

# 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="font-size: 2em; text-align: center;">14</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI MR.                      MARK                      A ----- NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">Stoll</div>	<div style="text-align: center; border: 1px solid black; padding: 2px;"><b>OFFICE USE ONLY</b></div> Date Received   Date Hand-delivered or Date Postmarked   <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Date Processed  Date Imaged		Receipt #	Amount						
Receipt #	Amount										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 31314 CAPELA CDR. Tomball, TX 77375										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (713) 819-1214										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI MR.                      CHARLES ----- NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">Puccio</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 31323 BEARDON STAR Tomball, TX 77375										
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (281) 255-8422										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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 3 / 13 / 09                      THROUGH                      4 / 9 / 09										
11 ELECTION	ELECTION DATE Month                      Day                      Year 5 / 9 / 2009	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)  <div style="font-size: 1.5em; text-align: center;">N/A</div>	13 OFFICE SOUGHT (if known)  <div style="font-size: 1.5em; text-align: center;">COUNCIL POSITION #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 <div style="font-size: 1.5em; text-align: center;">N/A.</div> Address / PO Box;                      Apt. / Suite #;                      City;                      State;                      Zip Code										
<div style="font-size: 1.2em; font-weight: bold;">GO TO PAGE 2</div>											

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME MARK STOLL 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. \*\*

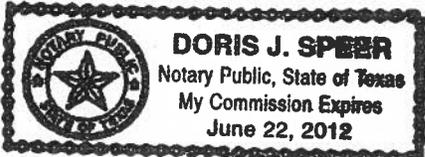
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A.
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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)	\$3,200. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$1,710.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1,489.39
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.

Mark A. Stoll  
Signature of Candidate or Officeholder



**DORIS J. SPEER**  
Notary Public, State of Texas  
My Commission Expires  
June 22, 2012

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark A. Stoll, this the 8th day of April, 2009, to certify which, witness my hand and seal of office.

Doris J. Speer Signature of officer administering oath  
Doris J. Speer Printed name of officer administering oath  
City Secretary 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 <b>MARK STOLL</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/13/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANK LENK</b>	7 Amount of contribution (\$) <b>\$1,000</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>14011 PARK DR. STE 100N TOMBALL, TX 77377</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		10 Employer (See Instructions) <b>SELF.</b>	
Date <b>3/20/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GLORIA PRYOR</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>14224 ALMAIR DR. TOMBALL, TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED.</b>		Employer (See Instructions)	
Date <b>3/17/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MILE GARLIN</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>31406 CAPELLA CDR. TOMBALL, TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>ENGINEER.</b>		Employer (See Instructions)	
Date <b>3/18/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY SMITH</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>31422 REVER COURT TOMBALL, TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF.</b>	
Date <b>3/18/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID MARTIN</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>14011 PARK DR. ; STE 109 TOMBALL, TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BUSINESS PERSON</b>		Employer (See Instructions) <b>SELF.</b>	

**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

MARK STOU

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/17/09

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

WILLIAM SUMNER JR.

6 Contributor address; City; State; Zip Code

11724 HOWARD BETH RD.

TOMBALL, TX 77375

7 Amount of contribution (\$)

\$5000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

BUSINESS PERSON

10 Employer (See Instructions)

Date

3/23/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOHN CROWS

Contributor address; City; State; Zip Code

13611 LOST CREEK RD.

TOMBALL, TX 77375

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

WILLIAM SUMNER III

Contributor address; City; State; Zip Code

13303 LOST CREEK RD.

TOMBALL, TX 77375

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS PERSON

Employer (See Instructions)

Date

3/30/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JAMES DUNAVEN

Contributor address; City; State; Zip Code

535 E. HUFFSMITH RD.

TOMBALL, TX 77375

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS PERSON

Employer (See Instructions)

Date

3/30/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RAYMOND STAWAISZ

Contributor address; City; State; Zip Code

3154 HELEN LN.

TOMBALL, TX 77375

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(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

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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

MARK STON

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/2/09

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RAYFORD Mccoy

6 Contributor address; City; State; Zip Code

31215 HELEN LANE  
TOMBALL, TX 77375

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

LAWYER.

10 Employer (See Instructions)

Date

4/2/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MARK WANKI

Contributor address; City; State; Zip Code

13319 LOST CREEK Rd.  
TOMBALL, TX 77375

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT.

Employer (See Instructions)

Date

3/29/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DENA CHAMBERS

Contributor address; City; State; Zip Code

12120 ZION Rd.  
TOMBALL, TX 77375

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

TOMMY BREANX

Contributor address; City; State; Zip Code

1502 RUDOLPH Rd.  
TOMBALL, TX 77375

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF.

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B:	
2 FILER NAME <b>MARK STOLL</b>		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 <b>N/A.</b>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
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)
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)
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)
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)
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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

MARK STOUL

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender

N/A

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial Institution?  
Y      N

8 Lender address;      City;      State;      Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address;      City;      State;      Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?  
Y      N

Lender address;      City;      State;      Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;      City;      State;      Zip Code

Principal Occupation

Employer

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

If lender 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 FILER NAME

MARK STOLL

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/19/09

SIUNTEX OUTDOOR

6 Payee address; City; State; Zip Code

1225 ALMA; STE D.  
TOMBALL, TX 77375

\$576.97

8 Purpose of payment (See instructions regarding type of information required.)

SPRINKS + HOLIDAYS.

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/20/09

OFFICE DEPOT

Payee address; City; State; Zip Code

14424 FM 2920 RD.  
TOMBALL, TX 77377

\$183.43

Purpose of payment (See instructions regarding type of information required.)

FLOOR.

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/27/09

SIUNTEX OUTDOOR

Payee address; City; State; Zip Code

1225 ALMA; STE D.  
TOMBALL, TX 77375

\$470.89

Purpose of payment (See instructions regarding type of information required.)

SPRINKS + HOLIDAYS.

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/27/09

VARSITY THREADS

Payee address; City; State; Zip Code

26107 STATE HIGHWAY 249  
TOMBALL, TX 77375

\$148.00

Purpose of payment (See instructions regarding type of information required.)

T-SHIRTS.

(If travel outside of Texas, complete Schedule T)

-- 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**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>MARK STOLL</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/1/09</b>	5 Payee name <b>OFFICE DEPOT</b>	7 Amount (\$) <b>\$46<sup>53</sup></b>
6 Payee address; City; State; Zip Code <b>14424 FM 2920 Rd. TOMBALL, TX 77377</b>		
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>4/4/09</b>	Payee name <b>UNITED STATES POSTAL SERVICE</b>	Amount (\$) <b>\$260.40</b>
Payee address; City; State; Zip Code <b>TOMBALL, TX 77375</b>		
Purpose of payment (See instructions regarding type of information required.) <b>STAMPS</b> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>4/4/09</b>	Payee name <b>LOWE'S HOME CENTER</b>	Amount (\$) <b>\$9<sup>39</sup></b>
Payee address; City; State; Zip Code <b>14236 FM 2920 TOMBALL, TX 77375</b>		
Purpose of payment (See instructions regarding type of information required.) <b>FENCE POST.</b> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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 FILER NAME

*MARK STOLL*

3 ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address; <i>N/A</i> City; State; Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <i>(If travel outside of Texas, complete Schedule T)</i>	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

MARK STOU

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

N/A

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

*MARIL STOU*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>AMELV BANK</i>	8 Amount (\$)  <i>\$ 15.00</i>
<i>3/13/09</i>	6 Payee address; City; State; Zip Code <i>P.O. BOX 27459 HOUSTON, TX 77227</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>CHECKS FOR CAMPAIGN CHECKING ACCT.</i>	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*MARK STOU*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
6 Payor address; City; State; Zip Code		
<i>N/A.</i>		
7 Reason for credit		
Date	Payor name	Amount (\$)
Payor address; City; State; Zip Code		
Reason for credit		
Date	Payor name	Amount (\$)
Payor address; City; State; Zip Code		
Reason for credit		
Date	Payor name	Amount (\$)
Payor address; City; State; Zip Code		
Reason for credit		
Date	Payor name	Amount (\$)
Payor address; City; State; Zip Code		
Reason for credit		

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

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

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <b>MARK STOU</b>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <b>N/A</b>		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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