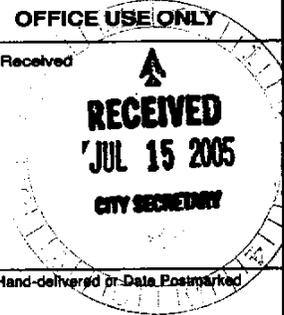


**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA  
PG 1**

<b>1</b> CANDIDATE NAME <i>Michael Stoma</i>		<b>2</b> ACCOUNT #	<b>3</b> Total pages filed: <i>1</i>
<p>See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information <i>only</i>. Do not provide information previously disclosed.</p>			
<b>4</b> CANDIDATE NAME	NEW MS / MRS / <input checked="" type="radio"/> MR	FIRST <i>Michael</i>	MI <i>C</i>
	NICKNAME <i>Mike</i>	LAST <i>Stoma</i>	SUFFIX
<b>5</b> CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX; <i>13838 Hollowgreen Drive</i>	APT / SUITE #; CITY; STATE; ZIP CODE <i>Houston, Texas 77082</i>
<b>6</b> CANDIDATE PHONE	NEW	AREA CODE <i>(281)</i>	PHONE NUMBER EXTENSION <i>380 3728</i>
<b>7</b> OFFICE HELD (if any)	NEW	<i>None</i>	
<b>8</b> OFFICE SOUGHT (if known)	NEW	<i>Houston City Council Position 5 at Large</i>	
<b>9</b> CAMPAIGN TREASURER NAME	NEW MS / MRS / MR	FIRST <i>Sarah E.</i>	MI <i>Stoma</i>
		NICKNAME	LAST SUFFIX
<b>10</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>13838 Hollowgreen Drive Houston, TX 77082</i>	
<b>11</b> CAMPAIGN TREASURER PHONE	NEW	AREA CODE <i>(281)</i>	PHONE NUMBER EXTENSION <i>380-3728</i>
<b>12</b> CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>[Signature]</i> Signature of Candidate</p> <p><i>7-15-2005</i> Date Signed</p>		
GO TO PAGE 2			



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <b>Michael</b>	MI <b>C</b>
	NICKNAME <b>Mike</b>	LAST <b>Stoma</b>	
<b>OFFICE USE ONLY</b>			
Date Received			
Date Hand-delivered or Date Postmarked			
Receipt #		Amount	
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>13838 Hollowgreen Drive</b>	APT / SUITE #; <b></b>	CITY; STATE; ZIP CODE <b>Houston, TX 77082</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>380-3728</b>	EXTENSION <b></b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <b>Sarah</b>	MI <b>E</b>
	NICKNAME <b>SToma</b>	LAST <b></b>	SUFFIX <b></b>
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>13838 Hollowgreen Drive</b>		CITY; STATE; ZIP CODE <b>Houston, TX 77082</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>380 3728</b>	EXTENSION <b></b>
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 checked="" 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 <b>1 / 1 / 2005</b>		THROUGH Month Day Year <b>7 / 15 / 2005</b>
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 8 / 2005</b>		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) <b>Houston City Council, Position 5</b>
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 <b>None</b>		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<b>GO TO PAGE 2</b>			

# 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

Michael Stoma

2 ACCOUNT # (Ethics Commission files)

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

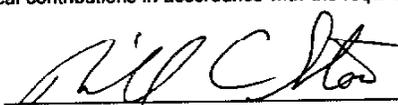
Check only one:

- 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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

*Michael Stoma*

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

*None*

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

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *0*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

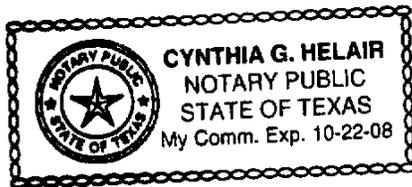
\$ *0*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Michael Stoma*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Stoma, this the 14th day of July, 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath