



Official Filing Authority of Harris County  
Isabel Longoria  
Elections Administrator

## Campaign Finance Report



  
Elections Administrator  
Harris County, TX

**FileNo:** 2022155  
**Received By Clerk:** 01/19/2022  
**File Date:** January 19, 2022  
**Office:** Commissioner Pct. 4  
**Candidate:** Stauber, Jeffrey M.  
**Treasurer:** Stauber, Michelle R.  
**Category:** Contributions And Expenditures (COH/JCOH)  
**Delivered By:** Personal Appearance  
**Type:** COR

Harris County No Fee

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 1

<p>The SC C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filer) <b>JMA</b></p>	<p>2 Total pages filed <b>4</b></p>		
<p>3 CANDIDATE NAME</p>	<p>MS / MRS / MR FIRST MI <b>Jeffrey M</b></p> <p>NICKNAME LAST SUFFIX <b>Stauber</b></p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <hr/> <p>Date Processed</p> <hr/> <p>Date Imaged</p>		
	<p>4 CANDIDATE ADDRESS</p> <p>ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>1831 Winter Grape Lane Kingwood Tx 77345</b></p> <p><input type="checkbox"/> Change of Address</p>				
<p>5 CANDIDATE PHONE</p> <p>AREA CODE PHONE NUMBER EXTENSION <b>(281) 382-3475</b></p>					
<p>6 CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MR FIRST MI <b>Michelle R</b></p> <p>NICKNAME LAST SUFFIX <b>Stauber</b></p>					
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>1831 Winter Grape Lane Kingwood, Texas 77345</b></p> <p>(Residence or Business)</p>					
<p>8 CAMPAIGN TREASURER PHONE</p> <p>AREA CODE PHONE NUMBER EXTENSION <b>(281) 382-0461</b></p>					
<p>9 REPORT TYPE</p> <p><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff</p> <p><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR)</p>					
<p>10 PERIOD COVERED</p> <p>Month Day Year Month Day Year <b>12 / 2 / 2021 THROUGH 12 / 31 / 2021</b></p>					
<p>11 CONVENTION / ELECTION DATE</p> <p>Month Day Year <b>3 / 1 / 2022</b></p>		<p>12 OFFICE SOUGHT</p> <p><b>Harris County Pct 4 Commissioner</b></p> <p><input type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR</p>			
<p>13 POLITICAL PARTY</p> <p>COUNTY (If Applicable) <b>Democratic</b></p>					
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p>THIS BOX IS FOR NOTICE OF 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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> <p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p> </td> <td style="width:80%; vertical-align: top;"> <p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> <hr/> </td> </tr> </table> <p><input type="checkbox"/> Additional Pages</p>				<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> <hr/>
<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> <hr/>				

GO TO PAGE 2

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 2

15 CANDIDATE NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1250.00
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 SIGNATURE 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.

*Jeffrey M Stauber*  
Signature of Candidate

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jeffrey Stauber this the 19 day of January, 2022, to certify which, witness my hand and seal of office.

Shirley Washington Shirley Washington Notary Republic  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate (Declarant)

# SUBTOTALS - SC C/OH

FORM SC C/OH  
COVER SHEET PG 3

19. CANDIDATE NAME		20. Filer ID (Ethics Commission Filer)
		<del>2021549</del> AMK
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1250	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:  1	<b>2</b> FILER NAME  Jeffrey M Stamber	<b>3</b> Filer ID (Ethics Commission) <i>AM</i>  <del>2021349</del>
<b>4</b> Date  12-2-21	<b>5</b> Payee name  HCDP	
<b>6</b> Amount (\$)  \$1250  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  4619 Lyons Ave Houston Tx 77020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	
	<b>(b)</b> Description  Filing Fee HCDP	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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