

# 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:  12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt # Amount	
	NICKNAME LAST SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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    THROUGH    Month Day Year 6/1/07    7/1/07		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input 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)	
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 Address / PO Box, Apt. / Suite #, City, State, Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Tom Stavino HA

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 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)

\$ 500.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8704.49

CONTRIBUTION  
BALANCE

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

\$ 7205.50

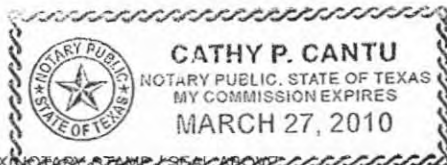
OUTSTANDING  
LOAN TOTALS

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.



AFFIX TO THIS FORM

*Tom Stavino*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Tom Stavino, this the 16<sup>th</sup> day of July, 2007, to certify which, witness my hand and seal of office.

*Cathy P. Cantu*  
Signature of officer administering oath

*Cathy P. Cantu*  
Printed name of officer administering oath

*Notary Public*  
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 this Schedule A:

2 FILER NAME

*Tom Stavino HA*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*1/19/07*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*GREATER HOUSTON HOME BUILDERS PAC*

7 Amount of contribution (\$)

*500.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ 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)

Date

Full name of contributor

☐ 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)

Date

Full name of contributor

☐ 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)

Date

Full name of contributor

☐ 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 FORM 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: 9
2 FILER NAME Tom Stavino HA		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/4/07	5 Payee name ROSENBERG ROTARY 6 Payee address; City, State; Zip Code ROSENBERG	7 Amount (\$) 150 <sup>00</sup>
8 Purpose of payment (See instructions regarding type of information required.) YEARLY DUES		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/8/07	Payee name ROSENBERG <del>ROTARY</del> LIONS CLUB Payee address; City, State; Zip Code ROSENBERG	Amount (\$) 140 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) EVENT TICKETS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/10/07	Payee name DAVID MEYER FBC BOLT CAMP Payee address; City, State; Zip Code ROSENBERG	Amount (\$) 55 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) GUERRA BENEFIT SWING for Auction		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/19/07	Payee name FBC REPUBLICAN PAC Payee address; City, State; Zip Code c/o Gary Gullen Richmond 77469	Amount (\$) 750 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) LINCOLN DAY TABLE		-- 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

Tom Starnes

3 ACCOUNT # (Ethics Commission files)

4 Date

1/19/07

5 Payee name

100 CLUB of Houston

6 Payee address; City; State; Zip Code

c/o Mike Sherer Richmond

7 Amount (\$)

100<sup>00</sup>

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

Donation

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

Candidate / Officeholder name

Office sought

Office held

Date

1/19/07

Payee name

Historic Richmond Ass'n

Payee address; City; State; Zip Code

Richmond

Amount (\$)

100<sup>00</sup>

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

Donation

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

Candidate / Officeholder name

Office sought

Office held

Date

1/19/07

Payee name

U.S. Postal Service

Payee address; City; State; Zip Code

Amount (\$)

39<sup>00</sup>

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

Stamps

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

Candidate / Officeholder name

Office sought

Office held

Date

1/26/07

Payee name

Rose - Rich Chamber Directors

Payee address; City; State; Zip Code

ROSENBERG

Amount (\$)

100<sup>00</sup>

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

DIRECTORS YRLY LUNCHEES

-- 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 <i>Tom Starnes HA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/27/07</i>	5 Payee name <i>NEEDVILLE SR. CITIZENS</i>	7 Amount (\$) <i>177.50</i>	
6 Payee address; City, State; Zip Code <i>PO NEEDVILLE MINISTERS ALLIANCE</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>DONATION</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>2/2/07</i>	Payee name <i>DAVID MEYER FBI Boot Camp</i>	Amount (\$) <i>200.05</i>	
Payee address; City, State; Zip Code <i>ROSENBERG</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Auction item for LAMAR NEEDVILLE GO-TEXAS</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>2/7/07</i>	Payee name <i>ROSENBERG ROTARY</i>	Amount (\$) <i>112.50</i>	
Payee address; City, State; Zip Code <i>ROSENBERG</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Chili Fest Donation</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>2/21/07</i>	Payee name <i>NEEDVILLE CHAMBER of Commerce</i>	Amount (\$) <i>100.00</i>	
Payee address; City, State; Zip Code <i>NEEDVILLE</i>			
Purpose of payment (See instructions regarding type of information required.) <i>BANQUET TICKETS</i>		** 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

Tom Staunovich

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/21/07

NHS Pro Grand

6 Payee address; City; State; Zip Code

c/o SARA BLACK

NEEDVILLE

50<sup>00</sup>

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

Hole sponsor

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/23/07

NHS Pro Grand

Payee address; City; State; Zip Code

c/o SARA BLACK

NEEDVILLE

35<sup>00</sup>

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

Donation

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/4/07

FAIRCHILD FIRE DEPT

Payee address; City; State; Zip Code

RICHMOND

70<sup>00</sup>

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

Donation

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/7/07

ROSE-RICH C. HAMBER

Payee address; City; State; Zip Code

ROSENBERG

25<sup>00</sup>

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

MONTHLY LUNCH MEET

.. 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

Tom Stavino AA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount  
(S)

3/12/07

NEEDVILLE LITTLE LEAGUE

6 Payee address; City; State; Zip Code

NEEDVILLE

250.00

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

SPONSOR

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(S)

3/12/07

AMERICAN CANCER RELAY FOR LIFE

Payee address; City; State; Zip Code

PO Box 570127

Houston TX 77257

100.00

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

Donation

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(S)

3/20/07

Boy Scouts SHAE

Payee address; City; State; Zip Code

90 LAWRENCE

ROSENBERG

250.00

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

SPONSOR

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(S)

3/25/07

AMERICAN HEART ASSN

Payee address; City; State; Zip Code

ROSENBERG WINE EVENT

300.00

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

SPONSOR

\*\* 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

Tom Stavino HA

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/25/07

5 Payee name

DAVID MEYER FBO Boot Camp

6 Payee address; City; State; Zip Code

ROSENBERG

7 Amount (\$)

125<sup>00</sup>

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

FRANCIS SMITH  
SWING DONATION

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

Candidate / Officeholder name Office sought Office held

Date

4/11/07

Payee name

Lamar/Needville Co Term Belt

Payee address; City; State; Zip Code

c/o BRIAN GRABER

NEEDVILLE

Amount (\$)

25<sup>00</sup>

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

Hole SPONSOR

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

Candidate / Officeholder name Office sought Office held

Date

4/12/07

Payee name

FBC FAIR ASSN

Payee address; City; State; Zip Code

ROSENBERG

Amount (\$)

250<sup>00</sup>

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

SIGN IN ARENA

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

Candidate / Officeholder name Office sought Office held

Date

4/18/07

Payee name

FBC SOCIETY for the Arts

Payee address; City; State; Zip Code

PO Box 486

Richmond ROSENBERG 77469

Amount (\$)

250<sup>00</sup>

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

SPONSOR

-- 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

Tom Stavino HA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/18/07

5 Payee name

ROSE-RICH CHAMBER

6 Payee address; City; State; Zip Code

ROSENBERG

7 Amount (\$)

150<sup>00</sup>

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

Yrly DUES

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

Candidate / Officeholder name

Office sought

Office held

Date

4/26/07

Payee name

City of Sugarland

Payee address; City; State; Zip Code

SUGARLAND

Amount (\$)

25<sup>00</sup>

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

MAYOR/COUNCIL / Commissioner  
mtg

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

Candidate / Officeholder name

Office sought

Office held

Date

4/16/07

Payee name

DAVID MEYER 7BC BOAT CAMP

Payee address; City; State; Zip Code

ROSENBERG

Amount (\$)

55<sup>00</sup>

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

METHODIST CHURCH  
NEEDVILLE Auction item

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

Candidate / Officeholder name

Office sought

Office held

Date

5/3/07

Payee name

NEEDVILLE KC 7067

Payee address; City; State; Zip Code

PO Box 613

NEEDVILLE

77461

Amount (\$)

200<sup>00</sup>

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

CRAWFISH FEST  
SPONSOR

-- 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

Tom Staunton

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/7/07

5 Payee name

Holy Rosary School

6 Payee address; City; State; Zip Code

ROSENBERG

7 Amount (\$)

650.00

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

Donation

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/7/07

Payee name

NEEDVILLE YOUTH FAIR

Payee address; City; State; Zip Code

NEEDVILLE

Amount (\$)

2800.00

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

Donation

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/7/07

Payee name

ROSENBERG RAILROAD MUSEUM

Payee address; City; State; Zip Code

40 TRAVIS REESE

ROSENBERG

Amount (\$)

100.00

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

Dues

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/15/07

Payee name

City of ROSENBERG

Payee address; City; State; Zip Code

ROSENBERG

Amount (\$)

250.00

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

July 4th Sponsor

\*\* 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

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/22/07

ROYAL DUKES GOLF

6 Payee address; City, State; Zip Code

c/o ERNEST DETT

NEEDVILLE

30<sup>00</sup>

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

Hole SPONSOR

Date

Payee name

Amount (\$)

5/22/07

DAVID MEYER F.B.C. BOAT CAMP

Payee address; City, State; Zip Code

ROSENBERG

130<sup>00</sup>

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

KOLAR BENEFIT  
SWIMB

Date

Payee name

Amount (\$)

4/15/07

WINEK'S CATERING

Payee address; City, State; Zip Code

EAST BERNARD

560<sup>49</sup>

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

RED CROSS Auction Donation  
OF MEAL

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

Donation

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED