

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 Ms.		FIRST ORA		MI	
	NICKNAME		LAST HOUSTON		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;		CITY; STATE; ZIP CODE	
	2207 E. 22nd St. Austin, TX 78722					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR		FIRST SUNNY		MI	
	NICKNAME		LAST OGUNRO		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;		CITY; STATE; ZIP CODE	
	4700 LOYOLA LN. STE. 101 AUSTIN, TX 78723					
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION	
	(512) 928-9860					
8 REPORT TYPE	<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	
	12/07/2014		THROUGH		12/31/2014 <del>01/15/2015</del> OAH	
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year 12/16/2014 OAH		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special OAH			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)			
	City Council District 1 District 1					

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

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

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$

20.00

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

\$

12,865.00

EXPENDITURE  
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

20,568.72

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

\$

10,044.76

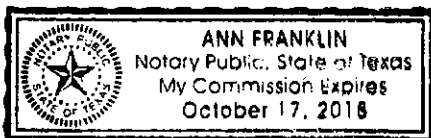
OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

## 17 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/9 Report: 3/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arndt, Thomas C  6 Contributor address; City; State; Zip Code 19907 Kennemer Dr Pflugerville, TX 78760	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Self Employed		10 Employer (See Instructions) Self Employed	
Date  12/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Board of Realtors PAC  Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756-3700	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions) Austin Board of Realtors	
Date  12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blaker, Kenneth  Contributor address; City; State; Zip Code 6820 ViaCorretero Dr Austin, TX 78749	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed	
Date  12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnham, Joan  Contributor address; City; State; Zip Code 4004 Avenue H Austin, TX 78751	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  12/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Canonico, Christ  Contributor address; City; State; Zip Code 4321 Jonathan St Bellaire, TX 77401	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) CDM Smith Inc	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/9 Report: 4/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CDM SMITH INC  6 Contributor address; City; State; Zip Code 3050 Post Oak Blvd Houston, TX 77056	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) PAC		10 Employer (See Instructions) PAC	
Date  12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Celauro, Paul  Contributor address; City; State; Zip Code 5326 MC CULLOCH CIR Houston, TX 77056	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Dannenbaum Engineering	
Date  12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dannenbaum, James & Shirley  Contributor address; City; State; Zip Code 3100 W. Alabama St Houston, TX 77098	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Dannenbaum Engineering	
Date  12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doggett, LLOYD  Contributor address; City; State; Zip Code P O BOX 5843 Austin, TX 78703-4028	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) US Congressman		Employer (See Instructions) Federal Government	
Date  12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gourd, Stuart (Mr.)  Contributor address; City; State; Zip Code 2204 Greenwood Ave Austin, TX 78723-5813	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 6/15	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, Greg (Mr.)  6 Contributor address; City; State; Zip Code 3307 Winding Creek Dr Austin, TX 78735-1474	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Healthcare Administration		10 Employer (See Instructions) Seton Healthcare Family	
Date  12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HBA HOME PAC  Contributor address; City; State; Zip Code 8140 EXCHANGE DR AUSTIN, TX 78754	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) POLITICAL ACTION COMMITTEE		Employer (See Instructions) HBA HOME PAC	
Date  12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry, Mark (Mr.)  Contributor address; City; State; Zip Code 1612 Resaca Blvd Austin, TX 78738-5379	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Athlete		Employer (See Instructions) WWE	
Date  12/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Husch Blackwell State PAC  Contributor address; City; State; Zip Code 111 Congress AVE Suite 1400 Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) Political Action Committee	
Date  12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jang, William (Mr.)  Contributor address; City; State; Zip Code 314 E Highland Mall Blvd Austin, TX 78752-3732	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of William Jang, LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 9/9 Report: 11/15	
2 FILER NAME HOUSTON, ORA (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SWenson, Roland & Mrs		7 Amount of contribution (\$)  \$700.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1507 Yaupon Valley Rd West Lake Hills, TX 78746-3400			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Executive			10 Employer (See Instructions) SXSW LLC		
Date  12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Taxi Political Action Committe		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 919 Congress Ave STE 1500 Austin, TX 78701			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Political Action Committee			Employer (See Instructions) Texas Taxi Political Action Committee		
Date  12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Mue		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6611 Highpoint Dr Austin, TX 78723			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date  12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yokubaitia, C.M & R.B (Mr.& Mrs)		Amount of contribution (\$)  \$250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1044 Libery Park Dr Austin, TX 78746			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Self employed			Employer (See Instructions) 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.

<b>1 PAGE #</b> Schedule: 1/4 Report: 12/15		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00000001	
<b>4 Date</b> 12/29/2014	<b>5 Payee name</b> AZUL STRATEGIES				
<b>6 Amount (\$)</b> \$4,958.04	<b>7 Payee address</b> City; State; Zip Code 1802 ANN ARDOR AUSTIN, TX 78704				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Runoff Mail/Robo Call <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/23/2014	<b>Payee name</b> CLARK, Jonathan (Mr.)				
<b>Amount (\$)</b> \$2,000.00	<b>Payee address</b> City; State; Zip Code 1608 Pennsylvania Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Design <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/05/2015	<b>Payee name</b> GOOGLE				
<b>Amount (\$)</b> \$30.00	<b>Payee address</b> City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/19/2014	<b>Payee name</b> HARVEY, MATTHEW				
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City; State; Zip Code 403 KREBS LN AUSTIN, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

**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) ☐  
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  
12/26/2014

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) ☐  
Donation Refund

☐ 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) ☐  
Election Expense

☐ 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) ☐  
Election Expense

☐ 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.

<b>1 PAGE #</b> Schedule: 3/4 Report: 14/15		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00000001	
<b>4 Date</b> 01/02/2015	<b>5 Payee name</b> NGP VAN				
<b>6 Amount (\$)</b> \$320.00	<b>7 Payee address</b> City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/03/2015	<b>Payee name</b> Ogunro, Sunday				
<b>Amount (\$)</b> \$8,000.00	<b>Payee address</b> City; State; Zip Code 4700 Loyola Ln Suite 101 Austin, TX 78723				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bookkeeping Service/Report		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/19/2014	<b>Payee name</b> RODRIGUEZ, AMANDA				
<b>Amount (\$)</b> \$750.00	<b>Payee address</b> City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/05/2015	<b>Payee name</b> SAGE PAYMENT SOLUTIONS				
<b>Amount (\$)</b> \$315.15	<b>Payee address</b> City; State; Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card expense		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/4 Report: 15/15		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00000001	
<b>4 Date</b> 12/27/2014	<b>5 Payee name</b> SCHEIDER, ROBIN (Mr.)				
<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Donation Refund		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/23/2014	<b>Payee name</b> WM SUPERCENTER				
<b>Amount (\$)</b> \$102.55	<b>Payee address</b> City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Mobile Expenses		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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 <u>12</u> Day <u>07</u> Year <u>2014</u>	THROUGH	Month <u>01</u> Day <u>15</u> Year <u>2015</u>	Date Imaged	

## 6 EXPLANATION OF CORRECTION

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

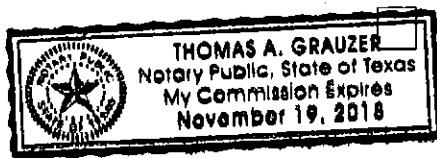
## 7 AFFIDAVIT

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 Code

111 Congress Ave  
Austin, TX 78701-40937 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)  
Attorney10 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 &amp; Kerianne (Mr. &amp; 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 Code2815 Waterbank CV  
Austin, TX 78746**7** Amount of  
contribution (\$)

\$100.00

**8** In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)  
Self employed**10** 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 &amp; 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.

<b>1 PAGE #</b> Schedule: 1/4 Report: 12/15		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 12/29/2014		<b>5 Payee name</b> AZUL STRATEGIES			
<b>6 Amount (\$)</b> \$4,958.04		<b>7 Payee address</b> City: State: Zip Code 1802 ANN ARDOR AUSTIN, TX 78704			
<b>8 PURPOSE OF EXPENDITURE</b>		(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	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 12/23/2014		<b>Payee name</b> CLARK, Jonathan (Mr.)			
<b>Amount (\$)</b> \$2,000.00		<b>Payee address</b> City: State: Zip Code 1608 Pennsylvania Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Design  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/05/2015		<b>Payee name</b> GOOGLE			
<b>Amount (\$)</b> \$30.00		<b>Payee address</b> City: State: Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 12/19/2014		<b>Payee name</b> HARVEY, MATTHEW			
<b>Amount (\$)</b> \$1,000.00		<b>Payee address</b> City: State: Zip Code 403 KREBS LN AUSTIN, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/4 Report: 13/15		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 12/29/2014	<b>5 Payee name</b> HUSCH BLACKWELL LLP				
<b>6 Amount (\$)</b> \$350.00	<b>7 Payee address</b> City; State; Zip Code 4801 MAIN STREET KANSAS CITY, TX 64112				
<b>8 PURPOSE OF EXPENDITURE</b>	(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					
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/26/2014	<b>Payee name</b> JACKSON, LARRY H (Mr.)				
<b>Amount (\$)</b> \$350.00	<b>Payee address</b> City; State; Zip Code 10904 JAIME GLEN WAY AUSTIN, TX 78753-3343				
<b>PURPOSE OF EXPENDITURE</b>	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					
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/29/2014	<b>Payee name</b> JAXX ENTERPRISES LLC				
<b>Amount (\$)</b> \$2,000.00	<b>Payee address</b> City; State; Zip Code 1408 Pecan St Georgetown, TX 78626				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Expense		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/17/2014	<b>Payee name</b> MID TOWN LIVE SP				
<b>Amount (\$)</b> \$292.98	<b>Payee address</b> City; State; Zip Code 7408 Cameron Road #3 AUSTIN, TX 78752				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Expense		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/4 Report: 14/15		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/02/2015	<b>5 Payee name</b> NGP VAN				
<b>6 Amount (\$)</b> \$320.00	<b>7 Payee address</b> City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/03/2015	<b>Payee name</b> Ogunro, Sunday				
<b>Amount (\$)</b> \$8,000.00	<b>Payee address</b> City; State; Zip Code 4700 Loyola Ln Suite 101 Austin, TX 78723				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bookkeeping Service/Report		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/19/2014	<b>Payee name</b> RODRIGUEZ, AMANDA				
<b>Amount (\$)</b> \$750.00	<b>Payee address</b> City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/05/2015	<b>Payee name</b> SAGE PAYMENT SOLUTIONS				
<b>Amount (\$)</b> \$315.15	<b>Payee address</b> City; State; Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/4 Report: 15/15		<b>2 FILER NAME</b> HOUSTON, ORA (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 12/27/2014		<b>5 Payee name</b> SCHEIDER, ROBIN (Mr.)			
<b>6 Amount (\$)</b> \$100.00		<b>7 Payee address</b> City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Donation Refund		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 12/23/2014		<b>Payee name</b> WM SUPERCENTER			
<b>Amount (\$)</b> \$102.55		<b>Payee address</b> City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office MOBILE Expenses  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	



FORM COR-C/OH

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

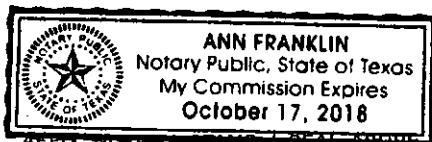
1 ACCOUNT #		2 Total pages filed: <u>5</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR		FIRST	MI	Date Received	
	NICKNAME		LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input checked="" type="checkbox"/> Runoff		2015 MAR 26 AM 8 07 AUSTIN CITY CLERK RECEIVED	
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report			
	<input type="checkbox"/> Other (specify)					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	12 / 07 / 2014		THROUGH	12 / 31 / 2014		
6 EXPLANATION OF CORRECTION						Date Hand-delivered or Postmarked
Bank Reconciliation Schedule ATX. 4						Receipt #
						Amount
						Date Processed
						Date Imaged

## 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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ora Houston, this the 26 day of March, 2015, to certify which, witness my hand and seal of office.

Ann Franklin Signature of officer administering oath  
Ann Franklin Printed name of officer administering oath  
Notary 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.

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 2014, 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: checking

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
12/23/14	Jonathan Clark	\$2,000.00
12/26/14	Larry Jackson	\$350.00
12/27/14	Robin Schneider	\$100.00
12/29/14	Azul Strategies	\$4,958.64
12/29/14	Sunday Ogunsro	\$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
	<del>None</del>	

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

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The name of the financial institution: Frost National Bank

Type of account: checking

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 LLP	\$350.00
12/30/14	Bank Merchant Fees	\$315.15
12/30/14	NGP Van	\$320.00
12/30/14	Google	\$30.00

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

Date of receipt	Contributor	Amount
<u>None</u>	<u>/</u>	<u>/</u>

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

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

### CAMPAIGN DEBT RECONCILIATION

(To be filed by officeholders only during an election year)  
Period Covered: January 1, 20 14 to December 31, 20 14

Name of officeholder: Ora Houston

Campaign debt\* existing as of the first day of the calendar year: \$0

Campaign debt\* existing as of the last day of the calendar year: \$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
<del>NONE</del>	<del>0</del>	<del>N/A</del>	<del>N/A</del>

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

Creditor/Vendor	Principal amount owed
<del>NONE</del>	<del>0</del>

(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.*