

FORM COR-C/OH

**CORRECTION AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed: <u>13</u>		OFFICE USE ONLY Date Received FEB 1 2010 11:35 AM By <u>[Signature]</u>	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS (MR) FIRST MI <u>James</u> <u>S.</u> NICKNAME LAST SUFFIX <u>Jim</u> <u>Stauber</u>			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year <u>11 / 07 / 2009</u> <u>1 / 13 / 2010</u>			

6 EXPLANATION OF CORRECTION


*I filed two contributions for the wrong date.
 Total contribution was wrong.
 Wrong number of pages
 Total money on hand was wrong.
 Filing period was wrong
 I also forgot to include 1 page*

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by JAMES STAUBER this the 28 day of JANUARY 20 10 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

BONNIE M. STOSS
Printed name of officer administering oath

OFF. MGR.
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**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 **

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<u>Jim Stauber for County Commissioner Precinct 2</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>1315.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>501.78</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>967.05</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 28th day of JANUARY, 20 10, to certify which, witness my hand and seal of office.

<u>Bonnie M. Stoss</u>	<u>BONNIE M. STOSS</u>	<u>DEC. MGR.</u>
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: 5	
2 FILER NAME James L. Stauber		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12-09-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Wattles 6 Contributor address; City; State; Zip Code 140 Tristen Cove Liberty Hill, Tx. 78642	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Supervisor		10 Employer (See Instructions) Electric Reliability Council of Tx.	
Date 12-08-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gerrie McCall Contributor address; City; State; Zip Code 6021 Ronchamps Dr. Round Rock Tx. 78681	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self	
Date 12-10-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephanie Schindler Contributor address; City; State; Zip Code 4429 Hunters Lodge Round Rock, Tx. 78681	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) mail carrier		Employer (See Instructions) US Postal Service	
Date 12-15-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randall D. Craig Contributor address; City; State; Zip Code 1703 S. Main St. Georgetown, Tx. 78626	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 12-14-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marie P. Smith Contributor address; City; State; Zip Code 104 John Thomas Georgetown, Tx. 78628	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Central Tx College	

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 <i>James L. Stauber</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>12-02-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Thora Carlisle</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1211 Oakwood Dr. Leander, Tx. 78641</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>11-07-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>George Flynn</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>327 Crachett loop 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>11-12-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sharon Sanders Webster</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>404 Thunderbay Dr. Georgetown, Tx. 78626</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions)	
Date <i>11-14-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael Harlow</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>933 County Rd. 279 Liberty Hill, Tx. 78642</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>11-30-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harold Steadman</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>101 Yucca Cove Georgetown, Tx. 78633</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**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>12-15-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Tracie L. Storie</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1701 Lime Rock Dr. Round Rock, Tx. 78681</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>House wife</i>		10 Employer (See Instructions)	
Date <i>12-17-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Lynn Kutch</i>	Amount of contribution (\$) <i>15.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1308 Cedar Hills Blvd. Cedar Park, Tx. 78613</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>12-18-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Joseph R. Arabie</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1303 Irene Dr. Cedar Park Tx. 78613</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Area Organizer</i>		Employer (See Instructions) <i>Texas AFL-CIO</i>	
Date <i>12-18-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Debra J. Burkhard</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1202 Birdie Cove Cedar Park, Tx. 78613</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>12-19-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Victor Villarreal</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>913 Lantana Ln. Leander, Tx. 78641</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Professor of Business</i>		Employer (See Instructions) <i>Austin Community College</i>	

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 <i>James L. Stauber</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12-18-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jerry Don Landers</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <i>100 Double File Trace Liberty Hill, Tx. 78642</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>12-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Frederick Becker</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>177 Dan Moody Trail 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>12-03-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lloyd Fry</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>102 Foust Dr. Liberty Hill, Tx. 78642</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>12-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Don Bernhard</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>1201 Booty Crossing Georgetown, Tx. 78628</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Project Manager</i>		Employer (See Instructions) <i>Steger Bizzell Engineering</i>	
Date <i>12-06-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Peter Dana</i>	Amount of contribution (\$) <i>35.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>1101 Walnut St. Georgetown, Tx. 78626</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Instructor</i>		Employer (See Instructions) <i>University of Texas</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B. _____	
2 FILER NAME <i>James L. Stauber</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
<i>(If travel outside of Texas, complete Schedule T)</i>			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<i>(If travel outside of Texas, complete Schedule T)</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<i>(If travel outside of Texas, complete Schedule T)</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<i>(If travel outside of Texas, complete Schedule T)</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<i>(If travel outside of Texas, complete Schedule T)</i>			
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

12-22-09

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

John Lichtenhal

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*102 Burr Oak Lane
Georgetown, Tx. 78633*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

retired

10 Employer (See Instructions)

Date

12-23-09

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

Mary Dulaney

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1329 Fall Creek Loop
Cedar Park, Tx. 78613*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

12-30-09

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

Michele Truhlik

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2506 Jacqueline Dr. Leander, Tx.
78641*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

12-30-09

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

Martha Orr

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1022 Peyton Place
Cedar Park Tx. 78613*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12-31-09

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

Barbara Bobb

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*705 Estancia Way
Leander, Tx. 78641*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Scholastic Editor

Employer (See Instructions)

Scholastic Inc.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1. Total pages Schedule F: 1

2 FILER NAME James L. Stauber 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>11-25-09</u>	5 Payee name <u>Union STATE Bank</u>	7 Amount (\$) <u>11.15</u>
6 Payee address; City, State; Zip Code <u>Liberty Hill, Tx. 78642</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Checks</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <u>12-30-09</u>	Payee name <u>Kelly Graphics</u>	Amount (\$) <u>336.80</u>
Payee address; City, State; Zip Code <u>1409 Quaker Ridge Austin, Tx. 78746</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Rund Raising Envelopes</u> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
Payee address; City, State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
Payee address; City, State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME

James L. Stauber

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Payee address; City; State; Zip Code	8 Amount (\$)
11-16-09	Liberty Hill Post Office Liberty Hill, MPO R.R. 1860 Liberty Hill, TX 78642	26.00
	7 Purpose of expenditure (See instructions regarding type of information required.) P.O. Box of Contributions (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11-16-09	Namecheap 700 Lee Rd. Suite 300 Chesterbrook, PA. 19087	9.69
	Purpose of expenditure (See instructions regarding type of information required.) Set up Domain name registration for website (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11-06-09	Williamson Co. Elections 301 SE Inn. Loop Georgetown, Tx. 786	5.00
	Purpose of expenditure (See instructions regarding type of information required.) Precinct #2 maps (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12-11-09	U.S. Postal Service R.R. 1869 Liberty Hill MPO Liberty Hill, Tx. 78642	44.00
	Purpose of expenditure (See instructions regarding type of information required.) Stamp for campaign contributions (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12-14-09	Office Depot 1013 W. University Georgetown, Tx 78628	4.86
	Purpose of expenditure (See instructions regarding type of information required.) Clip Boards for Black walkers (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

James L. Stauber

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Georgetown Elections - Williamson Co.</i>	8 Amount (\$)
<i>12-15-09</i>	6 Payee address; City; State; Zip Code <i>301 S.E. Inner Loop Georgetown, Tx. 786</i>	<i>8.00</i>
7 Purpose of expenditure (See instructions regarding type of information required.) <i>For list of voters in Precinct #2</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>Office Max # 291</i>	Amount (\$)
<i>12-20-09</i>	Payee address; City; State; Zip Code <i>Suite #307 Cedar Park, Tx. 78613</i>	<i>56.28</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Ink for printing flyers</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED