CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE /	. MS/ MRS / MR FIRST	ML	/ \$ 2
OFFICEHOLDER NAME	Sam	Ä	OFFICE USEONLY
	NICKNAME LAST		Date Received
	2	SUFFIX	IN C
	()SEMENE		FIA VLIK
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SUITE #. CITY:	STATE: ZIP CODE	Y c Am
MAILING ADDRESS	10805 N. Lamar 1		Date Hand-delivered or Positrian ked
change of address	AUSTIN, TX 787	53	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	- Constant
OFFICEHOLDER PHONE	(512) 554-7897	-	Date Processed
6 CAMPAIGN	M9 HAR6 / MR FIRST	· Mr	Date Imaged
NAME	Thoma's		
	0	SUFFIX	
<u></u>	PAPPY		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY: STATE:	ZIP CODE
TREASURER ADDRESS	10805 N. Laman	3LVM H.T	
(residence or business)			· · · · · · · · · · · · · · · · · · ·
	AUSTIN, CX		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 919-6611		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election		(officeholder only)
	Silver Selection	Exceeded \$500 [imit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	06/28/14 THROUGH	7/14/	
·		7 / 17/	14
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff (V) c	eneral Special
	11 /04/2014		,
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		(h difessi)	
· · · · · · · · · · · · · · · · · · ·			and the second second
		AUSTIN CITY	Council Dist 1
	GO TO PAGI	=-	
		5.	
			* * A

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

			
14 C/OH NAME	SAM	OSEMENE 15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
47.004-5151-51			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,700.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
	•	I swear, or affirm, under penalty of pe	rjury, that the accompanying report
	MYRNA G. FIOS	is true and correct and includes all inf ne under Title 15, Election Code.	ormation required to be reported by
My C	Commission Expires July 02, 2016		
1		Signature of Candid	ate or Officeholder
AFFIX NOTARY STAME		ne, by the said Samuel AMINA DOWN	,
Sworn to and subs	9 ~ 8.4	ne, by the said <u>) IMMUNI KYVUUM V 10004 VI</u> , 20, to certify which, witness my	- ·
Olive -	Jun 1	to defaily which, witness my	l (
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath
<u> </u>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				<u> </u>
	Instruction Guide explains how to complete thi	s form,	1 Total pages Sc	hedule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	Sam OSemene		, ACCOUNT # (I	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution
	6 Contributor address; City; State; Zio Code		CONTRIBUTION (S)	description (if applicable)
	6 Contributor address; City; State; Zip Code			1
			(If traval autoida	of Town complete School is The
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
		i to Employer (See	instructions)	
Date	Full name of contributor	,		
		·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code			
Sciencia al cons			(If travel outside o	of Texas, complete Schedule T)
Chincipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	Lister of the state of the stat
			contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code			
				1
	<u></u>		(If trains) autoida i	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i		or rexas, complete Schedule I.)
		Employer (See II	nstructions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			contribution (\$)	description (if applicable)
	Contributor address; City: State; Zip Code			
Being in all accord			(If travel outside o	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ir		
Date	Full name of contributor uut-of-state PAC (ID#	.)	Amount of	In-kind contribution
	An and the		contribution (\$)	description (if applicable)
% 	Contributor address: City: State: Zip Code	·		
			,	
	·		/ {	é Touga pampioto Cabadala Ti
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
	<u>, , , , , , , , , , , , , , , , , , , </u>		151140110110)	
7 				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

LOANS

SCHEDULE E

T	ne Instruction Guide explains	s how to complete	this form.	1 Total pa	nges Schedule E:
FILER NAME				3 ACCOL	INT # (Ethics Commission Filer
	Sam Use	mene			*
TOT	TAL OF UNITEMIZED LO	OANS: ⇔		Þ	\$
Date of loan	7 Name of lander	luo ou	t-of-state PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City	y: State; Zip (Code		10 Interest rate
Y N					11 Maturity date
Principal occup	ation / Job title (See Instructions	s) 13	Employer (See Instru	ctions)	
Description of C	oliateral	16		and the state of the state of	into political account
none	4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		The state of the s	as were deposited	into political account
GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guerantor address:	City: State	Zip Code		
Principal Occup	ation (See Instructions)	21	Employer (See Instruc	ctions)	
			· .	:	e e e e e e e e e e e e e e e e e e e
Date of loan	Name of lender	_ out-	of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City	; State: Zip C	code		Interest rate
Y N					Maturity date
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruc	tions)	
Description of Co	lateral		Check if personal funds	were deposited i	nto political account
попе	enter de la companya de la companya La companya de la co				
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
not applicable	Guarantor address:	City; State;	Zip Code		
Data-to-					
Principal Occupa	tion (See Instructions)	F	Employer (See Instructi	ons)	y . Here
	•				4

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Addition of the control of the contr	EXPENDITURE	CATEGORIES FOR BOX 8	(a) ·
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundralsing 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)
<u> </u>	The Instruction Guide	explains how to complete this	
1 Total pages Schedule G:	2 FILER NAME	<u>* </u>	3 ACCOUNT # (Ethics Commission Filers)
e de la companya de l	Dam (Semene	
4 Date	6 Payee name		
6 Amount (\$)	7 Payee address: City: Sta	te; Zip Code	
		· · · · · · · · · · · · · · · · · · ·	
Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Descripti	ion (If trevel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Date	Payee name	:	
	· · · · · · · · · · · · · · · · · · ·	and the second	
Amount (\$)	Payee address: City: Sta	te: Zip Code	
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top	of this schedule) Descripti	On (If travel outside of Texas, complete Schedule T)
OF			and the first term of the second of the seco
EXPENDITURE			
Date	Payee name		
	Payee name		
		te: Zin Code	
Date	Payee name Payee address; City: Sta	te: Zip Code	
Date		te: Zip Code	
Date Amount (\$)	Payee address; City: Sta		
Amount (\$) Reimbursement from political contributions intended			On (if travel outside of Texas, complete Schedule T)
Amount (\$) Reimbursement from political contributions intended	Payee address; City: Sta		on (If travel outside of Texas, complete Schedule T)
Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee address; City: Sta		On (If travel outside of Texas, complete Schedula T)
Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Payee address; City: Sta		On (if travel outside of Texas, complete Schedule T)
Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date	Payee address; City: Star Category (See categories listed at the top of	of this schedule) Descripti	On (If travel outside of Texas, complete Schedule T)
Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee address; City: Star Category (See categories listed at the top of		On (if travel outside of Texas, complete Schedule T)
Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date Amount (\$)	Payee address; City: Star Category (See categories listed at the top of	of this schedule) Descripti	On (If travel outside of Texas, complete Schedule T)
Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions intended	Payee address; City: State Category (See categories listed at the top of Payee name Payee address; City: State	e: Zip Code	
Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Payee address; City: Star Category (See categories listed at the top of	e: Zip Code	on (If travel outside of Texas, complete Schedule T)
Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions intended PURPOSE	Payee address; City: State Category (See categories listed at the top of Payee name Payee address; City: State	e: Zip Code	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how	w to complete this form.
1 Total pages Schedule (3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Рауев пате	
Amount (\$)	Payee address: City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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	uction Gui	de explains how to	complete this	form.		1 Total pages Schedu	le T:
2 FILER NAME	San	· Osen	ene			3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor	/ Corporatio	n or Labor Organizat	ion / Pledgor / Pa	iyee	<u></u>		
5.000	-			· ·			
5 Contribution / Expend	•	ed on:	-				
Sci	hedule A	Schedule B	Schedule	C Sc	hedule (Schedule F	Schedule G
☐ Sci	hedule H	Schedule N	СОН-ОС	cc	эн-т	PAC-C	PAC-E
S Dates of travel	7 Name	of person(s) travelin	9	i		*.	
	8 Depart	ture city or name of d	eparture location	<u>!</u> _			· · · · · · · · · · · · · · · · · · ·
	9 Destina	ation city or name of	destination locati	on.		· · · · · · · · · · · · · · · · · · ·	
	<u>L</u>		,				
10 Means of transportat	tion	11 Purpose of tra	vel (including nar	ne of confere	ice, sen	ninar, or other event)	
	·			!			
Name of Contributor / (Corporation	or Labor Organizatio	n / Pledgor / Pay	ee	<u>-</u>		
Contribution (F							
Contribution / Expendit		on:	_				- · · · · · · · · · · · · · · · · · · ·
	nedule A	Schedule B	Schedule	C Sch	nedule C	Schedule F	Schedule G
Sch	hedule H	Schedule N	СОН ОС	co	н-т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling					
	Departure	e city or name of depart	arture location	200		en e	
	Destination	on city or name of de	stination location			 	
Means of transportation	10.0	Purpose of travei	(including name	of conference	e semin	ar, or other event)	<u> </u>
			.,		, 50111111	ar, or other everity	en er de la
Name of Contributor / C	Corporation	or Labor Organizatio	n / Pledgor / Pave	ee e			
	Berlinger e	···	1 m 1 m 1			$(e_{k+1}\varphi_{k}(\mathbf{x}_{k+1},\mathbf{y}_{k+1})) = \mathbf{c}_{k+1}(\mathbf{x}_{k+1})$	
Contribution / Expendit	ure reported	l on:					
Sch	edule A	Schedule B	Schedule	C Sch	edule D	Schedule F	Schedule G
Sch	edule H	Schedule N	COH-UC	co	н-Т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling					
	Departure	city or name of depa	rture location			n e tyřet t	<u>. Maria di Sara di Sara di Sara di Sara</u> Tanàna di Sara di Sara
	Destination	n city or name of des	tination location				
Means of transportation	<u>. 13</u>	Purpose of travel	(including	-6 a == 6=			
		, albase of fisher	uncluding name	pr conterence	, semina	ar, or other event)	
	Α	TTACH ADDITION	AL COPIES OF	THIS SCHEE	DULE A	S NEEDED	
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Donors Name	Donors phone#	Reciever Initial	Cash Received	Pledges	
Roger Donaldson kk		Thomas	\$40.00		
Bentley Oli	•	thomas	\$100.00		
Evans Igiehon	,	thomas	\$100.00		
Olga Egwuasu		thomas	\$100.00		
Eric Valentine	•	thomas		\$50.00	
Boseme Esunju		thomas	\$50.00		
lhechi Ugoji		thomas		\$100.00	
Dieon Osagie		thomas	\$250.00		
Prince Etim Akpaka		thomas	\$150.00		
Scharanda C	7	thomas		\$100.00	
Jerome Adu-Gyan	•	thomas	\$40.00		
Nkiru Eze		thomas		\$50.00	
Tony okigweh		thomas	\$100.00		
Bill & Abigail Sheotin		thomas		\$100.00	
Godwill ouyema		thomas	\$30.00		•
Okafor Benjamin		thomas	\$40.00		•
MVP		thomas	\$100.00		
Baba otti		thomas	\$30.00		
Lena smith		thomas	\$50.00		
Betty walls		thomas	\$50.00		
Trac Mathis		thomas	\$20.00		
Amaechi Nwogu		thomas	\$30.00		
Chris Unegbu		thomas	\$50.00		
Sleek		Thomas	\$50.00		
Christien Chnaka		thomas	\$20.00		
Philip Obilom		thomas	\$50.00		
Cassy		thomas	\$100.00		
Jasmes		thomas		\$30.00	
John		thomas		\$40.00	
Hans		thomas		\$75.00	
			\$1,550.00	\$545.00	
Donors Name	Donors phone#	Reciever Initial	Cash Received	Pledges	
			AE0.00		

· .

Donors Name	Donors phone#	Reciever Initial	Cash Received	Pledges	
Gpzorges Taffo		Boseme	\$50.00		
Paul Eluemuno		Boseme	\$50.00		
Rose Eluemuni		Boseme -	\$50.00		
Jeremia Balingene		Boseme	\$50.00		· ·
Freddy Lusonga		Boseme	\$20.00		
Karina	ı	Boseme	\$10.00		
Napoleon Onyeje	•	Boseme	\$50.00		
Bright		Boseme	\$20.00		
Ayoola Victor		Boseme	\$20.00		
•					
Ngakoue		Boseme		\$50.00	
Mukamba		Boseme	\$20.00		

Benjamin Nwokoro	Boseme	\$150.00	
Esonwunz	Boseme	\$50.00	
Rotimi	Boseme	\$100.00	
Chidi Achi .	Boseme	\$100.00	
Ismail Laosebikan	Boseme	\$100.00	
Ebima Ogbeide	Boseme	\$40.00	
Fola Sabainah Akinnawo	Boseme	\$100.00	
Dan McGuwan	Boseme	\$10.00	
Mr & Mrs Majek	Boseme	\$50.00	
Stanley Odoemena	Boseme	\$40.00	
Mr & Mrs Malachy okereke	Boseme		\$100.00
Daniel & Vivian Osemene	Boseme	\$200.00	
	•		
Dr. Okoro	Boseme	\$40.00	
Iheanyi Aguorie	Boseme	\$50.00	
Francis Abosi	Boseme	\$50.00	
Nkechi Ami	Boseme	\$30.00	
Festus Agbonwanettan	Boseme	\$50.00	
		\$1,500,00	\$150.00

Campain Donation Summary

 Total Check
 \$1,360.00

 Total Cash
 \$1,690.00

 Weighted Total
 \$3,050.00

Total Pledges

\$775.00

Donors Name	Donors phone#	Reciever Initial	Cash Received Pledges
Ismeal	XXXXXXXXX	Sam	\$50.00
John C	XXXXXXXXX	Sam	\$100.00
Victor Lieberia	· XXXXXXXXXX	Sam	\$100.00
Micheal	XXXXXXXXX	sam	\$100.00
James Agbasoga	XXXXXXXXX	sam	\$50.00
Albert	XXXXXXXXX	sam	\$100.00
Philipe	XXXXXXXXX	sam	\$100.00
Gloria	XXXXXXXXX	sam	\$50.00
John	XXXXXXXXX	sam	\$50.00
Stella Majek	XXXXXXXXX	sam	\$50.00
Martin Chilobe			\$30.00
Afolabi	•		\$50.00
Bright			\$100.00
Oppong			\$100.00