

# 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)

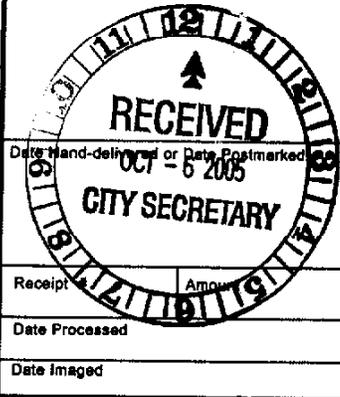
2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
*Mr. Michael C*  
 NICKNAME LAST SUFFIX  
*Mike Stoma*

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*13838 Hollowgreen Drive  
 Houston, Texas 77082*

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(281) 380 3728*

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
*Ms. Sarah E.*  
 NICKNAME LAST SUFFIX  
*Stoma*

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*13838 Hollowgreen Drive, Houston, TX 77082*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(281) 380 3728*

9 REPORT TYPE

- January 15   
  30th day before election   
  Runoff   
  15th day after campaign treasurer appointment (officeholder only)  
 July 15   
  6th day before election   
  Exceeded \$500 limit   
  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
*7 / 15 / 2005    THROUGH    10 / 08 / 2005*

11 ELECTION

ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     General     Special  
*11 / 08 / 2005*

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Houston City Council, Positions*

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* 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

*None*

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Michael Stoma*

16 ACCOUNT # (Ethics Commission file)

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

COMMITTEE NAME

*none*

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *70.00*

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

\$ *240.00*

EXPENDITURE TOTALS

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

\$ *71.19*

4. TOTAL POLITICAL EXPENDITURES

\$ *822.92*

CONTRIBUTION BALANCE

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

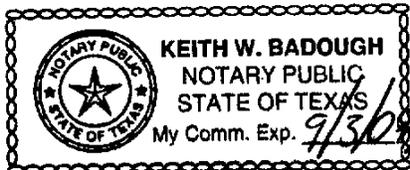
\$ *240.00*

OUTSTANDING LOAN TOTALS

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

\$ *10,000.00*

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.

*[Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Stoma this the 5<sup>th</sup> day of October, 2008, 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

# 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

Michael Stoma

3 ACCOUNT # (Ethics Commission filers)

4 Date

Sept 12,  
2005

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

Richard R. Tansey

6 Contributor address; City; State; Zip Code

Houston, TX 77082

7 Amount of contribution (\$)

\$20.00  
XX

8 In-kind contribution description (if applicable)

N/A

9 Principal occupation / Job title (See Instructions)

Teacher

10 Employer (See Instructions)

Date

Sept. 27,  
2005

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

Sarah Berel-Harrop

Contributor address; City; State; Zip Code

Houston, TX 77079

Amount of contribution (\$)

\$50.00  
XX

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Oct. 2,  
2005

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

Vern & Jane Bradford

Contributor address; City; State; Zip Code

Huntsville, TX 77340

Amount of contribution (\$)

\$100.00  
XX

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Oct. 3,  
2005

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

Sarah Stoma

Contributor address; City; State; Zip Code

Spring, TX 77380

Amount of contribution (\$)

\$70.00  
XX

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

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 Schedule B: 1

2 FILER NAME

*Michael Stoma*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

*None*

7 Pledgor address; City; State; Zip Code

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

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:  
1

2 FILER NAME *Michael Stoma* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$

5 Date of loan *Oct. 1, 2005*   7 Name of lender *Michael Stoma*    out-of-state PAC (ID#: \_\_\_\_\_)   9 Loan Amount (\$) *410,000. <sup>00</sup>/<sub>xx</sub>*

6 Is lender a financial institution? *Y*   8 Lender address; City; State; Zip Code *13838 Hollowgreen Drive Houston, TX 77082*   10 Interest rate *0*

11 Maturity date *November 30, 2005*

12 Principal occupation / Job title (See Instructions) *Senior Consultant*   13 Employer (See Instructions) *Bearing Point Inc*

14 Description of Collateral  none

15 GUARANTOR INFORMATION   16 Name of guarantor *Not Applicable*   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*   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:  
1 of 2

2 FILER NAME  
Michael Stoma

3 ACCOUNT # (Ethics Commission filers)

4 Date  
Aug. 11,  
2005

5 Payee name  
City of Houston  
6 Payee address; City; State; Zip Code  
PO Box 1562  
Houston, TX 77251

7 Amount (\$)  
\$500.00

8 Purpose of payment (See instructions regarding type of information required.)  
Filing Fee - City Council Position 5

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

Date  
Sept. 16,  
2005

Payee name  
Harris Cnty Tejano Democrats  
Payee address; City; State; Zip Code  
3515 North Main Street  
Houston, TX 77009

Amount (\$)  
\$105.00

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

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

Date  
Sept. 6  
2005

Payee name  
Sprint Digital Print  
Payee address; City; State; Zip Code  
10100 Clay Road Ste C.

Amount (\$)  
\$146.73

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

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

Date  
Sept. 3,  
2005

Payee name  
Office Max  
Payee address; City; State; Zip Code  
2320 South Highway 6  
Houston, TX 77077

Amount (\$)  
\$9.99

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

\*\* 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 of 2

2 FILER NAME

Michael Stoma

3 ACCOUNT # (Ethics Commission filers)

4 Date

Sept. 4,  
2005

5 Payee name

Office Max

7 Amount (\$)

\$15.38  
XX

6 Payee address; City; State; Zip Code

5726 Fairmont Parkway  
Pasadena, TX 77505

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

Office Supplies

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

Date

Sept. 15,  
2005

Payee name

Paul Bettencourt

Amount (\$)

\$45.00  
XX

Payee address; City; State; Zip Code

1001 Preston Road  
Houston, Texas 77002

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

Date

Payee name

Amount (\$)

Payee 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

Date

Payee name

Amount (\$)

Payee 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

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

*Michael Stoma*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>None</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.)		<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.)		<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.)		<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.)		<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.)		<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

*Michael / Stoma*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

*none*

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

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

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

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

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

*Michael Stoma*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>none</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 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.)	

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

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*Michael Stoma*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name <i>None</i>	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED