

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 10			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY			
	ORA					
	NICKNAME LAST SUFFIX		Date Received			
	HOUSTON		OCC RECEIVED AT JUL 11 '19 @ 10:52			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE		Date Hand-delivered or Date Postmarked			
	2207 E. 22nd St		Receipt # Amount			
	AUSTIN, TX 78722		Date Processed			
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI					
	SUNNY					
	NICKNAME LAST SUFFIX					
	OGUNRO					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	4700 LOYOLA LN.		102	AUSTIN,	TX	78723
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512)	928-9860				
8 REPORT TYPE	<input 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 checked="" 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
	01/01/2018			THROUGH	06/30/2018	
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
				<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District One Austin			12 OFFICE SOUGHT (if known)		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 10

13 C / OH NAME

HOUSTON, ORA

14 Filer ID

15 NOTICE
FROM
POLITICAL
COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made 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

16 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 320.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,720.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 1,181.80

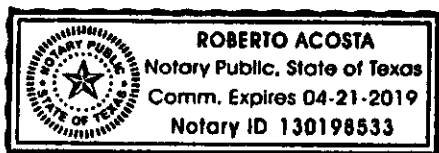
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 4,753.26

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFADAVIT



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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DRA HOUSTON, this the 11th day of JULY, 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering

ROBERTO ACOSTA
Printed name of officer administering

NOTARY PUBLIC
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/10
2 FILER NAME HOUSTON, ORA		3 Filer ID
4 Date 03/03/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOONE, DEBRA (Ms.) <hr/> 6 Contributor address; City; State; Zip Code 1082 VERBENA DR AUSTIN, TX 78750	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) HUB DIRECTOR		9 Employer (See Instructions) AISD
Date 01/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMARILLO, SYLVIA (Ms.) <hr/> Contributor address; City; State; Zip Code 307 COTTONWOOD LN PFLUGERVILLE, TX 78660	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) EXECUTIVE ASSISTANT		Employer (See Instructions) STATE OF TEXAS
Date 02/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLL, KURT (MR & MRS.) <hr/> Contributor address; City; State; Zip Code 1925 CYPRESS PT. W AUSTIN, TX 78746	Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) ARCHITECT/PRESIDENT		Employer (See Instructions) JCI RESIDENTIAL, LLC
Date 04/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY, BOB & KAY <hr/> Contributor address; City; State; Zip Code 11911 BRADSHAW RD AUSTIN, TX 78747	Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) TEXAS DISPOSAL SYSTEMS
Date 02/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMROZ, DAVID (MR & MRS.) <hr/> Contributor address; City; State; Zip Code 11904 KNIGHTS BRG AUSTIN, TX 78759	Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) SENIOR ESTIMATOR		Employer (See Instructions) JOURNEYMAN CONSTRUCTION, INC

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10
2 FILER NAME HOUSTON, ORA		3 Filer ID
4 Date 02/19/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUMAR, SAM & HEMA (MR & MRS.) 6 Contributor address; City; State; Zip Code 1628 WESTLAKE DR AUSTIN, TX 78746	7 Amount of Contribution (\$) \$700.00
8 Principal occupation / Job title (See Instructions) ENGINEER/PRESIDENT/CEO		9 Employer (See Instructions) JOURNEYMAN CONSTRUCTION, INC
Date 06/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRAUB, JOSEPH & KIM (Mrs.) Contributor address; City; State; Zip Code 7903 JESTER BLVD AUSTIN, TX 78750	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 02/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, BRENT (Mr.) Contributor address; City; State; Zip Code 3401 FRITZ HUGHES PARK BLVD AUSTIN, TX 78732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) JOURNEYMAN CONSTRUCTION, INC

SUBTOTALS - C/OH**FORM C/OH**
COVER SHEET PG 3
3 of 10**18 FILER NAME** HOUSTON, ORA**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,720.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,181.80
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 6/10		2 FILER NAME HOUSTON, ORA		3 Filer ID
4 Date 04/02/2018		5 Payee name SAGE PAYMENT SOLUTION		
6 Amount (\$) \$2.50		7 Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEE
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 05/02/2018		Payee name SAGE PAYMENT SOLUTION		
Amount (\$) \$2.50		Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 06/04/2018		Payee name SAGE PAYMENT SOLUTION		
Amount (\$) \$2.50		Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 7/10		2 FILER NAME HOUSTON, ORA		3 Filer ID
4 Date 01/02/2018		5 Payee name SAGE PAYMENT SOLUTION		
6 Amount (\$) \$2.50		7 Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/02/2018		Payee name SAGE PAYMENT SOLUTION		
Amount (\$) \$2.50		Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/02/2018		Payee name SAGE PAYMENT SOLUTION		
Amount (\$) \$2.50		Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 8/10		2 FILER NAME HOUSTON, ORA		3 Filer ID
4 Date 05/01/2018		5 Payee name SUNNY'S BOOKKEEPING & TAX SERVICE		
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 4700 Loyola lane Suite 102 Austin, TX 78723		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BOOKKEEPING & FILING REPORTS
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 01/12/2018		Payee name SUNNY'S BOOKKEEPING & TAX SERVICE		
Amount (\$) \$500.00		Payee address; City; State; Zip Code 4700 Loyola lane Suite 102 Austin, TX 78723		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REPORT FILING AND BOOKKEEPING
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 04/10/2018		Payee name TMO WALMARTMOBILE		
Amount (\$) \$27.80		Payee address; City; State; Zip Code 9300 S IH35 AUSTIN, TX 78748		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 9/10		2 FILER NAME HOUSTON, ORA		3 Filer ID
4 Date 05/10/2018		5 Payee name TMO WALMARTMOBILE		
6 Amount (\$) \$27.80		7 Payee address; City; State; Zip Code 9300 S IH35 AUSTIN, TX 78748		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 06/11/2018		Payee name TMO WALMARTMOBILE		
Amount (\$) \$27.80		Payee address; City; State; Zip Code 9300 S IH35 AUSTIN, TX 78748		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 01/10/2018		Payee name TMO WALMARTMOBILE		
Amount (\$) \$27.80		Payee address; City; State; Zip Code 9300 S IH35 AUSTIN, TX 78748		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 10/10		2 FILER NAME HOUSTON, ORA		3 Filer ID
4 Date 02/12/2018		5 Payee name TMO WALMARTMOBILE		
6 Amount (\$) \$27.80		7 Payee address; City; State; Zip Code 9300 S IH35 AUSTIN, TX 78748		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 03/19/2018		Payee name TMO WALMARTMOBILE		
Amount (\$) \$27.80		Payee address; City; State; Zip Code 9300 S IH35 AUSTIN, TX 78748		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held