

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <div style="text-align: center; font-size: 2em;">4</div>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">MARK      A</div>	<b>OFFICE USE ONLY</b>	
	NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Stoll</div>		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center; font-size: 1.2em;">14224 SPRING PINES DR. Tomball, Tx 77375</div>	Date Received <div style="text-align: center; font-size: 1.5em;">3/4/2019 535P</div>	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(713)      819 - 2426</div>	Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.5em;">3/4/2019</div>	
<b>6</b> CAMPAIGN TREASURER NAME	MS <input checked="" type="radio"/> MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">HANNA      L</div>	Receipt #      Amount \$	
	NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Peterson</div>	Date Processed <div style="text-align: center; font-size: 1.5em;">3/5/2019</div>	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center; font-size: 1.2em;">14224 SPRING PINES DR. Tomball, Tx 77375</div>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(281)      900 - 7166</div>		
<b>9</b> 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year <div style="text-align: center; font-size: 1.5em;">01 / 16 / 2019      03 / 04 / 2019</div>		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year <div style="text-align: center; font-size: 1.5em;">5 / 4 / 2019</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	_____		
<b>12</b> OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.5em;">CITY COUNSEL Pos. #2</div>	<b>13</b> OFFICE SOUGHT (if known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME MARK STOLL 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

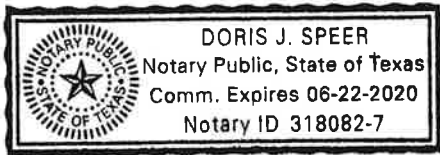
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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
		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 225.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



Mark A. Stoll  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark A. Stoll, this the 4th day of March, 2019, 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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1</b>	<b>2</b> FILER NAME <b>MARK STOLL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/14/19</b>	<b>5</b> Payee name <b>TOMBALL VOLUNTEER FIRE DEPT. (501-3(c))</b>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code <b>1200 RUDER DR. TOMBALL, TX 77375</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories.) <b>LEARNERLY</b>	<b>(b) Description</b> (See instructions regarding type of information required.) <b>CLOSE OUT ACCOUNT</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

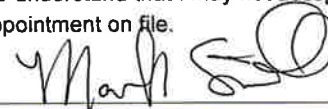
1 C/OH NAME

MARK STOLL

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder