

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 50
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 type="checkbox"/> January 15 <input checked="" 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
07/01/2014		THROUGH	09/25/2014
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
11/04/2014		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
		City Council District 1	

OFFICE USE ONLY	
Date Received	
Date Hand-delivered	Date Postmarked
Receipt #	Amount
Date Processed	
Date Imaged	

2014 OCT 6 PM 2:05
AUSTIN CITY CLERK RECEIVED

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)
00000001

15 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 TOTALS

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

\$ 752.00

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

\$ 34,692.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 27,154.94

CONTRIBUTION BALANCE

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

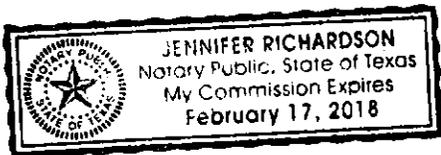
\$ 27,911.94

OUTSTANDING LOAN TOTALS

6. 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.

Ora Houston

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ora Houston, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

J Richardson
Signature of officer administering oath

Jennifer Richardson
Print name of officer administering oath

Notary
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: 1/35 Report: 3/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akingbala, Funsho and Fannie 6 Contributor address; City; State; Zip Code 6711 Dubuque Lane Austin, TX 78723-2226	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aleshire, Bill Contributor address; City; State; Zip Code 3605 Shady Valley Drive Austin, TX 78739-4425	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Riggs, Aleshire & Ray PC	
Date 08/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Zita Contributor address; City; State; Zip Code 270 Convent Avenue New York, NY 10031-9125	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) DC 37 Communications Director		Employer (See Instructions) District Council 37, AFSCME, AFL-CIO	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alsop, Mitchell and Marion Contributor address; City; State; Zip Code 2311 Pruett Street Austin, TX 78703-4337	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) American Federation Of State,County And Municipal Employees Contributor address; City; State; Zip Code 1625 L STREET N.W WASHINGTON, DC 20036	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/35 Report: 4/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Ada 6 Contributor address; City; State; Zip Code 5613 Palisade Court Austin, TX 78731	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews, Freeman and Elna Contributor address; City; State; Zip Code 408 Settlers Valley Drive Pflugerville, TX 78660-4765	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Bobbie H. Contributor address; City; State; Zip Code 4908 Hilldale Drive Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Darnell Contributor address; City; State; Zip Code 5508 Manor Road Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) SELFEMPLOED	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Olice and Christine Contributor address; City; State; Zip Code 4125 Kenway Avenue View Park, CA 90008-4809	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/35 Report: 5/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Reginald 6 Contributor address; City; State; Zip Code 3021 E 16th Street Austin, TX 78702-1605	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pharmacist		10 Employer (See Instructions) Retired	
Date 09/25/2014	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)
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions) Austin Board of Realtors	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Firefighters Association Political Cpmmittee PAC Contributor address; City; State; Zip Code 7537 Cameron RD Austin, TX 78752	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) Austin Firefighter Ass	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin/Travis County EMS Employee Association PAC Contributor address; City; State; Zip Code 5817 Wilcab Road Austin, TX 78721-2806	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions) Austin/Travis County EMS Employee Association PAC	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baccus, Richard Contributor address; City; State; Zip Code 11504 Oakwood Drive Austin, TX 78753-2729	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ABC Vacuum Warehouse	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/35 Report: 6/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Debra 6 Contributor address; City; State; Zip Code 8500 Andreas Cove Austin, TX 78759-7926	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Professional Concierge		10 Employer (See Instructions) Bailey Solutions	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, John Contributor address; City; State; Zip Code 5933 Highland Hills Drive Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Selfemployed		Employer (See Instructions) SelfEmployed	
Date 08/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baldwin-McGinnis, Carissa Contributor address; City; State; Zip Code 1220 Omar Street Houston, TX 77008-7134	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed	
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrow, Sharon and Phil Contributor address; City; State; Zip Code 4512 Rimrock Trail Austin, TX 78723-6012	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) AmWins Brokerage of Texas, Inc.	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartz, Joan Contributor address; City; State; Zip Code 6713 Tulsa Cove Austin, TX 78723-2246	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/35 Report: 7/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Basciano, Joyce 6 Contributor address; City; State; Zip Code 1907 W. 34th Street Austin, TX 78703-1318	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beachley, Pamela Contributor address; City; State; Zip Code 906 Rio Grande Street Austin, TX 78701-2222	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Beachley Law Office	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, Kurt Contributor address; City; State; Zip Code 5507 Chadwyck Drive Austin, TX 78723-5413	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of Austin HHSD	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Arthur and Barbara Contributor address; City; State; Zip Code 3504 E. Martin Luther King Blvd. Austin, TX 78721-1135	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Doug Contributor address; City; State; Zip Code 9202 Cedar Crest Drive Austin, TX 78750-2719	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/35 Report: 8/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beurlein, Steve 6 Contributor address; City; State; Zip Code 2605 Woodmont Avenue Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bible, L.R. Contributor address; City; State; Zip Code P.O Box 648 Buda, TX 78610	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Lockwood,Andrew & Newnam,Inc	
Date 07/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bogucka, Valeri Contributor address; City; State; Zip Code 1422 Broadmoor Drive Austin, TX 78723-3124	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) University of Texas at Austin	
Date 07/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradford, Jessyl Contributor address; City; State; Zip Code 11229 Avering Lane Austin, TX 78754-5778	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 07/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Don and Sharon Contributor address; City; State; Zip Code 4213 Avenue F Austin, TX 78751-3720	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/35 Report: 9/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Budde, Betty 6 Contributor address; City; State; Zip Code 808 Cielo Drive Georgetown, TX 78628-1726	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Budde, Pete Contributor address; City; State; Zip Code 808 Cielo Drive Georgetown, TX 78628-1726	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byrd, Lisa Contributor address; City; State; Zip Code 5204 Wayborne Hill Drive Austin, TX 78723	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) AA Cultural Heritage District		Employer (See Instructions) Director	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Linda Contributor address; City; State; Zip Code 11511 Oak Knoll Drive Austin, TX 78759-3802	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chernet, Tsegaye A. Contributor address; City; State; Zip Code PO Box 144542 Austin, TX 78714-4542	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Lone Star Cab	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/35 Report: 10/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirkiel, Pamela & Martin 6 Contributor address; City; State; Zip Code 1201 County Road 138 Hutto, TX 78634-5127	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) Realtor Broker/owner		10 Employer (See Instructions) M.e. Gene Johnson Realtors	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirkiel, Shawn & Bria Contributor address; City; State; Zip Code 3208 Sunny Lane Austin, TX 78731-5434	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) Chef		Employer (See Instructions) Parkside Projects/Housewife	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Vollie and Matthew Contributor address; City; State; Zip Code 4806 Carson Hill Drive Austin, TX 78723-6124	Amount of contribution (\$) \$25.00	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) N/A	
Date 07/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Gary and Charlotte Contributor address; City; State; Zip Code 4003 Ridgilea Drive Austin, TX 78731-6128	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) Psychotherapist/Consultant		Employer (See Instructions) Charlotte B. Cooper, LCSW, PC	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Carolyn Contributor address; City; State; Zip Code 7205 Geneva Drive Austin, TX 78723	Amount of contribution (\$) \$40.00	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) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/35 Report: 11/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De Uriarte, Mercedes Lynn 6 Contributor address; City; State; Zip Code 2101 Trail Of The Madrones Austin, TX 78746-2332	7 Amount of contribution (\$) \$175.00 (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) UT Emeritus Associate Professor	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dixon, Jewel Contributor address; City; State; Zip Code 1304 Mariposa Drive Apt. 162 Austin, TX 78704-4403	Amount of contribution (\$) \$100.00 (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) N/A	
Date 08/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James & Katy Contributor address; City; State; Zip Code 360 Nueces Street Austin, TX 78701-4270	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) City Planner		Employer (See Instructions) Duncan Associates	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earvin, Larry Contributor address; City; State; Zip Code 10837 Olympia Fields Loop Austin, TX 78747	Amount of contribution (\$) \$150.00 (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) Houston-Tillotson University	
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ejigu, Daniel & Melesse Contributor address; City; State; Zip Code 1522 Thibodeaux Drive Round Rock, TX 78664-7209	Amount of contribution (\$) \$600.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) Lone Star Cab	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/35 Report: 12/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elsner, Larry 6 Contributor address; City; State; Zip Code 1608 Preston Avenue Austin, TX 78703-1906	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) Open Door Preschools	
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engdaw, Teferi R. Contributor address; City; State; Zip Code 2505 Alexander Court Round Rock, TX 78665-7917	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Lone Star Cab	
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fath, Shudde Contributor address; City; State; Zip Code 1005 Bluebonnet Lane Austin, TX 78704-2303	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Louisa S. Contributor address; City; State; Zip Code 3135 Brooklawn Terrace Chevy Chase, MD 20815-3937	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Federal Government	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Thelma Contributor address; City; State; Zip Code 1702 Poquito Austin, TX 78702	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/35 Report: 13/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garris, Edward 6 Contributor address; City; State; Zip Code 2004 E. 9th Street Unit A Austin, TX 78702	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
4 Date 07/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garrison, Jada 6 Contributor address; City; State; Zip Code 2103 E 22nd Street Austin, TX 78722-2423	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Development Research		10 Employer (See Instructions) University of Texas at Austin	
4 Date 09/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garvey, Jerome 6 Contributor address; City; State; Zip Code 2501 Wilson Ausin, TX 78704	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
4 Date 09/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getahun, Firew & Hailu 6 Contributor address; City; State; Zip Code 2722 High Point Drive Round Rock, TX 78664-5790	7 Amount of contribution (\$) \$600.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Accountant		10 Employer (See Instructions) Financial Freedom	
4 Date 09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getter, Kerry and Becky 6 Contributor address; City; State; Zip Code 9301 Johnny Morris Road Austin, TX 78724-1523	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Balcones Resources, Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/35 Report: 14/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GHOSH, PINAKI 6 Contributor address; City; State; Zip Code 113 W 55TH 1/2 ST AUSTIN, TX 78751	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) INDEPENDENT CONTRACTOR		10 Employer (See Instructions) SELF EMPLOYED	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, Julius W. Contributor address; City; State; Zip Code 1405 Mussett Street Austin, TX 78754	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, Shirley Contributor address; City; State; Zip Code 1406 Mussett Street Austin, TX 78754	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hardin, Drew & Sherry Contributor address; City; State; Zip Code 16900 Crystal Caves Rd Austin, TX 78737	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Regional Director, Vice President		Employer (See Instructions) Lockwood, Andrews & Newnam, Inc	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harriger, Matthew and Elise Contributor address; City; State; Zip Code 3903 Willowbrook Drive Austin, TX 78722	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/35 Report: 15/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Edward Jr. 6 Contributor address; City; State; Zip Code 1821 Coronado Hills Drive Austin, TX 78752	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins III, Albert & Jacuelyn Contributor address; City; State; Zip Code 7005 Quill Leaf Cove Austin, TX 78750	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) U S DEPT OF AGRICULTURE	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haynes, Ronald Contributor address; City; State; Zip Code PO Box 123 Todd, NC 28684-0123	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidrick, Clarke Contributor address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701-3790	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Graves, Dougherty, Hearon & Moody	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Rita M. Contributor address; City; State; Zip Code 1704 Broadmoor Drive Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/35 Report: 16/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herring, Charles	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1204 Castle Hill Street Austin, TX 78703-4126		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holmes, Johnny	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3501 E. 12th Street Austin, TX 78721-1101		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Pamela	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2304 Fair Oaks Drive Austin, TX 78745-2754		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 07/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack, Jeff	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2008 B Rabb Glen Austin, TX 78704-3206		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Selfemployed	
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Charlie	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11900 Metric Blvd. Austin, TX 78758-3152		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Technologist		Employer (See Instructions) Acceleros	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/35 Report: 17/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Larry 6 Contributor address; City; State; Zip Code 10904 Jamie Glen Way Austin, TX 78753-3343	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Robena Contributor address; City; State; Zip Code 5900 Rain Creek Parkway Austin, TX 78759-5535	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions) RJW Operations	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Carol Contributor address; City; State; Zip Code 7314 Geneva Dr Austin, TX 78723	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Elston Contributor address; City; State; Zip Code 1905 Spring Hollow Path Round Rock, TX 78681	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) State of Texas	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Ike and Vivian Contributor address; City; State; Zip Code 8703 Quail Ridge Dr San Antonio, TX 78263	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) San Antonio		Employer (See Instructions) Teacher	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/35 Report: 18/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Isaac L. Jr. 6 Contributor address; City; State; Zip Code 8703 Quail Ridge Drive San Antonio, TX 78263	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Karyne Contributor address; City; State; Zip Code 3505 Saratoga Avenue Annapolis, MD 21403-4900	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) NCBA	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Michael Contributor address; City; State; Zip Code 2045 Zach Scott Street Austin, TX 78723-5399	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan, Olden Contributor address; City; State; Zip Code 11705 Rydalwater Lane Austin, TX 78754-5721	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Austin Community College	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kebede, Denberwa A. Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660-1726	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Dept of Public Safety	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/35 Report: 19/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Eric 6 Contributor address; City; State; Zip Code 5712 Painted Valley Drive Austin, TX 78759-5501	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
4 Date 09/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kerr, Chris and Heather 6 Contributor address; City; State; Zip Code 4115 Abingdon Drive Garland, TX 75043-7251	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Force Multiplier Solutions, Inc.	
4 Date 07/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, David 6 Contributor address; City; State; Zip Code 1808 Kerr Avenue Austin, TX 78704-1429	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
4 Date 07/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kramer, Diane and Kenneth 6 Contributor address; City; State; Zip Code 4204 Sinclair Ave. Austin, TX 78756	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) ACC	
4 Date 08/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kwiecienski, Erik and Kathy 6 Contributor address; City; State; Zip Code 6403 Amberly Place Austin, TX 78759-6131	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) School Teacher		Employer (See Instructions) AISD	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/35 Report: 20/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) L.C. Anderson Class of 61 6 Contributor address; City; State; Zip Code 1403 Apache Cove Pflugerville, TX 78660-3890	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry, Jerald Contributor address; City; State; Zip Code 2329 Dugald Place Dallas, TX 75216-3309	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Bookkeeper/Accountant		Employer (See Instructions) Professional Business Services	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawson, Jan E. Contributor address; City; State; Zip Code 3629 Quiette Drive Austin, TX 78754	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawyer, Lawrence Contributor address; City; State; Zip Code 7607 Parkview Circle Austin, TX 78731-1127	Amount of contribution (\$) \$230.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Ira Contributor address; City; State; Zip Code 3923 Dry Creek Drive Austin, TX 78731	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/35 Report: 21/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leonard, Robert & Linda 6 Contributor address; City; State; Zip Code 7122 Royal Lane Dallas, TX 75230-3608	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) Chairman & CEO		10 Employer (See Instructions) Force Multiplier Solutions, Inc.	
Date 07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Kevin Contributor address; City; State; Zip Code 1002 Bouldin Avenue Austin, TX 78704-1616	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Buyer		Employer (See Instructions) Whole Earth Provisions Co.	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Kevin Contributor address; City; State; Zip Code 1002 Bouldin Avenue Austin, TX 78704-1616	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) Buyer		Employer (See Instructions) Whole Earth Provisions Co.	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lippman, Susan Contributor address; City; State; Zip Code 8901 Chisholm Lane Austin, TX 78748-6381	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) N/A	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lucas and Randolph, Robert & Suzanne Contributor address; City; State; Zip Code 1517 Murray Lane Austin, TX 78703-3410	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) Retired		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/35 Report: 22/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynch, Michele R. 6 Contributor address; City; State; Zip Code 2634 Cascade Falls Drive Austin, TX 78738	7 Amount of contribution (\$) \$50.00	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) Retired		10 Employer (See Instructions) N/A	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDaniel, Reuben Contributor address; City; State; Zip Code 3910 Knollwood Drive Austin, TX 78731-2915	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) Professor		Employer (See Instructions) University of Texas at Austin	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDowell, Thomas Contributor address; City; State; Zip Code 13113 Rochester Lane Austin, TX 78753	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) Administrator		Employer (See Instructions) Johnson Nursing Home	
Date 07/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKinley, Everett Contributor address; City; State; Zip Code 1900 Scofield Ridge Parkway Apt. 2903 Austin, TX 78727-1621	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Manufacturing Manager		Employer (See Instructions) INSYS Therapeutics	
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medlin, Cynthia Contributor address; City; State; Zip Code PO Box 40964 Austin, TX 78704	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	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/35 Report: 23/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Abera & Workey 6 Contributor address; City; State; Zip Code 9001 Briardale Drive Austin, TX 78753	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Independent Contractor		10 Employer (See Instructions) Lone Star Cab	
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Zenaw Contributor address; City; State; Zip Code 9001 Briardale Drive Austin, TX 78758	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Lone Star Cab	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Metcalf, Sally & Steven C. Contributor address; City; State; Zip Code 388 Cortona Drive Austin, TX 78746	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Selfemployed	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michel, Travis Contributor address; City; State; Zip Code 4228 Berkman Austin, TX 78723	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Infrastructure Manager		Employer (See Instructions) Lockwood Andrews & Newnam, Inc	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michener, Elizabeth & Patrick Contributor address; City; State; Zip Code 146 18th Street New Orleans, LA 70124-1226	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Assistant		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: 22/35 Report: 24/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milam, Mary 6 Contributor address; City; State; Zip Code 1211 Quail Park Drive Austin, TX 78758-6620	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 07/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miles, Paul Contributor address; City; State; Zip Code 5200 North Lamar Blvd. Austin, TX 78751-1839	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Association of Counties	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miles, Paul Contributor address; City; State; Zip Code 5200 N Lamar Blvd. Austin, TX 78751-1839	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Association of Counties	
Date 08/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Jimmie Contributor address; City; State; Zip Code 3608 Quiette Drive Austin, TX 78754-4927	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, Hope Contributor address; City; State; Zip Code 606 W Lynn Street Austin, TX 78703-4759	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Texas HHSC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/35 Report: 25/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murray, William 6 Contributor address; City; State; Zip Code 1106 W. 6th Street Apt. 213 Austin, TX 78703-5333	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) selfemployed	
4 Date 09/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nadler-Olenick, Rae 6 Contributor address; City; State; Zip Code 1205 E. 51st Street Austin, TX 78723	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Journalist		10 Employer (See Instructions) Retired	
4 Date 09/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) National Association of Social Workers Pac 6 Contributor address; City; State; Zip Code 810 W. 11th Street Austin, TX 78701-2010	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) n/a		10 Employer (See Instructions) n/a	
4 Date 08/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nisbett, Clark and Christy 6 Contributor address; City; State; Zip Code 5100 Lea Cove Austin, TX 78731	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Insurance		10 Employer (See Instructions) Selfemployed	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Obilom, Philip and Cecilia 6 Contributor address; City; State; Zip Code 4604 Azul Cove Round Rock, TX 78681	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/35 Report: 26/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogunmuyiwa, Alex 6 Contributor address; City; State; Zip Code 1921 Elysian Fields Austin, TX 78727-3212	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Selfemployed	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olson, Jon 6 Contributor address; City; State; Zip Code 6905 Geneva Drive Austin, TX 78723	7 Amount of contribution (\$) \$35.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Clerk		10 Employer (See Instructions) State of Texas	
4 Date 09/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orr, Reed and Ola 6 Contributor address; City; State; Zip Code 6319 Ridge Forest San Antonio, TX 78233-3919	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
4 Date 07/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Overton, Marva 6 Contributor address; City; State; Zip Code 2112 E 21st Street Austin, TX 78722-2416	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Non-Profit Executive Director		10 Employer (See Instructions) University of Texas Health Science Center at Houston	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ozborn, Paul 6 Contributor address; City; State; Zip Code 1600 West Avenue Austin, TX 78701-1544	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Beverage Director		10 Employer (See Instructions) Parkside Projects	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/35 Report: 27/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perales, Marisa 6 Contributor address; City; State; Zip Code 2104 Willow St Austin, TX 78702	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) FREDERICK, PERALES,ALLOM & ROCKWELL,P.C	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petersen, Dennis Contributor address; City; State; Zip Code 2925 Briarpark Dr Fourth Floor Houston, TX 77042	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lockwood,Andrews & Newnam,Inc	
Date 08/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peterson, H. Nell and Tara L. Contributor address; City; State; Zip Code 2001 Tillotson Avenue Austin, TX 78702-2834	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pilington, Betsy Contributor address; City; State; Zip Code 1104 Sahara Avenue Austin, TX 78745	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Piper, Beverly Contributor address; City; State; Zip Code 4606 Broadhill Drive Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/35 Report: 28/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raleigh, Virginia 6 Contributor address; City; State; Zip Code 5106 Canella Drive Austin, TX 78744	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rath, James Contributor address; City; State; Zip Code 1157 Coletto Street Austin, TX 78702-2211	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Frances & Marie (Mr. & Mrs) Contributor address; City; State; Zip Code 349 E. Charity Cove Salt Lake City, UT 84103-5205	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Reagan Outdoor Advertising	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William & Julia Contributor address; City; State; Zip Code 1775 N Warm Springs Rd. Salt Lake City, UT 84116-2353	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) The Reagan Companies	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William & Lucy Contributor address; City; State; Zip Code 4100 McBrine Place Austin, TX 78746-1928	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Reagan National Advertising	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/35 Report: 29/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rickel, Greg, Marti, and Austin 6 Contributor address; City; State; Zip Code 1388 Alki Avenue SW Seattle, WA 98116-1877	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Bishop		10 Employer (See Instructions) Episcopal Diocese of Olympia	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roby, Edward and Nettie Contributor address; City; State; Zip Code 6903 Tulane Drive Austin, TX 78723	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, Lauren Contributor address; City; State; Zip Code 1405 Hillmont Street Austin, TX 78704	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Glenrose Engineering Company	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sack, Margo Contributor address; City; State; Zip Code 8123 Raintree Place Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlotzhauer, John and Judy Contributor address; City; State; Zip Code 16415 Jackson Street Volente, TX 78641	Amount of contribution (\$) \$55.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/35 Report: 30/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Frederick 6 Contributor address; City; State; Zip Code Austin, TX	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Harlan Contributor address; City; State; Zip Code 1000 San Marcos Street Austin, TX 78702-2605	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Parkside Projects	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SeDWICK, SHANNON Contributor address; City; State; Zip Code 2500 KING ARTHUR AUSTIN, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Esther.s Follies	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seifu, Yemane Contributor address; City; State; Zip Code 1015 E. Yager Lane Austin, TX 78753-7007	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shakir, Jihad A. Contributor address; City; State; Zip Code 3001 Glen Rae Street Austin, TX 78702	Amount of contribution (\$) \$225.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/35 Report: 31/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheppard, Jade Chang 6 Contributor address; City; State; Zip Code 12425 Dorsett Road Austin, TX 78727-5807	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Construction		10 Employer (See Instructions) Gideon	
4 Date 09/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simmons, Robert E. 6 Contributor address; City; State; Zip Code PO Box 6576 Austin, TX 78752-6578	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
4 Date 09/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siyum, Ababa Eyeyu 6 Contributor address; City; State; Zip Code 13608 Mereseyside Drive Pflugerville, TX 78660	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
4 Date 09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Blondell W. 6 Contributor address; City; State; Zip Code 7203 Marywood Circle Austin, TX 78723	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
4 Date 08/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen 6 Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723	7 Amount of contribution (\$) \$125.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 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: 30/35 Report: 32/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley, Alfred 6 Contributor address; City; State; Zip Code P.O.Box 5674 Austin, TX 78763	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) SELFEMPLOYED/PRESIDENT		10 Employer (See Instructions) ALFRED STANLEY & ASSOCIATES	
Date 08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stege, Suzanne and Thomas Contributor address; City; State; Zip Code 1623 W. 10th Street Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steinbomer, Robert Contributor address; City; State; Zip Code 321 San Jacinto Street Lockhart, TX 78644-2433	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Steinbomer, Bramwell & Vrazel Architects	
Date 08/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stern, E. Charles and Dorothea Contributor address; City; State; Zip Code 2000 Forest Trail Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonewall Democrats of Austin PAC Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/35 Report: 33/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strickland, Stanton 6 Contributor address; City; State; Zip Code 1174 San Bernard Street Austin, TX 78702-2041	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9, Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) State of Texas	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suman, Ron Contributor address; City; State; Zip Code 4702 Broadhill Drive Austin, TX 78723-6104	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) SXSW LLC	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Alison Contributor address; City; State; Zip Code 12604 Rush Creek Lane Austin, TX 78731-1992	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Self	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Slater Jr. Contributor address; City; State; Zip Code 12604 Rush Creek Lane Austin, TX 78732-1992	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Force Multiplier Solutions	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Slater & Kathryn Contributor address; City; State; Zip Code 2018 General Pershing Street New Orleans, LA 70115-5436	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) EVP		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: 32/35 Report: 34/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tekle, Yodit & Kassa 6 Contributor address; City; State; Zip Code 2958 Donnell Drive Round Rock, TX 78664	7 Amount of contribution (\$) \$600.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) ABC ABCO, INC (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 07/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, David Contributor address; City; State; Zip Code 2004 E. 9th Street Austin, TX 78702-3438	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, David Contributor address; City; State; Zip Code 2004 E 9th Street Austin, TX 78702-3438	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Donald and Nancy Contributor address; City; State; Zip Code 4703 Broadhill Austin, TX 78723	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) selfemployed		Employer (See Instructions) selfemployed (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Truitt, John Jr. Contributor address; City; State; Zip Code 1513 Purple Sage Drive Cedar Park, TX 78613-1568	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Selfemployed		Employer (See Instructions) Selfemployed (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/35 Report: 35/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John 6 Contributor address; City; State; Zip Code 2604 Geraghty Avenue Austin, TX 78757-2328	7 Amount of contribution (\$) \$200.00	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) Consultant		10 Employer (See Instructions) Austin Energy	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VanDyke, Clifton Contributor address; City; State; Zip Code 1506 New York Avenue Austin, TX 78702-2016	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) Retired		Employer (See Instructions) N/A	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wahlberg, P. David Contributor address; City; State; Zip Code 5806 Back Court Austin, TX 78731	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) Attorney		Employer (See Instructions) Selfemployed	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Washington, Alan Contributor address; City; State; Zip Code 11502 Blue Spring Way Austin, TX 78753-2807	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of Austin	
Date 08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Samuel and Angela Contributor address; City; State; Zip Code 10067 Circleview Drive Austin, TX 78753	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) Professor		Employer (See Instructions) University of Texas	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/35 Report: 36/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weir, Diane and Frank 6 Contributor address; City; State; Zip Code 1301 Hill Street Bastrop, TX 78602	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Selfemployed		10 Employer (See Instructions) Selfemployed	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wicce, Kunda Lee Contributor address; City; State; Zip Code 6607 Willamette Drive Austin, TX 78723-2110	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Carter & Talley Contributor address; City; State; Zip Code 8209 Dark Ridge Cove Austin, TX 78737	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Doris F. Contributor address; City; State; Zip Code 1619 East 11th Street Austin, TX 78702	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Roger and Norma Contributor address; City; State; Zip Code 401 Ridgewood Road Austin, TX 78746-5786	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Andrews Kurth	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/35 Report: 37/50	
2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Barbara 6 Contributor address; City; State; Zip Code 4804 Oldfort Hill Drive Austin, TX 78723	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woody, Bob Contributor address; City; State; Zip Code AUSTIN, TX	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF EMPLOYED	
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yedeme, Tigabue & Messeret Contributor address; City; State; Zip Code 405 Tom Kite Drive Round Rock, TX 78664	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Lone Star Cab	
Date 09/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zelege, Mulugeta Contributor address; City; State; Zip Code 17205 Tobermory Drive Pflugerville, TX 78660-1726	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Lone Star Cab	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/13 Report: 38/50	2 FILER NAME HOUSTON, ORA (Ms.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 08/15/2014	5 Payee name Austin Alpha Foundation
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 2111 Chicon St Austin, TX 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/20/2014	Payee name AZUL STRATEGIES
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Amount (\$) \$1,320.00	Payee address City; State; Zip Code 1802 ANN ARDOR AUSTIN, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DOOR HANGER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/06/2014	Payee name CHECKMARK TYPESETTING
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Amount (\$) \$417.85	Payee address City; State; Zip Code 317 IH 35 FRONTAGE RD AUSTIN, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bamber/Printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/15/2014	Payee name CHECKMARK TYPESETTING
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Amount (\$) \$1,780.20	Payee address City; State; Zip Code 317 IH 35 FRONTAGE RD AUSTIN, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PRINTING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 2/13 Report: 39/50		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/12/2014	5 Payee name Company B Austin Antlered Guards				
6 Amount (\$) \$35.00	7 Payee address City; State; Zip Code 1542 Burleson San Antonio, TX 78202				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/19/2014	Payee name CVS PHARMACY				
Amount (\$) \$10.99	Payee address City; State; Zip Code 1701 Briarcliff Blvd AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/19/2014	Payee name CVS PHARMACY				
Amount (\$) \$7.46	Payee address City; State; Zip Code 1701 Briarcliff Blvd AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/14/2014	Payee name EXXONMOBIL				
Amount (\$) \$12.39	Payee address City; State; Zip Code 6000 ED Bluestin Blvd AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/13 Report: 40/50	2 FILER NAME HOUSTON, ORA (Ms.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 07/07/2014	5 Payee name GOOGLE
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6 Amount (\$) \$21.50	7 Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/04/2014	Payee name GOOGLE
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Amount (\$) \$30.00	Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/08/2014	Payee name GOOGLE
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Amount (\$) \$25.00	Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/08/2014	Payee name GOOGLE
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Amount (\$) \$30.00	Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/13 Report: 41/50		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 07/09/2014	5 Payee name H E B				
6 Amount (\$) \$11.52	7 Payee address City; State; Zip Code 6610 ED BLUESTIN AUSTIN, TX 78723				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supply	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/01/2014	Payee name HARVEY, MATTHEW				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 403 KREBS LN AUSTIN, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/15/2014	Payee name HARVEY, MATTHEW				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 403 KREBS LN AUSTIN, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/01/2014	Payee name HARVEY, MATTHEW				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 403 KREBS LN AUSTIN, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/13 Report: 42/50	2 FILER NAME HOUSTON, ORA (Ms.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 08/15/2014	5 Payee name HARVEY, MATTHEW
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6 Amount (\$) \$1,000.00	7 Payee address City: State; Zip Code 403 KREBS LN AUSTIN, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/02/2014	Payee name HARVEY, MATTHEW
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Amount (\$) \$1,000.00	Payee address City: State; Zip Code 403 KREBS LN AUSTIN, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/15/2014	Payee name HARVEY, MATTHEW
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Amount (\$) \$1,000.00	Payee address City: State; Zip Code 403 KREBS LN AUSTIN, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SALARIES
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/02/2014	Payee name JFA REALTY HOLDING
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Amount (\$) \$925.00	Payee address City: State; Zip Code 7333 E HWY 290 AUSTIN, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE RENT
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 6/13 Report: 43/50		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 08/01/2014		5 Payee name JFA REALTY HOLDING			
6 Amount (\$) \$930.00		7 Payee address City; State; Zip Code 7333 E HWY 290 AUSTIN, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/02/2014		Payee name JFA REALTY HOLDING			
Amount (\$) \$930.00		Payee address City; State; Zip Code 7333 E HWY 290 AUSTIN, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/27/2014		Payee name MILLER BLUEPRINT			
Amount (\$) \$38.97		Payee address City; State; Zip Code 501 W 6th St AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/14/2014		Payee name NEEDBO BEVOS BKST			
Amount (\$) \$8.65		Payee address City; State; Zip Code 1202 WEST AVENUE AUSTIN, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/13 Report: 44/50		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 07/22/2014	5 Payee name NGP VAN				
6 Amount (\$) \$170.00	7 Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/04/2014	Payee name NGP VAN				
Amount (\$) \$320.00	Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/02/2014	Payee name NGP VAN				
Amount (\$) \$320.00	Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/09/2014	Payee name OFFICE MAX				
Amount (\$) \$13.30	Payee address City; State; Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supply	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/13 Report: 45/50	2 FILER NAME HOUSTON, ORA (Ms.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 09/02/2014	5 Payee name OFFICE MAX
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6 Amount (\$) \$73.97	7 Payee address City; State; Zip Code 4615 N LAMAR BLVD AUSTIN, TX 78751
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/01/2014	Payee name PANZER, JONATHAN
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SALARIE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/15/2014	Payee name PANZER, JONATHAN
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/01/2014	Payee name PANZER, JONATHAN
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/13 Report: 46/50		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 08/15/2014	5 Payee name PANZER, JONATHAN				
6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salaries		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/02/2014	Payee name PANZER, JONATHAN				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/15/2014	Payee name PANZER, JONATHAN				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 2814 FOSTER LN F144 AUSTIN, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SALARIES		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/05/2014	Payee name PIZZA HUT				
Amount (\$) \$47.63	Payee address City; State; Zip Code 6307 Cameron Rd AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/13 Report: 47/50		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 07/01/2014	5 Payee name RODRIGUEZ, AMANDA				
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SALARIE <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/15/2014	Payee name RODRIGUEZ, AMANDA				
Amount (\$) \$500.00	Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/01/2014	Payee name RODRIGUEZ, AMANDA				
Amount (\$) \$500.00	Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/02/2014	Payee name RODRIGUEZ, AMANDA				
Amount (\$) \$500.00	Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salaries <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/13 Report: 48/50		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/15/2014		5 Payee name RODRIGUEZ, AMANDA			
6 Amount (\$) \$500.00		7 Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SALARIES <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/02/2014		Payee name SAGE PAYMENT SOLUTIONS			
Amount (\$) \$260.92		Payee address City; State; Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merch Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/02/2014		Payee name SAGE PAYMENT SOLUTIONS			
Amount (\$) \$108.60		Payee address City; State; Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merch Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/16/2014		Payee name TEXAS DEMOCRATIC			
Amount (\$) \$200.00		Payee address City; State; Zip Code 111 EAST 17TH STREET AUSTIN, TX 78774			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - RESRACH		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> RESEARCH <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/13 Report: 49/50		2 FILER NAME HOUSTON, ORA (Ms.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/15/2014		5 Payee name THE VILLAGER			
6 Amount (\$) \$864.00		7 Payee address City; State; Zip Code 4132 E 12TH ST AUSTIN, TX 78721			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/21/2014		Payee name WM SUPERCENTER			
Amount (\$) \$54.13		Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/21/2014		Payee name WM SUPERCENTER			
Amount (\$) \$43.04		Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/30/2014		Payee name WM SUPERCENTER			
Amount (\$) \$43.04		Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/13 Report: 50/50	2 FILER NAME HOUSTON, ORA (Ms.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 07/30/2014	5 Payee name WM SUPERCENTER
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6 Amount (\$) \$53.87	7 Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

Date 08/25/2014	Payee name WM SUPERCENTER
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Amount (\$) \$47.91	Payee address City; State; Zip Code 9300 S INTERSTATE 35 AUSTIN, TX 78748
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE EXPENSE
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held: