FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST М OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received **ORA** OCC RECEIVED A NICKNAME LAST SUFFIX JAN 31'19 FM12:0b HOUSTON Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE OFFICEHOLDER 2207 E. 22nd St MAILING Receipt # Amount **ADDRESS** Change of Address AUSTIN, TX 78722 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST МІ **TREASURER** SUNNY NAME NICKNAME LAST SUFFIX **OGUNRO** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4700 Loyola Lane 102 Austin Tx 78723 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (512) 928-9860 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) July 15 PERIOD Day Year Month Day Year COVERED THROUGH 07/01/2018 12/31/2018 10 ELECTION ELECTION DATE **ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District One Austin **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.28ab6150

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				2 of 8
13 C / OH NAME HOU	JSTON, ORA		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS	<u> </u>	·
	SPECIFIC			v .
		COMMITTEE CAMPAICN TREACHRED NAME	•	
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS .	
16 CONTRIBUTION TOTALS		LAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 63.64
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 63.64
EXPENDITURE TOTALS			ITEMIZED	\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 4,816.90
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE LI	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFADAVIT	DANIELLE QUINTERO Notary, Public STATE OF TEXAS My Comm. Exp. 11/16/7 (DM 131383729	under Title 15, Election Code.		be reported by me
	TARY STAMP / SEAL ABO		2 6	m
Sworn to and subso		ertify which, witness my hand and seal of office.	, this the 0	day
Signature of office	Muuu cer administering	Danielle Quinter Printed name of officer administering	Posonal Ba	ncer Notary administering oath
· .				

SUBTOTALS - C/OH

FORM **C/OH** COVER SHEET PG 3

	3 of B
18 FILER NAME HOUSTON, ORA	er ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 63.64
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,816.90
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIC	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	\$
	•
	<i>y</i>

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gitt/Awards/Memorials Expense Travel in District Travel Out of District Polling Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Houston, Ora Sch: 1/5 Rpt: 4/8 4 Date Payee name 08/27/2018 GOLL, KURT & MICHELLE (Mr.) Payee address; City; State; Zip Code 6 Amount (\$) \$600.00 1925 CYPRESS PT. W AUSTIN, TX 78746 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) ΩF Check if travel outside of Texas, Complete Schedule T, Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund from Campaign Contributions Mr & Mrs Goll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/10/2018 JAMROZ, DAVID (Mr.) Amount (\$) Payee address; State; Zip Code \$600.00 11904 KNIGHTS BRG **AUSTIN, TX 78759 PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) ΩE Check if travel outside of Texas. Complete Schedule T. Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund from Campaign Contribution Mr. Jamroz Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/11/2018 KUMAR, SAM & HEMA (Mr.) City; Payee address; State; Zip Code Amount (\$) \$600.00 1628 WESTLAKE DR AUSTIN, TX 78746 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund from Campaign Contribution Mr & Mrs Kumar Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Reimbursement Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Pollina Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Houston, Ora Sch: 2/5 Rpt: 5/8 4 Date Payee name 07/02/2018 SAGE PAYMENT SOLUTION Payee address; State: Zip Code 6 Amount (\$) City: \$2.50 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, Office Overhead/Rental Expense EXPENDITURE Check if Austin, TX, officeholder living expense Merchant Fee Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 07/03/2018 SAGE PAYMENT SOLUTION Amount (\$) Payee address; City; State; Zip Code \$4.00 1750 OLD MEADOW ROAD **SUITE 300** MCLEAN, VA 22102 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Transfer Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/02/2018 SAGE PAYMENT SOLUTION State; Zip Code Amount (\$) Payee address; City; \$2.50 1750 OLD MEADOW ROAD **SUITE 300** MCLEAN, VA 22102 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Constituing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Av I Committee Legal	wards/Memorials Expense Services Instruction Guide explains		ise es/Contract Labor	Travel Out of District OTHER (enter a category not listed abov	/e)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	
Sch: 3/5 Rpt: 6/8		uston, Ora				
4 Date	5 Payee name					
08/13/2018	SUNNY'S BOOK	KEEPING & TAX SEI	RVICE			
6 Amount (\$)	7 Payee address;	City; State	zip Code		· · · · · · · · · · · · · · · · · · ·	
\$1,000.00	4700 Loyola land	e Suite 102				
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· · · · · · · · · · · · · · · · · · ·	Austin, TX 7872	3				
8 PURPOSE	(a) Category (See Cate	egories listed at the top of this sch	hedule) (b)	Description		
OF EXPENDITURE	Accounting/Bank	king		<u> </u>	outside of Texas, Complete Schedule T.	
					n, TX, officeholder living expense and Bookkeeping	
				I/chourt min	and bookkeeping	
a a ONII V if display	On a distant Office he	1	Césa rought		Office held	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officehol	der name	Office sought		Office held	
Date	Payee name					
10/17/2018	SUNNY'S BOOK	KKEEPING & TAX SEI	RVICE			
Amount (\$)	Payee address;	City; State	; Zip Code			
\$1,000.00	4700 Loyola land	e Suite 102		•		
	-				•	
	Austin, TX 7872	3				
PURPOSE OF		egories listed at the top of this sch	hedule) (b)	Description		
EXPENDITURE	Accounting/Bank	king		_	outside of Texas, Complete Schedule T. n, TX, officeholder living expense	
		•			and Bookkeeping	
				· ·	and accommospin.	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehol	der name (Office sought		Office held	
Date	Payee name					•
11/27/20 1 8	·	KKEEPING & TAX SEI	RVICE		Ι.	
Amount (\$)	Payee address;	City; State	e; Zip Code			
\$868.90	4700 Loyofa land	e Suite 102				
	Austin, TX 7872	3			, , , , , , , , , , , , , , , , , , ,	
PURPOSE	(a) Category (See Cate	egories fisted at the top of this sch	hedule) (b)	Description		
OF EXPENDITURE	Office Overhead	I/Rental Expense			outside of Texas, Complete Schedule T.	
E 11 E 1				<u> </u>	n, TX, officeholder living expense	
				Report Filing	and Bookkeeping	
					·	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officehol	der name (Office sought		Office héld	
experiuntare to benefit Gron	1 					
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Foes Foot/Beverage Expense Gitt/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
OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Houston, Ora Sch: 4/5 Rpt: 7/8 4 Date Pavee name 07/10/2018 TMO WALMARTMOBILE State: Zip Code Payee address; 6 Amount (\$) \$27.80 9300 S IH35 AUSTIN, TX 78748 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Cell Phone Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/10/2018 TMO WALMARTMOBILE State; Zip Code Amount (\$) Payee address; City; 9300 S 1H35 \$27.80 AUSTIN, TX 78748 (b) Déscription **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Cell Phone Candidate/Officeholder name Office sought Office held Complete ONLY if direct

EXPENDITURE CATEGORIES FOR BOX 8(a)

Date 09/10/2018	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cell Phone
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

(CONTRIBUTIO	NS	
	·	EXPENDITURE CATEGORIES FOR BOX 8(a)	······································
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Glif/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Soticitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Fifer ID
	Sch: 5/5 Rpt: 8/8	Houston, Ora	
4	Date 10/10/2018	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	Office Overhead/Nerital Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/13/2018	TMO WALMARTMOBILE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.80	9300 S IH35	
		AUSTIN, TX 78748	
	PURPOSE OF EXPENDITURE	Office Overhead/Nethal Expense	outside of Texas, Complete Schedule T,
	EXTENDITORE	Cell Phone	, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
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