

**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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS. MRS MR FIRST MI NICKNAME LAST SUFFIX Jim James L Stauber	OFFICE USE ONLY RECEIVED FEB 1 2010 11:35 AM By <i>[Signature]</i> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 305 Glasscock Rd. Liberty Hill, Tx. 78642		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 515-0486		
6 CAMPAIGN TREASURER NAME	MS. MRS MR FIRST MI NICKNAME LAST SUFFIX Carol Carol E Stauber		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 305 Glasscock Rd. Liberty Hill, Tx. 78642		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 515-0486		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2010 THROUGH 1 / 31 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Commissioner Precinct #2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name <hr/> Address / PO Box, Apt. / Suite #: City; State; Zip Code		
GO TO PAGE 2			

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

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

15 C/OH NAME James L. Stauber 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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. **

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>James L. Stauber</u>
	COMMITTEE ADDRESS	<u>305 Glasscock Rd. Liberty Hill, Tx. 78642</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Carol E. Stauber</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>305 Glasscock Rd. Liberty Hill, Tx. 78642</u>

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>310.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>---</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>---</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1277.05</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

James L. Stauber
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES L. STAUBER, this the 1st day of FEB., 20 10, to certify which, witness my hand and seal of office.

Bonnie M. Stoss BONNIE M. STOSS Ofc. MGR
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>James L. Stauber</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-18-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michele Bunting</i>	7 Amount of contribution (\$) <i>40.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State; Zip Code <i>8690 Island Way #906 Clearwater, Fl. 33767</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>retired</i>		10 Employer (See Instructions)	
Date <i>1-18-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jaime M. Lynn</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>411 Mandarin Flyway Cedar Park, Tx. 78613</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>self</i>	
Date <i>1-18-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joan S. Baker</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>825 Whispering Wind Georgetown, Tx. 78633</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>1-20-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dennis Dadey</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>906 Adventure Ln. Cedar Park, Tx. 78613</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-20-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Judy Parnall</i>	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8565 S. US Hwy 183 Biggs, Tx 78608</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

James L. Stauber

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-9-10

5 Full name of contributor out-of-state PAC (ID# _____)

Jodi Salyers

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

*600 RIO GRANDE LOOP
Georgetown, TX 78633*

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

1-9-10

Full name of contributor out-of-state PAC (ID# _____)

Germaine Roskop

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

*10705 39th Ave N.
Plymouth, MA 05441*

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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