

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST ORA	MI
	NICKNAME	LAST HOUSTON	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <b>OCC RECEIVED AT JAN 31 '19 PM 12:00</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	2207 E. 22nd St		
	AUSTIN, TX 78722		
Date Hand-delivered or Date Postmarked			
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST SUNNY	MI
	NICKNAME	LAST OGUNRO	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	4700 Loyola Lane		102 Austin Tx 78723
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 928-9860	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	07/01/2018	THROUGH	12/31/2018
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	District One Austin		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

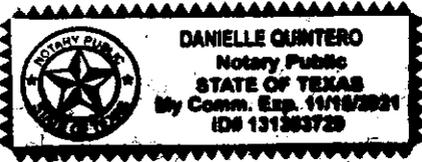
**FORM C/OH  
COVER SHEET PG 2**  
2 of 8

<b>13 C / OH NAME</b> HOUSTON, ORA	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	63.64
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	63.64
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	4,816.90
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**



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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ora Houston, this the 28th day of January, 2019, to certify which, witness my hand and seal of office.

  
 Signature of officer administering

Danielle Quintero  
 Printed name of officer administering

Personal Banker / Notary  
 Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> HOUSTON, ORA	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 63.64
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,816.90
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 4/8	<b>2</b> FILER NAME Houston, Ora	<b>3</b> Filer ID
<b>4</b> Date 08/27/2018	<b>5</b> Payee name GOLL, KURT & MICHELLE (Mr.)	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 1925 CYPRESS PT. W  AUSTIN, TX 78746	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund from Campaign Contributions Mr & Mrs Goll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 09/10/2018	Payee name JAMROZ, DAVID (Mr.)	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 11904 KNIGHTS BRG  AUSTIN, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund from Campaign Contribution Mr. Jamroz
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 10/11/2018	Payee name KUMAR, SAM & HEMA (Mr.)	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1628 WESTLAKE DR  AUSTIN, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund from Campaign Contribution Mr & Mrs Kumar
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 5/8	<b>2</b> FILER NAME Houston, Ora	<b>3</b> Filer ID
<b>4</b> Date 07/02/2018	<b>5</b> Payee name SAGE PAYMENT SOLUTION	
<b>6</b> Amount (\$) \$2.50	<b>7</b> Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	
Date 07/03/2018	Payee name SAGE PAYMENT SOLUTION	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transfer Fee
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	
Date 08/02/2018	Payee name SAGE PAYMENT SOLUTION	
Amount (\$) \$2.50	Payee address; City; State; Zip Code 1750 OLD MEADOW ROAD SUITE 300 MCLEAN, VA 22102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 6/8		<b>2</b> FILER NAME Houston, Ora		<b>3</b> Filer ID
<b>4</b> Date 08/13/2018		<b>5</b> Payee name SUNNY'S BOOKKEEPING & TAX SERVICE		
<b>6</b> Amount (\$) \$1,000.00		<b>7</b> Payee address; City; State; Zip Code 4700 Loyola lane Suite 102  Austin, TX 78723		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Report Filing and Bookkeeping	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 10/17/2018		Payee name SUNNY'S BOOKKEEPING & TAX SERVICE		
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 4700 Loyola lane Suite 102  Austin, TX 78723		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Report Filing and Bookkeeping	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 11/27/2018		Payee name SUNNY'S BOOKKEEPING & TAX SERVICE		
Amount (\$) \$868.90		Payee address; City; State; Zip Code 4700 Loyola lane Suite 102  Austin, TX 78723		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Report Filing and Bookkeeping	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

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**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 7/8	<b>2</b> FILER NAME Houston, Ora	<b>3</b> Filer ID
<b>4</b> Date 07/10/2018	<b>5</b> Payee name TMO WALMARTMOBILE	
<b>6</b> Amount (\$) \$27.80	<b>7</b> Payee address; City; State; Zip Code 9300 S IH35  AUSTIN, TX 78748	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell Phone
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	
Date 08/10/2018	Payee name TMO WALMARTMOBILE	
Amount (\$) \$27.80	Payee address; City; State; Zip Code 9300 S IH35  AUSTIN, TX 78748	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell Phone
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name                      Office sought                      Office held	
Date 09/10/2018	Payee name TMO WALMARTMOBILE	
Amount (\$) \$27.80	Payee address; City; State; Zip Code 9300 S IH35  AUSTIN, TX 78748	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell Phone
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name                      Office sought                      Office held	

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Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 8/8	<b>2</b> FILER NAME Houston, Ora	<b>3</b> Filer ID
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<b>4</b> Date 10/10/2018	<b>5</b> Payee name TMO WALMARTMOBILE
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<b>6</b> Amount (\$) \$27.80	<b>7</b> Payee address; City; State; Zip Code 9300 S IH35  AUSTIN, TX 78748
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell Phone
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/13/2018	Payee name TMO WALMARTMOBILE
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Amount (\$) \$27.80	Payee address; City; State; Zip Code 9300 S IH35  AUSTIN, TX 78748
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell Phone
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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