

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: <div style="text-align: center; font-size: 24px;">5</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI <div style="text-align: center; font-size: 24px;">James</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">Jim Stauber</div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received: OCT 25 2010 By: <u>W-31CH (P)</u> Date Hand-delivered or Date Postmarked: _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Date Imaged</td> <td style="padding: 2px;"></td> </tr> </table> </div>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px;">305 Glasscock Rd. Liberty Hill, Tx. 78642</div>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px;">(512) 515-0486</div>		Receipt # Amount Date Processed Date Imaged						
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI <div style="text-align: center; font-size: 24px;">Carol</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">Stauber E.</div>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px;">305 Glasscock Rd. Liberty Hill, Tx 78642</div>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px;">(512) 515-0486</div>								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 <div style="font-size: 24px;">9 / 24 / 2010 10 / 23 / 2010</div>								
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <div style="font-size: 24px;">11 / 02 / 2010</div>								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 24px;">County Commissioner Precinct # 2</div>							
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: _____ 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 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 type="checkbox"/> additional pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>Jim Stauber for County Commisssonev 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	\$ 104.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 104.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,235.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 168.28
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 25th day of OCTOBER, 20 10, to certify which, witness my hand and seal of office.

Bonnie M. Stoss BONNIE M. STOSS OFFICE 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: 1	
2 FILER NAME James Stauber		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-24-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norma Coleman	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 113 Trail of the Flowers Georgetown, Tx. 78633		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-25-10	Full name of contributor <input type="checkbox"/> 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 Payton Place Cedar Park, Tx. 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-29-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Marguardt	Amount of contribution (\$) 29.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2509 Partridge Court Round Rock, Tx. 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-9-10	Full name of contributor <input type="checkbox"/> 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)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:
2

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

4 Date 9-24-10	5 Payee name Liberty Hill Independent	7 Amount (\$) 321.75
6 Payee address: City; State; Zip Code P.O. Box 1235 14251 W. SH. 29 Suite B Liberty Hill, Tx. 78642		

8 Purpose of payment (See instructions regarding type of information required.) Ad <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
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Date 9-25-10	Payee name Paypal Payee address: City; State; Zip Code 2211 N. First St San Jose, Cal. 95131	Amount (\$) 1.14
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Purpose of payment (See instructions regarding type of information required.) Fee <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
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Date 10-1-10	Payee name Designer Graphics Payee address: City; State; Zip Code 12404 HWY 155 S Tyler, Tx. 75703	Amount (\$) 368.90 372.26
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Purpose of payment (See instructions regarding type of information required.) Road signs <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
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Date 10-9-10	Payee name Pay Pal Payee address: City; State; Zip Code 2211 N. First St. San Jose, Cal. 95131	Amount (\$) 1.03
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Purpose of payment (See instructions regarding type of information required.) Fee <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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 2
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2 FILER NAME James L. Stauber	3 ACCOUNT # (Ethics Commission filers)
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4 Date 10-13-10	5 Payee name Hill Country News	7 Amount (\$) 592.00
6 Payee address; City; State; Zip Code 103 Woods Ln # A Leander, Tx 78641 Cedar Park, Tx. 78613		

8 Purpose of payment (See instructions regarding type of information required.) Ad <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
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Date 10-18-10	Payee name Danwel Inc	Amount (\$) 329.62
Payee address; City; State; Zip Code 12404 Hwy 155 S Tyler, Tx. 75703		

Purpose of payment (See instructions regarding type of information required.) Yard signs <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
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Date 8-19	Payee name Lowes	Amount (\$) 25.27
Payee address; City; State; Zip Code 14 95 Hwy 183 Leander, Tx. 78641		

Purpose of payment (See instructions regarding type of information required.) T-Posts <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
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Date 10-22	Payee name Hill Country News	Amount (\$) 592.00
Payee address; City; State; Zip Code 103 Woods Ln # A Cedar Park, Tx. 78613		

Purpose of payment (See instructions regarding type of information required.) Ad <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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED