

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. ..

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

16 CONTRIBUTION TOTALS

| | | | |
|----|--|----|-------|
| 1. | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 20.00 |
|----|--|----|-------|

| | | | |
|----|---|----|-----------|
| 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 12,865.00 |
|----|---|----|-----------|

EXPENDITURE TOTALS

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

| | | | |
|----|------------------------------|----|-----------|
| 4. | TOTAL POLITICAL EXPENDITURES | \$ | 20,568.72 |
|----|------------------------------|----|-----------|

CONTRIBUTION BALANCE

| | | | |
|----|---|----|-----------|
| 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 10,044.76 |
|----|---|----|-----------|

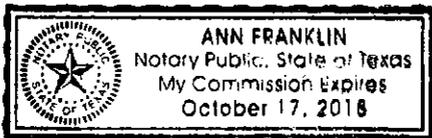
OUTSTANDING LOAN TOTALS

| | | | |
|----|--|----|------|
| 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.

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Ann Franklin

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|---|---|---|---|--|
| 1 PAGE # Schedule: 1/4 Report: 12/15 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 12/29/2014 | 5 Payee name AZUL STRATEGIES | | | | |
| 6 Amount (\$) \$4,958.04 | 7 Payee address City; State; Zip Code 1802 ANN ARDOR AUSTIN, TX 78704 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Runoff Mail/Robo Call | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| | | | | | |
| Date 12/23/2014 | Payee name CLARK, Jonathan (Mr.) | | | | |
| Amount (\$) \$2,000.00 | Payee address City; State; Zip Code 1608 Pennsylvania Austin, TX 78702 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Design | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| | | | | | |
| Date 01/05/2015 | Payee name GOOGLE | | | | |
| Amount (\$) \$30.00 | Payee address City; State; Zip Code 9606 NORTH MOPAC EXPRESSWAY SUITE 700 AUSTIN, TX 78759 | | | | |
| 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 12/19/2014 | 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"/> Payroll | | |
| | <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: 2/4 Report: 13/15 | 2 FILER NAME HOUSTON, ORA (Ms.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|---|---|

| | |
|-----------------------------|--|
| 4 Date 12/29/2014 | 5 Payee name HUSCH BLACKWELL LLP |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$350.00 | 7 Payee address City; State; Zip Code 4801 MAIN STREET KANSAS CITY, TX 64112 |
|----------------------------------|---|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Donation Refund | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund <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 12/26/2014 | Payee name JACKSON, LARRY H (Mr.) |
|--------------------|--------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$350.00 | Payee address City; State; Zip Code 10904 JAIME GLEN WAY AUSTIN, TX 78753-3343 |
|-------------------------|--|

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|---------------------------------|---|--|
| 9 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Donation Refund | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund <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 12/29/2014 | Payee name JAXX ENTERPRISES LLC |
|--------------------|------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$2,000.00 | Payee address City; State; Zip Code 1408 Pecan St Georgetown, TX 78626 |
|---------------------------|--|

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|----------------------------------|---|---|
| 10 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"/> Election 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 12/17/2014 | Payee name MID TOWN LIVE SP |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$292.98 | Payee address City; State; Zip Code 7408 Cameron Road #3 AUSTIN, TX 78752 |
|-------------------------|---|

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|----------------------------------|---|---|
| 11 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"/> Election 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: 3/4 Report: 14/15 | 2 FILER NAME HOUSTON, ORA (Ms.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|---|---|

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|-----------------------------|--------------------------------|
| 4 Date 01/02/2015 | 5 Payee name NGP VAN |
|-----------------------------|--------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$320.00 | 7 Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005 |
|----------------------------------|---|

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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: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|------------------------------|
| Date 01/03/2015 | Payee name Ogunro, Sunday |
|--------------------|------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$8,000.00 | Payee address City; State; Zip Code 4700 Loyola Ln Suite 101 Austin, TX 78723 |
|---------------------------|--|

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|-------------------------------|--|---|
| 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"/> Bookkeeping Service/Report <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: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|---------------------------------|
| Date 12/19/2014 | Payee name RODRIGUEZ, AMANDA |
|--------------------|---------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$750.00 | Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747 |
|-------------------------|--|

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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"/> Payroll <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 01/05/2015 | Payee name SAGE PAYMENT SOLUTIONS |
|--------------------|--------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$315.15 | Payee address City; State; Zip Code 1750 OLD MEADOW ROAD #300 MCLEAN, VA 22102 |
|-------------------------|--|

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|-------------------------------|--|--|
| 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"/> Credit Card 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: |
|---|-------------------------------|----------------|--------------|

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: 4/4 Report: 15/15 | 2 FILER NAME HOUSTON, ORA (Ms.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|---|---|

| | |
|-----------------------------|--|
| 4 Date 12/27/2014 | 5 Payee name SCHEIDER, ROBIN (Mr.) |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$100.00 | 7 Payee address City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644 |
|----------------------------------|---|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Donation Refund | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|--|---|

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

| | |
|---------------------------|-------------------------------------|
| Date 12/23/2014 | Payee name WM SUPERCENTER |
|---------------------------|-------------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$102.55 | 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 MOBILE Expenses <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: |
|--|-------------------------------|----------------|--------------|

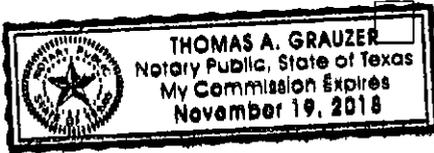
FORM COR-C/OH

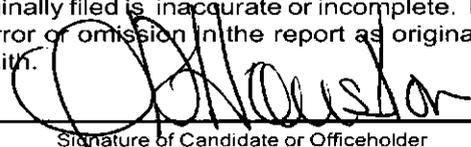
**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

| | | | | | |
|---|--|--|--|--|--|
| 1 ACCOUNT # <u>00000001</u> | | 2 Total pages filed: <u>1</u> | | OFFICE USE ONLY Date Received <u>2015 FEB 18 PM 9:10</u> AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Postmarked Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____ | |
| 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR <u>MS</u> FIRST <u>ORA</u> MI _____ NICKNAME _____ LAST <u>HOUSTON</u> SUFFIX _____ | | 4 ORIGINAL REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report | | | |
| 5 ORIGINAL PERIOD COVERED Month Day Year <u>12 / 07 / 2014</u> THROUGH <u>01 / 15 / 2015</u> | | | | | |

6 EXPLANATION OF CORRECTION
Did not report the address (correct one) for Martinez, Roman and Diana

7 AFFIDAVIT
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
Check ONLY if applicable:
 Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.





 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ora Elliott Houston, this the 18th day of February 20 15, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Thomas Grauzer
 Printed name of officer administering oath

notary public
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

CANDIDATE / OFFICEHOLDER 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

\$ 20.00

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

\$ 12,865.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 20,568.72

CONTRIBUTION BALANCE

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

\$ 10,044.76

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 17th day of February, 2015, to certify which, witness my hand and seal of office.

Erika Brady
Signature of officer administering oath

Erika Brady
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/9 Report: 7/15 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 12/14/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Michael (Mr.) 6 Contributor address; City; State; Zip Code 2045 Zach Scott St Austin, TX 78723-5399 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Retired | | 10 Employer (See Instructions) State of Texas | |
| 4 Date 12/16/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kargbo, Edward (Mr.) 6 Contributor address; City; State; Zip Code 8426 Antero Dr Austin, TX 78759-8421 | 7 Amount of contribution (\$) \$350.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) President | | 10 Employer (See Instructions) Greater Austin Transportation Company | |
| 4 Date 12/17/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Paul 6 Contributor address; City; State; Zip Code 10524 Roy Butler Dr Austin, TX 78717 | 7 Amount of contribution (\$) \$200.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Self employed | | 10 Employer (See Instructions) Self employed | |
| 4 Date 12/11/2014 | 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) |
| 9 Principal occupation / Job title (See Instructions) Chairman & CEO | | 10 Employer (See Instructions) Force Multiplier Solutions, Inc. | |
| 4 Date 12/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Roman & Diana 6 Contributor address; City; State; Zip Code 1406 Hays St Houston, TX 77009 | 7 Amount of contribution (\$) \$700.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Self Employed | | 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: 6/9 Report: 8/15 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 12/12/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meade, Nikelle | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701-4093 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) Attorney | | 10 Employer (See Instructions) Husch Blackwell, LLP | |
| Date 12/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MidTown Live Sport Cafe | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) Food and drink for election party |
| | Contributor address; City; State; Zip Code 7408 Cameron Rd Austin, TX 78752 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) MidTown Live Sport Cafe | | Employer (See Instructions) MidTown Live | |
| Date 12/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrow, Erma N. | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 6615 Ashland Dr. Austin, TX 78723-3902 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 12/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Guy & Kerianne (Mr. & Mrs) | Amount of contribution (\$) \$700.00 | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 1200 Verdant Way Austin, TX 78746 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Self employed | | Employer (See Instructions) MTG Management | |
| Date 12/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Jason | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Architect | | Employer (See Instructions) MTG Management | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 7/9 Report: 9/15 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 12/17/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Stacy 6 Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746 | 7 Amount of contribution (\$) \$350.00 | 8 In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| 9 Principal occupation / Job title (See Instructions) Self employed | | 10 Employer (See Instructions) MTG Management | |
| Date 12/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Vicki Contributor address; City; State; Zip Code 3267 Bee Cave Rd Apt 107 #92 Austin, TX 78746 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Self employed | | Employer (See Instructions) MTG Management | |
| Date 12/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pegues, LaTonya Contributor address; City; State; Zip Code 1701 Intervail Dr Austin, TX 78746-7632 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Communications and Marketing | | Employer (See Instructions) BOAZ Enterprise | |
| Date 12/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples, Wesley Contributor address; City; State; Zip Code 7511 Firecook Austin, TX 78759 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) Self Employed | |
| Date 12/26/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinkett, Carole Contributor address; City; State; Zip Code 7373 Ardmore ST APT 1257 Houston, TX 77064 | Amount of contribution (\$) \$50.00 | 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: 8/9 Report: 10/15 | |
| 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 12/17/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shim, Donghun 6 Contributor address; City; State; Zip Code 2815 Waterbank CV Austin, TX 78746 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| 9 Principal occupation / Job title (See Instructions) Self employed | | 10 Employer (See Instructions) Buffet Palace | |
| Date 12/08/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shomari, Askia Contributor address; City; State; Zip Code 14833 Melfordshire way Silver Spring, MD 20906 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Law Enforcement | | Employer (See Instructions) USA | |
| Date 12/08/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723 | Amount of contribution (\$) \$125.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 01/05/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stinson, D.E Contributor address; City; State; Zip Code 5060 S Lake Shore Dr Chicago, IL 60615 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Global Account Manager | | Employer (See Instructions) The Executive Club of Chicago | |
| Date 12/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swartwood, Alison & Slater Contributor address; City; State; Zip Code 12604 Rush Creek Ln Austin, TX 78732-1992 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Force Multiplier Solutions, Inc. | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

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

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: 3/4 Report: 14/15 | | 2 FILER NAME HOUSTON, ORA (Ms.) | | 3 ACCOUNT # (TEC filers) 0000001 | |
| 4 Date 01/02/2015 | 5 Payee name NGP VAN | | | | |
| 6 Amount (\$) \$320.00 | 7 Payee address City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005 | | | | |
| 8 PURPOSE OF 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 01/03/2015 | Payee name Ogunro, Sunday | | | | |
| Amount (\$) \$8,000.00 | Payee address City; State; Zip Code 4700 Loyola Ln Suite 101 Austin, TX 78723 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bookkeeping Service/Report | | |
| | <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 12/19/2014 | Payee name RODRIGUEZ, AMANDA | | | | |
| Amount (\$) \$750.00 | Payee address City; State; Zip Code 8313 TRIPOD DRIVE AUSTIN, TX 78747 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll | | |
| | <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 01/05/2015 | Payee name SAGE PAYMENT SOLUTIONS | | | | |
| Amount (\$) \$315.15 | 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"/> Credit Card 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: 4/4 Report: 15/15 | 2 FILER NAME HOUSTON, ORA (Ms.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|---|---|

| | |
|-----------------------------|--|
| 4 Date 12/27/2014 | 5 Payee name SCHEIDER, ROBIN (Mr.) |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$100.00 | 7 Payee address City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644 |
|----------------------------------|---|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Donation Refund | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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

| | |
|--------------------|------------------------------|
| Date 12/23/2014 | Payee name WM SUPERCENTER |
|--------------------|------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$102.55 | 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 MOBILE Expenses |
| | <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: |
|---|-------------------------------|----------------|--------------|

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

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

6 EXPLANATION OF CORRECTION
Bank Reconciliation Schedule ATX. 4

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

ANN FRANKLIN
Notary Public, State of Texas
My Commission Expires
October 17, 2018

Signature of Candidate or Officeholder

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

Signature of officer administering oath

Ann Franklin
Printed name of officer administering oath

Notary
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

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

BANK RECONCILIATION

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

Name of candidate, officeholder or campaign committee: Ora Houston

For each checking, savings or other financial institution account maintained during 2014, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Frost National Bank

Type of account: checking

The beginning balance: \$300.00

The ending balance: \$27,151.52

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

| Date | Payee | Amount |
|----------|-----------------|------------|
| 12/23/14 | Jonathan Clark | \$2,000.00 |
| 12/26/14 | Larry Jackson | \$350.00 |
| 12/27/14 | Robin Schneider | \$100.00 |
| 12/29/14 | Azul Strategies | \$4,958.64 |
| 12/29/14 | Sunday Ogunro | \$8,000.00 |

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

| Date of receipt | Contributor | Amount |
|-----------------|-----------------|--------|
| | None | |
| | | |
| | | |
| | | |

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The name of the financial institution: Frost National Bank

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The beginning balance: \$300.00

The ending balance: \$27,151.52

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

| Date | Payee | Amount |
|----------|---------------------|-----------|
| 12/29/14 | Husch Blackwell LLP | \$ 350.00 |
| 12/30/14 | Bank Merchant Fees | \$ 315.15 |
| 12/30/14 | NGP Van | \$ 320.00 |
| 12/30/14 | Google | \$ 30.00 |

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

| Date of receipt | Contributor | Amount |
|-----------------|-------------|----------|
| <i>N/A</i> | <i>/</i> | <i>/</i> |
| | | |
| | | |
| | | |

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

Amount of interest or dividends earned: \$1.13

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

| Date of deposit or withdrawal | Amount of deposit | Amount of withdrawal |
|-------------------------------|-------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

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

| Date of receipt | Contributor | Amount. |
|-----------------|---------------|---------|
| 12/30/14 | D. E. STINSON | \$50.00 |
| | | |
| | | |
| | | |

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

Name of officeholder: Ora Houston

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

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

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

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

| Creditor | Principal amount owed | Interest rate | Date of maturity |
|-----------------|-----------------------|----------------|------------------|
| NONE | 0 | N/A | N/A |
| | | | |
| | | | |

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

| Creditor/Vendor | Principal amount owed |
|-----------------|-----------------------|
| NONE | 0 |
| | |
| | |

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.

NONE

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