# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this f	1 Filer ID (Ethics Commission Filers)	2 Total pages tiled:
The oronnish astrone	To datable explaints now to complete this form.		21
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USEONLY
INAME	NICKNAME LAST	SUFFIX	Date Received $=$ $=$ $=$
	Hous	TON	N CITY
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 2207 E. 22nd		Y CLER VED PM 1
Change of Address	Austin, Tx 7	01/-2	22
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	NM SUFFIX	Date Processed
	Ogur	NO	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):	APT/SUITE #: CITY: STATE.	ZIP CODE
(Residence or Business)	Austin, Tx	78723	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 928-98	EXTENSION	
9 REPORT TYPE		before election Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year		31/2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
:	Month Day Year	Primary Runoll Other Description  General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	))
	·		
	G(	O TO PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

				2 of 7
13 C / OH NAME	Ogunro, Sunny	1/	4 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures. These expenditures may have been made without the difficeholders are required to report this information of	e candidate's or officeholde	r's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME	-	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		1
16 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA IARANTEES OF LOANS), UNLESS ITEMIZED	IAN PLEDGES,	0.00
	•	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LESS, UNLESS IT	S \$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	2,478.36
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAS ERIOD	ST DAY OF THE \$	4,521.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	F THE LAST DAY \$	0.00
	DEENA ESTRADA SAL Notary Public, State of Comm. Expires 11-19 Notary ID 128453	Signature of Ca		eported by me
Sworn to and subscription	cribed before me, by the sa	ertify which, witness my hand and seal of office.		day
Signature of office	cer administering	Printed name of officer administering	Title of officer admir	Istering oath

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

			3 of 7				
18 FILER NAME 19 Filer ID							
Ogunro, Sunny							
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
з. 🔲	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 2,478.36				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. <u> </u>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$				

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	Committee Lega	Awards/Memorials Expense Il Services Instruction Guide explair		vagesi	Contract Labor		Travel Out of District OTHER (enter a calegory not listed above)
┝	T. 1 01 11 54		matraction duline explain	113 11044 10 00	Пріс			
ľ	Total pages Schedule F1:						3 1	Filer ID
L	Sch: 1/4 Rpt: 4/7	Ogunro, Sunny						
4	Date	5 Payee name						
J	12/20/2016	Austin CPAAA						
6	Amount (\$)	7 Payee address;	City; Sta	te; Zip Co	de			
1	\$200.00	P. O. Box 423	•					
		Augusta TV 707/	• •					
L		Austin, TX 7876	D <i>I</i>					
В	PURPOSE	(a) Category (See Ca	tegories listed at the top of this	schedule)	(b)	Description		
l	OF EXPENDITURE		onations Made By					e of Texas, Complete Schedule T,
l		Candidate/Offic	eholder/Political Con	imittee		Donation	, IX, a	fficeholder living expense
l		,				Donalion		
<u> </u>								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeho	older name	Office sou	ght			Office held
	expenditure to benefit c/Oi	ı						
	Date	Payee name						
	10/03/2016	SAGE PAYME	NT SOLUTION					
Н	Amount (\$)	Payee address;	City; Sta	te; Zip Co	de			
	\$94.75	1750 OLD MEA	·	, <b>,</b>				
1	Ψυτιιο	SUITE 300	.bow Konb					
l	,							
		MCLEAN, VA 2	2102					
	PURPOSE	(a) Category (See Ca	tegories listed at the top of this :	schedule)	(b)	Description		
l	OF EXPENDITURE	Office Overhead	d/Rental Expense		ļ	<u> </u>		e of Texas. Complete Schedule T.
						∟ Check if Austin, Merchant Fee		fficeholder living expense
						Merchant Fee	7	
	<u></u>							
ĺ	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeho	older name	Office sou	ght			Office held
	experialities to believe dies	<u> </u>						
	Date	Payee name						
	11/02/2016	SAGE PAYMEN	NT SOLUTION					
	Amount (\$)	Payee address;	City; Sta	te; Zip Co	de			
	\$1.25	1750 OLD MEA	DOW ROAD					
	· - · · · ·	SUITE 300						
			2102					
	<u></u>	MCLEAN, VA 2	2102					
	PURPOSE OF	-	egories listed at the top of this s	schedule)	(b)	Description		
	EXPENDITURE	Office Overhead	d/Rental Expense		ļ			of Texas. Complete Schedule T. fficeholder living expense
						Merchant Fee		incenduel wang expense
				ļ		HISTORIUS IL F CC	•	
_	<u></u>	5 P. 1 . 1	11			,		Office held
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeho	lider name	Office sou	gnt			Office held
	experience to beliefit 6/01							
		. —						
l								

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX B(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Event Expense Fees Food/Beverage Expense Git/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.				
ī	Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
	Sch: 2/4 Rpt: 5/7	Ogunro, Sunny			
4	Date	5 Payee name			
	12/02/2016	SAGE PAYMENT SOLUTION			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1.25	1750 OLD MEADOW ROAD			
		SUITE 300			
		MCLEAN, VA 22102			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T.			
l	LAFENDITORE	Check if Austin, TX, officeholder living expense			
l		Merchant Fee			
Ļ	Consulate ONE V II disease	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OI				
	Date	Payee name			
	07/05/2016	SUNNY'S BOOKKEEPING & TAX SERVICE			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	4700 Loyola lane Suite 102			
		Austin, TX 78723			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Bookkeeping & filing Report			
		· · · · · · · · · · · · · · · · · · ·			
	Complete QNLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
=	Date	Payee name			
	12/19/2016	SUNNY'S BOOKKEEPING & TAX SERVICE			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	4700 Loyola lane Suite 102			
		., 00 _0,00 00 00 00			
		Austin, TX 78723			
	PURPOST	Tue.			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Bookkeeping & Filing Report			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
		•			

# 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/4 Rpt: 6/7	Ogunro, Sunny
4	Date	5 Payee name
	07/14/2016	WalmartMobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.19	1030 Norwood Park Bkvd
		Austin, TX 78753
В	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cell Phone
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date -	Payee name
	08/15/2016	WalmartMobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.22	1030 Norwood Park Bkvd
		Austin, TX 78753
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder fiving expense  Cell Phone
		Cell Filone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2016	WalmartMobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.22	1030 Norwood Park Bkvd
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Cell Phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	
	<u> </u>	

## 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

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)

Credit Card Payment	The Instruction Guide explains how to c	omple	ete this form.
1 Total pages Schedule F1:	·		3 Filer ID
Sch: 4/4 Rpt: 7/7	Ogunro, Sunny		
4 Date	5 Payee name		·
10/17/2016	WalmartMobile		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$30.22	1030 Norwood Park Bkvd		
	Austin, TX 78753		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Cell Phone
			Cell Phone
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
expenditure to benefit C/O		ugni	Office field
Data			· · · · · · · · · · · · · · · · · · ·
Date 11/14/2016	Payee name WalmartMobile		
		odo.	
Amount (\$) \$30.13	Payee address; City; State; Zip C 1030 Norwood Park Bkvd	oue	
\$30.13	1030 NOIWOOD PAIK BRVO		
	A		
	Austin, TX 78753	1	
PURPOSE OF	(a) Category (See Categories fisted at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
			Celt Phone
		ł	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
expenditure to benefit C/O	H		
Date	Payee name		
12/14/2016	WalmartMobile		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$30.13	1030 Norwood Park Bkvd		•
	Austin, TX 78753		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
EAFERDITORE			Cell Phone
			Cell Phone
Complete CALLY if direct	Candidate/Officeholder name Office sol	l labt	Office held
Complete ONLY if direct expenditure to benefit C/OI		uynı	Office field
•			