

**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(Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	<b>OFFICE USE ONLY</b>	
	Hon. Oliver ----- NICKNAME LAST SUFFIX Pennington	Date Received 10/4/2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
	PO BOX 27931 Houston TX 77227		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(832) 282-2175		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt #	Amount
	Penny ----- NICKNAME LAST SUFFIX	Date Processed	
	Butler	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE		
	11 E BRIAR HOLLOW LN Houston TX 77027		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(832) 282-2175		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	7/1/2015		9/24/2015
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	11/3/2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	City Council - District G	N/A	

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

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

14 FILER NAME Oliver Pennington

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

This box is for notice of political contributions accepted or political expenditures made 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$19,656.09
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$87,539.21
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 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.

Oliver Pennington

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

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME Oliver Pennington		20 Filer ID (Ethics Commission Filers)
21	<b>SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL</b>
	<b>NAME OF SCHEDULE</b>	<b>AMOUNT</b>
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4	SCHEDULE E: LOANS	\$ 0
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19656
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH  
ADDENDUM**

C/OH NAME Oliver Pennington

ACCOUNT # (Ethics  
Commission filers)

This box is for notice of political contributions accepted or political expenditures made 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.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Oliver Pennington	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 7/28/2015	<b>5</b> Payee name Harris Media	
<b>6</b> Amount (\$) 1,929.00	<b>7</b> Payee address; City; State; Zip Code 611 S Congress Ave, Suite 400  Austin TX 78704	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Advertising 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 Social Media Advertising
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 7/2/2015	<b>5</b> Payee name Barbara McKittrick, CPA	
<b>6</b> Amount (\$) 855.00	<b>7</b> Payee address; City; State; Zip Code 1111 Guinea Drive  Houston TX 77055	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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 Accounting/Report Preparation
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 7/2/2015	<b>5</b> Payee name Sarah Tropoli	
<b>6</b> Amount (\$) 4,000.00	<b>7</b> Payee address; City; State; Zip Code 3105 Avalon Place  Houston TX 77019	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Oliver Pennington		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Neighborhood Organizer
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date  7/2/2015	5 Payee name  Cowart & Associates		
6 Amount (\$)  4,000.00	7 Payee address; City; State; Zip Code  11102Hidden Bend  Houston TX 77064		
8 PURPOSE OF EXPENDITURE	(a) Category  Consulting Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Strategy
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Oliver Pennington	3 Filer ID (Ethics Commission filers)
4 Date 7/16/2015	5 Payee name Target	
6 Amount (\$) 205.25	7 Payee address; City; State; Zip Code 4323 San Felipe St  Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category  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 Office supplies
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/22/2015	5 Payee name Comcast	
6 Amount (\$) 81.07	7 Payee address; City; State; Zip Code 8590 W Tidwell Rd  Houston TX 77040	
8 PURPOSE OF EXPENDITURE	(a) Category  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 Phone Service
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/31/2015	5 Payee name Pappasitos	
6 Amount (\$) 235.50	7 Payee address; City; State; Zip Code 2536 Richmond  Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Oliver Pennington		3 Filer ID (Ethics Commission filers)
	Food/Beverage Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date  7/28/2015	5 Payee name  Cowart & Associates		
6 Amount (\$)  4,000.00	7 Payee address; City; State; Zip Code  11102 Hidden Bend Dr  Houston TX 77064		

8 PURPOSE OF EXPENDITURE	(a) Category  Consulting Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Strategy
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Oliver Pennington	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 7/15/2015	<b>5</b> Payee name Fedex Kinkos	
<b>6</b> Amount (\$) 19.67	<b>7</b> Payee address; City; State; Zip Code 2200 Southwest Fwy  Houston TX 77098	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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 Copies of Finance Report
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

<b>4</b> Date 9/14/2015	<b>5</b> Payee name Panera Bread	
<b>6</b> Amount (\$) 330.60	<b>7</b> Payee address; City; State; Zip Code 1709 Post Oak Blvd  Houston TX 77056	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Food/Beverage 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 Meeting
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

<b>4</b> Date 7/28/2015	<b>5</b> Payee name Sarah Tropoli	
<b>6</b> Amount (\$) 4,000.00	<b>7</b> Payee address; City; State; Zip Code 3105 Avalon Place  Houston TX 77019	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

**POLITICAL EXPENDITURES  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Oliver Pennington		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Neighborhood Organizer
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name      office sought      office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**