Govern		······································
	Date	Full name of contributor D out-of-state PAC (ID# Gourd, Stuart (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2014	Contributor address; City; State; Zip Code 2204 Greenwood Ave Austin, TX 78723-5813		\$20.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Retired	structions)	

SCHEDULE A

## **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

		ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	9 Report: 5/15
2	FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID# Gregory, Kay & Bobby	ـــــــــــــــــــــــــــــــــــــ	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/16/2014	6 Contributor address; City; State; Zip Code 2939 Westlake Cv Austin, TX 78746-1961		\$700.00	   
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Owner CEO	ation / Job title (See Instructions)	10 Employer (See In Texas Diposal S		
	Date	Full name of contributor Dout-of-state PAC (ID# Guillory, Joyce	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code P O BOX 16696 Austin, TX 78761		\$150.00	1
				(If travel outside of	Texas, complete Schedule T)
┝─	Principal occup	pation / Job title (See Instructions)	Employer (See In		
	Administrator		ACC		
	Date	Full name of contributor Dout-of-state PAC (ID# Harris, Jerry & Sharon (50.00)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2014	Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701		\$50.00	   
				· · · · · · · · · · · · · · · · · · ·	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Self employed		
	Date	Full name of contributor Dout-of-state PAC (ID# Harris, Richard & Lyndia (Mr.& Mrs)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/09/2014	Contributor address; City; State; Zip Code 11700 Arbor Downs Rd Austin, TX 78748		\$100.00	   
					Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: Retired	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Harter, Suzanne & Steven (Mrs. & Mr)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	12/15/2014	Contributor address; City; State; Zip Code 8 Winston Woods Dr Houston, TX 77024		\$700.00	   
	· · ·			(If travel outside of	Texas, complete Schedule T)
-	Principal occup Self Employed	ation / Job title (See Instructions) d	Employer (See In Self Employed	structions)	

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#### POLITICAL CONTRIBUTIONS SCHEDULE A **OTHER THAN PLEDGES OR LOANS** 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 4/9 Report: 6/15 **3** ACCOUNT # (Ethics Commission filers) HOUSTON, ORA (Ms.) 2 FILER NAME 00000001 4 5 Full name of contributor D out-of-state PAC (ID# 7 Amount of 18 In-kind contribution Date contribution (\$) description (if applicable) Hartman, Greg (Mr.) \$350.00 12/13/2014 6 Contributor address: City: State: Zip Code 3307 Winding Creek Dr Austin, TX 78735-1474 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) Q Seton Healthcare Family Healthcare Administration Full name of contributor D out-of-state PAC (ID# In-kind contribution Amount of Date contribution (\$) description (if applicable) HBA HOME PAC . . . . . . . . . . . . . . . . . \$350.00 City; State; Zip Code 12/08/2014 Contributor address; 8140 EXCHANGE DR AUSTIN, TX 78754 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) **HBA HOME PAC** POLITICAL ACTION COMMITTEE In-kind contribution Full name of contributor D out-of-state PAC (ID# Amount of Date contribution (\$) description (if applicable) Henry, Mark (Mr.) \$300.00 12/15/2014 Contributor address; City; State; Zip Code 1612 Resaca Blvd Austin, TX 78738-5379 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) WWE Athlete In-kind contribution Amount of Full name of contributor D out-of-state PAC (ID#\_ Date description (if applicable) contribution (\$) Husch Blackwell State PAC . . . . . . . . . . . Contributor address: City; State; Zip Code \$350.00 12/17/2014 111 Congress AVE Suite 1400 Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Political Action Committe** PAC Amount of In-kind contribution Full name of contributor D out-of-state PAC (ID# Date description (if applicable) contribution (\$) Jang, William (Mr.) . . . . . . . . . . . . . . . . . . \$50.00 12/16/2014 Contributor address: City; State; Zip Code 314 E Highland Mall Blvd Austin, TX 78752-3732 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Law Office of William Jang, LLC Attorney

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	CAL CONTRIBUTIONS	NS		SCHEDULE A
	Guide explains how to complete this form.		1 PAGE # Schedule: 5/9	Report: 7/15
2 FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID# Jones, Michael (Mr.)	ŧ)	7 Amount of   contribution (\$)	8 In-kind contribution description (if applicable
12/14/2014	6 Contributor address; City; State; Zip Code 2045 Zach Scott St Austin, TX 78723-5399		 \$100.00   	
			(If travel outside of T	exas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In State of Texas	structions)	
Date	Full name of contributor Dout-of-state PAC (ID# Kargbo, Edward (Mr.)	)	Arnount of contribution (\$)	In-kind contribution description (if applicable
12/16/2014	Contributor address; City; State; Zip Code 8426 Antero Dr Austin, TX 78759-8421		\$350.00   	
				exas, complete Schedule T)
Principal occup President	pation / Job title (See Instructions)	Employer (See In Greater Austin	structions) Transportation Con	npany
Date	Full name of contributor D out-of-state PAC (ID# Kim, Paul	:)	Amount of contribution (\$)	In-kind contribution description (if applicable
12/17/2014	Contributor address; City; Slate; Zip Code 10524 Roy Butler Dr Austin, TX 78717		\$200.00   	
			(if travel outside of T	exas, complete Schedule T)
Principal occup Self employe	ation / Job title (See Instructions) d	Employer (See In: Self employed	structions)	
Date	Full name of contributor Dout-of-state PAC (ID# Leonard, Robert & Linda	)	Amount of contribution (\$)	In-kind contribution description (if applicable
12/11/2014	Contributor address; City; State; Zip Code 7122 Royal Lane Dallas, TX 75230-3608		\$700.00 	
				exas, complete Schedule T)
Principal occup Chairman & (	ation / Job title (See Instructions) CEO	Employer (See In: Force Multiplier		
Date	Full name of contributor Dout-of-state PAC (ID# Martinez, Roman & Diana	)	Amount of contribution (\$)	In-kind contribution description (if applicable
12/15/2014	Contributor address; City; State; Zip Code 1406 Hays St Houston, TX 77009		\$700.00   	
			(If travel outside of T	exas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See In:		
Self Employe		Self Employed		

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TDD 1-800-735-2989

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instruct	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/	9 Report: 8/15
2 FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor D out-of-state PAC (ID# Meade, Nikelle	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/12/2014	6 Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701-4093	, , <b></b>	\$25.00	† k 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Attorney	pation / Job title (See Instructions)	10 Employer (See In Husch Blackwe		
Date	Full name of contributor  ut-of-state PAC (ID# MidTown Live Sport Cafe	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food and drink for
12/16/2014	Contributor address; City; State; Zip Code 7408 Cameron Rd Austin, TX 78752		\$350.00	election party   
	. · ·		(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) e Sport Cafe	Employer (See In MidTown Live	structions)	
Date	Full name of contributor Dout-of-state PAC (ID# Morrow, Erma N.	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2014	Contributor address; City; State; Zip Code 6615 Ashland Dr. Austin, TX 78723-3902		\$100.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor D out-of-state PAC (ID# Oliver, Guy & Kerianne (Mr.& Mrs)	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/17/2014	Contributor address; City; State; Zip Code 1200 Verdant Way Austin, TX 78746		\$700.00	'   
			·	Texas, complete Schedule T)
Principal occup Self employe	pation / Job title (See Instructions)	Employer (See In MTG Managem	,	
Date	Full name of contributor Dout-of-state PAC (ID# Oliver, Jason	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/17/2014	Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92 Austion TX 78746		\$350.00	   
•	Austin, TX 78746		(If travel outside of	Texas, complete Schedule T)
Principal occup Architect	pation / Job title (See Instructions)	Employer (See In MTG Managem		

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## POLITICAL CONTRIBUTIONS **OTHER THAN PLEDGES OR LOANS**

SCHEDULE	Α
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		N GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/5	9 Report: 9/15
2	FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID# Oliver, Stacy	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/17/2014	6 Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746		\$350.00	     Texas, complete Schedule T)
9	Principal occup Self employed	ation / Job title (See Instructions)	10 Employer (See In: MTG Managem		
	Date	Full name of contributor Dout-of-state PAC (ID# Oliver, Vicki	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/17/2014	Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92		\$350.00	
		Austin, TX 78746		(If travel outside of	Texas, complete Schedule T)
				<u> </u>	Texas, complete Schedule T)
	Principal occup Self employed	ation / Job title (See Instructions) d	Employer (See In: MTG Managem		
	Date	Full name of contributor Dout-of-state PAC (ID# Pegues, LaTonya	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/16/2014	Contributor address; City; State; Zip Code 1701 Intervail Dr Austin, TX 78746-7632		\$25.00	   
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) ons and Marketing	Employer (See In BOAZ Enterpris		
<u>.</u>	Date	Full name of contributor Dout-of-state PAC (ID# Peoples, Wesley	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2014	Contributor address; City; State; Zip Code 7511 Firecook Austin, TX 78759		\$350.00	1 · · · · · · · · · · · · · · · · · · ·
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Self Employe	ation / Job title (See Instructions) d	Employer (See In Self Employed	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Pinkett, Carole	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/26/2014	Contributor address; City; State; Zip Code 7373 Ardmore ST APT 1257	· · · · · · · · · · · · · · · · · · ·	\$50.00	   
		Houston, TX 77064			· 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: Retired	structions)	

	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A
		ON GUIDE explains how to complete this form.	······································	1 PAGE # Schedule: 8/9	9 Report: 10/15
2	FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID# Shim, Donghun	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/17/2014	6 Contributor address; City; State; Zip Code 2815 Waterbank CV Austin, TX 78746		\$100.00	<b> </b> 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Self employe	ation / Job title (See Instructions) d	10 Employer (See In Buffet Palace	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Shomari, Askia	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 14833 Melfordshire way Silver Spring, MD 20906		\$350.00	   
				(If travel outside of	Texas, complete Schedule T) 🛛 🗌
	Principal occur Law Enforcer	ation / Job title (See Instructions) nent	Employer (See In USA	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Speir, Stephen	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723		\$125.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	vation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Stinson, D.E	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/05/2015	Contributor address; City; State; Zip Code 5060 S Lake Shore Dr Chicago, IL 60615		\$50.00	     .
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Global Accou	ation / Job title (See Instructions) nt Manager	Employer (See In The Executive (	structions) Club of Chicago	
	Date	Full name of contributor Dout-of-state PAC (ID# Swartwood, Alison & Slater	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2014	Contributor address; City; State; Zip Code 12604 Rush Creek Ln Austin, TX 78732-1992		\$350.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Owner		Force Multiplier	Solutions, Inc.	

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SCHEDULE A

## POLITICAL CONTRIBUTIONS **OTHER THAN PLEDGES OR LOANS**

		N GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/5	9 Report: 11/15
2	FILER NAME	HOUSTON, ORA (Ms.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor D out-of-state PAC (ID# SWenson, Roland & Mrs	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/16/2014	6 Contributor address; City; State; Zip Code 1507 Yaupon Valley Rd West Lake Hills, TX 78746-3400		\$700.00	   
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Executive	ation / Job title (See Instructions)	10 Employer (See In SXSW LLC	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Texas Taxi Political Action Committe	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2014	Contributor address; City; State; Zip Code 919 Congress Ave STE 1500	· · · · · · · · · · · · · · · · · · ·	\$350.00	<b>i</b>   
		Austin, ŤX 78701			Texas, complete Schedule T)
	Principal occup Political Actio	ation / Job title (See Instructions) n Committee	Employer (See In Texas Taxi Poli	structions) tical Action Comm	nitte
	Date	Full name of contributor Dout-of-state PAC (ID# Thompson, Mue	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2014	Contributor address; City; State; Zip Code 6611 Highpoint Dr Austin, TX 78723	,	\$100.00	
		Ausun, 17 76723		(if trave) outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired		
	Date	Full name of contributor Dout-of-state PAC (ID# Yokubaitia, C.M & R.B (Mr.& Mrs)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2014	Contributor address: City; State; Zip Code 1044 Libery Park Dr Austin, TX 78746		\$250.00	   
				(If travel outside of	' Texas, complete Schedule T)
	Principal occup Self employed	ation / Job title (See Instructions)	Employer (See In Self employed	structions)	
:					
					•

(512)463-5800 TDD 1-800-735-2989

POLITIC	AL EXPENDITURES		SCHEDULE F	
Advertising Expense         Gifts/Awards/Memorial Expense         Sataries/Wages/Contract Labor         Loan Repayment/Reimburs           Accounting/Banking         Legal Services         Solicitation/Fundraising Expense         Transportation Equipment /           Consulting Expense         Food/Beverage Expense         Travel In District         Contributions/Donations Memorial Expense           Event Expense         Polling Expense         Travel Out Of District         Cantidate/Officeholder/I           Fees         Printing Expense         Office Overhead/Rental Expense         OTHER (enter a category not intered)           The Instruction         Guide Explains how to complete this form.         Category not intered)				
1 PAGE # Schedule: 1/4 Re	eport: 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	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside Printing/Runoff Mail/Rob	e of Texas, complete Schedule T)	
		Check if Austin, TX, officehold	ler living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	
Date	CLARK, Jonathan (Mr.)			
12/23/2014 Amount (\$)	Payee address City; State; Zip Code			
\$2,000.00	1608 Pennsylvania Austin, TX 78702			
PURPOSE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside Web Design	e of Texas, complete Schedule T)	
EXPENDITURE		Check if Austin, TX, officehold	der 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 (\$)	Payee address City; State; Zip Code	······································		
\$30.00	9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759			
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside Advertising	e of Texas, complete Schedule T)	
EXPENDITURE		Check if Austin, TX, officehold	ler 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 (\$)	Payee address City; State; Zip Code		<u>, ,,,</u> , ,,,_,	
\$1,000.00	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 Payroll	e of Texas, complete Schedule T)	
		Check if Austin, TX, officehold		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	

Advertising Expense Accounting/Banking

Consulting Expense Event Expense Fees

Schedule: 2/4 Report: 13/15

7

5 Payee name

Payee address

1 PAGE #

12/29/2014 Amount (\$)

4 Date

6

Austin, Texas 78711-2070

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Legal Services Travel In District Travel Out Of District Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME HOUSTON, ORA (Ms.) 00000001 HUSCH BLACKWELL LLP City; State; Zip Code

\$350.00	4801 MAIN STREET KANSAS CITY, TX 64112	
8 PURPOSE OF	(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
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/26/2014	JACKSON, LARRY H (Mr.)	
Amount (\$)	Payee address City; State; Zip Code	
\$350.00	10904 JAIME GLEN WAY AUSTIN, TX 78753-3343	
PURPOSE	Category (See Categories listed at the top of this schedule) OTHER - Donation Refund	Description (if travel outside of Texas, complete Schedule T)
EXPENDITURE		
Complete ONI V if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name	
12/29/2014	JAXX ENTERPRISES LLC	
Amount (\$)	Payee address City; State; Zip Code	
\$2,000.00	1408 Pecan St Georgetown, TX 78626	
PURPOSE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Election Expense
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	·
12/17/2014	MID TOWN LIVE SP	
Amount (\$)	Payee address City; State; Zip Code	
\$292.98	7408 Cameron Road #3 AUSTIN, TX 78752	
BUDGOOG	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Election Expense
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
		Electronic Filing Version 3.4.6

Austin, Texas 78711-2070

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POLITIC	SCHEDULE F	
	EXPENDITURE	
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries, ing Legal Services Solicitati ise Food/Beverage Expense Travel Ir Polling Expense Travel O Printing Expense Office O	Wages/Contract Labor Loan Repayment/Reimbursement on/Fundraising Expense Transportation Equipment & Related Expense
1 PAGE #	2 FILER NAME	3 ACCOUNT # (TEC files
Schedule: 3/4 Re	LOUSTON ORA (Ma)	0000001
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	(a) Category (See Categories listed at the top of this schedu Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Advertising
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
01/03/2015	Ogunro, Sunday	
Amount (\$)	Payee address City; State; Zip Code	
\$8,000.00	4700 Loyola Ln	
40,000.00	Suite 101	
	Austin, TX 78723	
PURPOSE	Category (See Categories listed at the top of this schede Accounting/Banking	le) Description (If travel outside of Texas, complete Schedule T) Bookkeeping Service/Report
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/19/2014	RODRIGUEZ, AMANDA	·
Amount (\$)	Payee address City; State; Zip Code	
\$750.00	8313 TRIPOD DRIVE AUSTIN, TX 78747	
PURPOSE	Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	Ile) Description (If travel outside of Texas, complete Schedule T) [ Payroll
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
01/05/2015	SAGE PAYMENT SOLUTIONS	
Amount (\$)	Payee address City; State; Zip Code	
\$315.15	1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102	
	Category (See Categories listed at the top of this schedu	tle) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	Credit Card expense
EXPENDITURE		
	Candidate / Officeholder name	Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH		

(512)463-5800 TDD 1-800-735-2989

POLITIC	SCHEDULE F					
Accounting/Bank						
1 PAGE #2 FILER NAME3 ACCOUNT # (TEC filers)Schedule: 4/4 Report: 15/15HOUSTON, ORA (Ms.)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	OTHER - Donation Refund	of Texas, complete Schedule T)				
	Candidate / Officeholder name Office sought:	or living expense Office held:				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought:					
Date 12/23/2014	Payee name WM SUPERCENTER					
Amount (\$)	Payee address City; State; Zip Code					
\$102.55	9300 S INTERSTATE 35 AUSTIN, TX 78748					
PURPOSE	Category (See Categories listed at the top of this schedule) Description (If travel outside Office Overhead/Rental Expense	of Texas, complete Schedule T)				
EXPENDITURE	Check if Austin, TX, officeholde	er living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought:	Office held:				
,						

FORM COR-C/OH							
· · · ·	CORRECTION/AMENDMENT AFFIDAVIT					·	
	FOR CANDIDATE/OFFICEHOLDER						
			AHA.				
1 ACCOUNT#		2 Total p	ages filed:	5	OFFICE	E USE O	NLY
3 CANDIDATE / OFFICEHOLDER NAME		CARA H450 Stow	· · · · · · · · · · · ·	MI SUFFIX	Date Received	2 1015 (MAR)	AUSTIN
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election	appointment (of	easurer	specify)	Date Hand-delivered of Receipt #	ത - ന	CITY CLERK
5 ORIGINAL PERIOD COVERED	Month Day 12/07/	Year 2014 THROUGH	Month Day	, <sub>Year</sub> / 2014	Date Imaged	·	
6 EXPLANATION OF CO	MR ACONC	uliation	Schod	inte A	N.4		
7 AFFIDAVIT		l swear, or affirm report is true and		of perjury, t	hat this correc	ted	
		Check ONLY if a	pplicable:				
	Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amend- ment/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.					end- ginal nade	
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 fait. Notory Public, State of Texos My Commission Expires October 17, 2018							
Sworn to and subscri	bed before me, by the sai	Ora Hous	ton	_ , this the <u>2</u>	le_day of	yoen	<u>ch</u> .
2015       . to certify which, witness my hand and seal of office.       Notest         Upm. Ann. Franklin       Notest         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

Revised 09/01/2011

(512) 463-5800

### 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 <u>before</u> 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 <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed is considered to have been filed on the date the original report was filed is considered to have been filed on the date 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.

Page

SCHEDULE ATX. 4 - attach to form C/OH (C&E) Reference § 2-2-25, Austin City Code

#### **BANK RECONCILIATION**

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.  $_{A}$ 

Name of candidate, officeholder or campaign committee: \_\_OVA HOUSTON\_\_\_

For each checking, savings or other financial institution account maintained during  $20 \underline{14}$ , enter the following information indicated. For each additional institution, use a copy of this schedule.

Type of account: <u>Checking</u>	
The beginning balance: \$300.00	
The ending balance: $327, 151.52$	

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount		
12 23 14	Tonathan clark	\$2,000.00		
12 26 14	Larry Jackson	\$ 350.00		
12/27/14	Robin' Schneider	\$ 100.00		
12 29 14	Azul Strategies	\$ 4 9 58.64		
12 29 14	Sunday Oquenro	\$ 8,000.00		

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount
·		
	N	

Office of the City Clerk, 20.36

Revised by the Ethics Review Commission 03/26/2014 Page 1 of 2

Page (Continued)

#### SCHEDULE ATX. 4 - attach to form C/OH (C&E) Reference § 2-2-25, Austin City Code

#### **BANK RECONCILIATION**

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: \_\_\_\_\_Ora Houston

For each checking, savings or other financial institution account maintained during 20\_\_\_\_\_, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Frost National Bank
Type of account: <u>Checking</u>
The beginning balance: \$300.00
The ending balance: $$27,151.52$

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount
12/29/14	Husch Blackwell LUP	\$ 350.00
12/30/14	Bank Nerchant Fees	\$ 315.15
12/20/14	NGPVan	\$ 320.00
12 30 14	Google	\$ 30.00
••	J	

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount
4		

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Amount of interest or dividends earned:

\$1.13

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
12 30 14	D.E. Stinson	\$50.00 -
	· · · · · · · · · · · · · · · · · · ·	

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Revised by the Ethics Review Commission 03/26/2014 Page 2 of 2 SCHEDULE ATX. 3 – attach to form C/OH (C&E) Reference § 2-2-42, Austin City Code

### CAMPAIGN DEBT RECONCILIATION

(To be filed by officeholders only during an election year) Period Covered: January 1, 20 4 to December 31, 20 4

Name of officeholder:	Drattouston
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Campaign debt\* existing as of the first day of the calendar year:

Campaign debt\* existing as of the last day of the calendar year:  $-\frac{1}{2}0$ 

Enter the following information on all campaign debt existing as of December 31 of the reporting year (Note: Campaign debts under \$50 may be reported as an aggregate under (c), below):

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount owed, the interest rate, and the date of maturity:

Creditor	Principal amount owed	Interest rate	Date of maturity
e e	<i>f</i>		
NOV	Ψ	Nº.	

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed:

Creditor/Vendor	Principal amount owed		
NOVIO			

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above. None

\* Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.

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